AN INVESTIGATION INTO THE UTILISATION OF VOLUNTARY COUNSELLING AND TESTING SERVICES BY EMPLOYEES OF MITTAL STEEL IN VANDERBIJLPARK: A CASE STUDY

by

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DECLARATION

I, Motswaledi Jacob Makhutle (student number: 06411614), declare that **AN INVESTIGATION INTO THE UTILISATION OF VOLUNTARY COUNSELLING AND TESTING SERVICES BY EMPLOYEES OF MITTAL STEEL IN VANDERBIJLPARK: A CASE STUDY,** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references, and that this work has never been submitted at any other institution before for any other degree.

Motswaledi Jacob Makhutle

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Signature   Date

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SUMMARY

The purpose of this study was to understand employees' perceptions of the benefits of and the challenges in utilising VCT services at the workplace. With Mittal Steel in Vanderbijlpark as a case study, the researcher investigated the types of VCT services offered, the reasons why employees used these services, the perceived benefits and challenges related to these services, and made suggestions for service improvements. Using a qualitative approach, the main data-collection strategies were non-participant observation and in-depth interviews with five purposefully recruited research participants.

The study showed that knowledge of HIV and AIDS among employees was adequate but that this could not be attributed to company efforts only. The study also revealed that employees utilised VCT for personal reasons rather than based on company incentives. Stigmatisation and discrimination appeared to be on the decline. It is recommended that the company could do more to market and promote HIV and AIDS awareness at the workplace.

Key words: workplace VCT, benefits in using workplace health services, barriers to workplace VCT utilisation

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS   Acquired Immune Deficiency Syndrome

ART   Antiretroviral Therapy

CRHCS   Commonwealth Regional Health Community Secretariat

EAP   Employees Assistance Programme

GB   Global Business Coalition

HAART   Highly Active Antiretroviral Therapy

HCT   HIV Counselling and Testing

HIV   Human Immunodeficiency Virus

ILO   International Labour Organization

NO.   Number

SAA   South African Airways

SWHAP   Swedish Workplace HIV/AIDS Programme

UNAIDS   The Joint United Nations programme on HIV/AIDS

UNISA   University of South Africa

USAID   United States Agency for International Development

VCT   Voluntary Counselling and Testing

WHO   World Health Organization

Xstrata SA   Coal Mining Company of South Africa

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CHAPTER 1: GENERAL INTRODUCTION

1.1   INTRODUCTION

According to UNAIDS (2008:30), although sub-Saharan African countries remain the region most heavily affected by HIV, accounting for 67% of all people living with HIV globally, there has been documented evidence from some countries such as Zimbabwe, Botswana and South Africa that the HIV epidemic is stabilising, with adult HIV prevalence rates appearing to decline since 2006.

Since the emergence of HIV/AIDS 27 years ago, there have been new opportunities aimed at mitigating the HIV prevalence rates, as well as new programmes developed to improve, amongst others, the access to and the utilisation of Voluntary Counselling and Testing (VCT) services. VCT is a cost-effective intervention for behaviour-change and it offers a holistic approach that can address HIV in the broader context of people's lives (Boswell & Baggaley 2002). The findings of the study conducted by Dejene (2001:6) attest to this statement, by revealing that more than 94 per cent of the participants felt that VCT services were necessary.

Furthermore, the decreasing stigma and discrimination related to HIV and AIDS (WHO 2003), as confirmed by the findings of the study conducted by Mnyanda (2006:35-36), and the increasing access to treatment, care and support services (UNAIDS 2008:30), have presented important opportunities associated with the utilisation of VCT services (WHO 2002).

Although many companies believe that their businesses are not immune to the AIDS pandemic (Bloom, Bloom, Stevens & Weston 2005:2), the business sector began acknowledging the utilisation of VCT services at the workplace as an integral part of their core business only in the past three to five years. Before then, businesses were very slow and reluctant to establish VCT services sites at the workplace, let alone develop and

implement HIV/AIDS workplace policies and programmes. This statement is attested to by the findings of the study conducted by Bendell (2003:15), which revealed that the majority of companies surveyed in the Philippines stated that there was no reason to have HIV/AIDS policies, while one company in that country suggested that *"there is no need to create a specific policy unless the law … requires [compliance]"*.

To show positive trends in encouraging VCT services at the workplace, many businesses in developing countries such as Botswana, Angola, Tanzania and South Africa have committed significant resources to the provision of antiretroviral drugs for the treatment of their employees living with HIV (Habyarimana, Mbakile & Pop-Eleches 2009). Hamilton (2006) reports the findings of the survey of the Global Business Coalition (GBC) against HIV/AIDS member companies in 17 industries, which showed that all the companies surveyed had some level of HIV/AIDS initiatives in place.

Molin (2006:25) reports that the Swedish Workplace HIV/AIDS Programme (SWHAP) assisted the majority of companies in South Africa, Zambia and Kenya to implement VCT services at the workplace. Hence, Gething & Fourie (2003:30) note that the launch of the VCT services programme by DaimlerChrysler in 2003 won the support of both the employees and their labour unions, and resulted in more than 70 per cent of the employees utilising the VCT services at the workplace. As a result of the successes experienced by the companies involved in HIV/AIDS programmes, the participating companies customised their HIV/AIDS programmes according to their own needs, thereby further improving their employees' utilisation of VCT services.

VCT services, as understood by the researcher, have different dimensions. The first is VCT uptake, which can be measured in terms of the number of people testing for HIV. The second is VCT coverage, which can be measured in terms of the number of VCT sites in a particular

geographic area. The third dimension is the actual utilisation of VCT services, which can be measured in terms of the accessibility, availability and the provision of a full range of services at the site where VCT services are rendered, including, according to UNAIDS (2005:30), the availability of staff, pre-and post-test counselling, onsite HIV testing, onsite receipt of HIV results, confidentiality, ongoing counselling and support. These dimensions can be adapted differently to different situations and settings. For example, VCT uptake can be applied in high-risk situations such as commercial sex work environments and coverage can be used in generalised HIV prevalence settings such as South Africa and Botswana, while the utilisation of VCT services may be tailor-made to fit a particular workplace setting.

This study focused on the utilisation of VCT services by employees at Mittal Steel in Vanderbijlpark, by investigating the types of VCT services available; the reasons, benefits and challenges in utilising VCT services at the workplace; and employees' experiences and feelings in the utilisation of these services. The study also investigated how those VCT services were promoted and marketed to motivate employees to utilise them.

To arrive at the findings, a qualitative exploratory method was used. A purposive sample was drawn to select rich data during face-to-face interviews, using an interview guide. The findings of this study, although not meant to be generalised, could assist the management of the company in their future planning and/or improvement of their existing HIV/AIDS programme.

This chapter represents and elaborates on the background to the study, the problem statement, and the purpose and rationale for the study. It also states the objectives and research questions that guided the research, and briefly describes the research process, provides definitions of terms, the limitations of the study, a conclusion and a brief summary of the chapters that follow.

1.2   BACKGROUND

The Global Business Coalition (GBC 2003:2) suggests that a massive mobilisation of every sector of society, including business, is the only weapon to mitigate the impact of HIV/AIDS. The International Labour Organization (ILO 2006) adds by calling for action from the widest possible range of participants to implement effective HIV/AIDS responses, including VCT services. Bendell (2003:v) supports this by inviting all development actors to consider wider social factors such as cultural influences and economic conditions that could impact on the HIV prevalence rates of a country. The UNAIDS (2008:12) asserts by indicating that, although globally there is progress in the reduction of the risks associated with HIV/AIDS, attributed to the involvement of civil society structures, still more needs to be done.

Business leaders have an unparalleled opportunity to utilise their expertise, influence, and acumen to mitigate the socio-economic impact of HIV/AIDS (Hamilton 2006). Most workplaces offer a stable and an opportune environment conducive to the effective, ongoing provision of HIV/AIDS education, information and skills development for employees (Dickinson & Innes 2004). Molin (2006:24) also notes that the workplace is an arena where people, because of their economic productivity activities, interact and socialise on a regular basis, thus playing a role in the formation of attitudes and perceptions, social behaviour influences, and cultural change. Hence the provision of VCT services at the workplace provides an opportunity for possibly positive influences towards social behaviours.

Based on these assertions, international agencies such as the UNAIDS and the ILO recognise the workplace as strategically positioned for informing employees on how to protect themselves from HIV infection and to access treatment, care and support for employees living with HIV and those people close to them (ILO 2006). Other reasons for business to take

a leading role in mitigating and managing the impact of HIV/AIDS include a moral duty to help one's fellow men and women and thus contribute to a stable society (Bloom *et al* 2006). Rossouw (2006:44) adds that mitigating the impact of the HIV/AIDS epidemic makes good business sense, as every business wants to protect its own reputation, both in terms of preserving its own knowledge and skills base as well as to continuously contribute towards the social upliftment of all people. This implies that the business world and organised labour have a golden opportunity to implement effective HIV/AIDS workplace programmes such as voluntary counselling and testing (VCT) services to mitigate and manage the impact of the AIDS epidemic.

Employees are entitled to affordable health care services that are provided at the workplace, including HIV/AIDS services; and irrespective of their HIV-positive status, they should also enjoy benefits such as equal job opportunities and access to training and promotion (Employment Equity Act No. 55 of 1998). However, the stigma and discrimination related to HIV/AIDS, although decreasing, still undermine the fundamental human rights of employees living with HIV, as well as those who are affected by HIV/AIDS. This causes people living with HIV to be seen as a "problem", rather than being part of the solution to containing and managing this pandemic (Aggleton, Wood & Malcolm 2005). In addition, stigmatisation and discrimination threaten the well-being of the future workforce in that employees become afraid to utilise VCT services at the workplace, and those living with HIV either retire early or leave the job due to pressure from colleagues (SA Department of Public Service and Administration 2004).

Before the emergence of HIV/AIDS, counselling was conducted for various medical and psychosocial problems (Bor, Miller & Goldman 1992). VCT services were used as part of the diagnostic tools for infections in symptomatic people to assist in the medical management of the disease (Van Dyk & Van Dyk 2003). A historic perspective of VCT reveals that

counselling was minimal and not as important as an HIV test, and more importantly, obtaining an individual's written consent was not a priority. The utilisation of VCT services was underpinned by provider initiation, where for instance, in some health care facilities and businesses, an individual would be tested for HIV without his/her knowledge, written informed consent and/or pre- and post-test counselling.

This situation has not been helpful because health care professionals were not adequately trained and skilled to handle some of the sensitive VCT services issues such as confidentiality. This led people to be afraid to go to health care facilities, fearing disclosure of their HIV-positive status, which would expose them to stigmatisation and discrimination. Where there were written consent and pre- and post-test counselling, there were no health care or other facilities for follow-up counselling, care and support services, which also discouraged people from being tested for HIV (Bor *et al* 1992). In some instances, especially in businesses, the HIV-positive results would be used to unfairly discriminate against an employee living with HIV, as was the case in *Hoffman v South African Airways* (AIDS Law Project 2000). Mr. Hoffman passed the selection examinations for the job, but the South African Airways did not employ him because he tested positive for HIV (AIDS Law Project 2000).

Client-initiated VCT services created more opportunities and reasons for utilising VCT services, including compulsory informed consent in writing, guaranteed pre- and post-test counselling and confidentiality (WHO 2002:14). In addition, recent technological developments in HIV testing provide an opportunity to explore new approaches, amongst others on-site rapid HIV testing, which has liberated the whole issue from laboratory dependence. On-site rapid HIV antibody tests improve access to testing in both clinical and non-clinical settings and help increase the number of people who learn about their HIV results (Rachier, Gikundi, Balmer, Robson, Hunt & Cohen 2004). This helps facilitate client-centred HIV

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testing and counselling, which is a good motivator for behaviour change (WHO 2002).

HIV testing is now simpler and cheaper and it is conducted on the spot, as compared to the previous years where individuals were given appointments as long as two weeks ahead for results (UNAIDS 2000a). The availability and access to antiretroviral drugs for those people living with HIV and eligible to receive them have added impetus to the utilisation of VCT services. The increasing number of choices and options of treatment, care and support services from various agencies such as non-governmental organisations, workplaces, public health care facilities and private health care service providers also assist in enhancing the utilisation of VCT services, as people now have follow-up options.

This study sought to gain insight and understanding regarding the benefits as well as the challenges faced by employees in the utilisation and/or non-utilisation of the VCT services at the workplace. Although the findings cannot be generalised because of the small-scale nature of the study; the findings provide information that can be used by the management of the company for future planning and/or improvement of HIV/AIDS services.

1.3   PROBLEM STATEMENT

ILO (2004) estimated that globally as many as 36.5 million persons who are engaged in some form of productive activity are HIV positive. The figure had increased by half a million in two years because an estimated 37 million working people are living with HIV and the global workforce has lost 28 million people due to AIDS-related diseases since the upsurge of the pandemic in 1982, UNAIDS (2006). There are various reports and surveys that reveal that HIV-related illnesses are the leading cause of premature death among people between 15 and 59 years of age, (Merson 2006).

HIV/AIDS threatens the fulfillment of the goal to decent work for all, because the loss of employees also leads to a loss of jobs. The effects of HIV epidemic on workforce and on all persons of working age are measurable in their overall impact on the economic and employment growth (ILO 2003), while Hamilton (2006:12) posits that the overall effects of the pandemic on business result in reduction of the wealth and development potential of affected countries as fewer people can work and prosper.

HIV/AIDS reduces the supply of labour and skills and undermines the rights and livelihoods of employees and those who socio-economically depend on them. The loss of skills and experience in the workforce reduces economic productivity and diminishes the capabilities to deliver goods and services on a sustainable base (ILO 2003). Managers have to deal with employees who absent themselves from work due to their own illness or illness within the family. In addition productivity and service delivery is affected as employers are compelled to hire and train new staff that may, on hiring, be living with HIV or affected.

In addition, the inability by an employee living with HIV to work or being dismissed due to HIV-positive status results in the loss of personal and/or family income, which may exacerbate poverty. In addition, the burden on women is increased as they are required to combine care of the ill with her work to replace the loss of income. The need to replace the lost income also results in an abrupt end to schooling for children and their premature entry into the labour force (ILO 2009).

Generally businesses response to HIV/AIDS at the workplace has not reached the required levels. In their annual report in 2004, World Economic Forum Global Health Initiative revealed ground breaking news that; of the 7,789 business leaders polled, 47% of firms felt that HIV/AIDS would have some impacts on their business. While most business leaders estimated lower HIV infection rates among their workforce, twenty percent

of firms believed that HIV and AIDS would seriously affect their communities.

In addition, SABCOHA/BER (2005) results of the survey conducted in South Africa have shown that the implementation of HIV-AIDS workplace policies was the lowest in the retail sector (12%). The University of Cape Town invested resources in campaigning for the utilisation of VCT services between 2003 and 2005 only to reveal that only 426 of possible 3100 staff members utilised VCT services (13.7%).

HIV/AIDS is still marked by stereotypes, prejudices, ignorance, social and cultural taboos, hence individuals' reluctance to utilise VCT services within and outside the workplace. Furthermore the fear of rejection by fellow employees, limited access to treatment, care and support services at the workplace are some of the main reasons why employees do not utilise VCT services (GBC 2003).

In addition, since there is no cure for AIDS, most individuals still perceive and associate HIV with death, thus an atmosphere of stress, tension and helplessness is created (USAID 2003). This atmosphere discourages people from voluntarily utilising VCT services to know their HIV status. According to Stevens (2001:vii), many employees do not feel confident enough to disclose their HIV-positive status after utilising VCT services at the workplace, as they fear discrimination or not being able to access benefits such as training and promotions. This further enhances the problem of non-utilisation of VCT at the workplace, which leads to socio-economic burden.

There has however been increasing evidence lately that where businesses, governments and the population work together, the spread of HIV infections can be slowed down to manageable levels and the impact of HIV/AIDS on sustainable development can be addressed (ILO 2003). It is now been acknowledged that most workplaces offer stable environment conducive to effective ongoing provision of HIV-AIDS education, information and skills development (Dickinson & Innes 2004). Molin

(2006:24) adds by noting the workplace as an arena where people, because of economic productivity activities, interact and socialise on regular basis, thus playing a role in the formation of attitudes and perceptions; behaviour and cultural changes; and social influences.

The international AIDS agencies such as the UNAIDS and ILO add their viewpoints by also recognizing the workplace as strategically positioned for informing employees about how to protect themselves from HIV-infection and for providing treatment, care and support to employees living with HIV and those people close to them (UNAIDS/ILO 2006). These therefore provide the business world and organised labour with a golden opportunity to implement effective HIV-AIDS workplace programmes such as voluntary counselling and testing (VCT) services to mitigate and manage the impact of the AIDS epidemic.

VCT is now regarded in the international business arena as the integral and playing an entry point to HIV and AIDS prevention, treatment, care and support programmes. Knowledge and awareness in utilising VCT services may lead to an individual's eagerness to know his or her HIV status; and if HIV positive, to know how and where to access VCT services offered both within and outside the workplace.

Mittal Steel is an international and one of the largest steel manufacturing companies in the world, taking a notable lead in the African continent. From the year 2000 the company underwent strategic and operational transformation. In 2001 Iscor was unbundled and this saw iron ore and the mining component of the company been taken over by Kumba. Between 2003 and 2006 there were other transactions, which included the company, been bought by Lakshmi Mittal and ultimately the merger of Mittal Steel with Arcelor to form Arcelor Mittal in 2006.

The company's steel operations are at Vanderbijlpark, Vereeniging, Newcastle and Saldanha works, while the iron ore works are at conducted in Sisheni and Thabazimbi. The company has 9 1000 permanent employees in Africa and Vanderbijlpark employs 52% (around 4 500) of

the total staff in South Africa. The company regional head office is in Vanderbijlpark, South Africa. The company employs the largest number of people of Sedibeng District, which according to census 2006 has a population of 800 320 people.

The study was undertaken because despite employees of Mittal Steel in Vanderbijlpark showing signs of consistent utilisation of the VCT services at the workplace (as illustrated by their reports at the District AIDS Intersectoral committee meetings), the company employs the largest number of people, (second to Government) of Emfuleni local municipality. Emfuleni Local Municipality is one of the three local municipalities that comprise Sedibeng District and constitutes about 80% of the population of the district. Therefore the implementation of HIV-AIDS policy and programmes, especially the utilisation of VCT services, within this company will go a long way in reducing the spread of HIV within the region.

It is hoped that the findings of this study will influence the management of the company to conduct a more in-depth study into employees' utilisation of VCT services at the workplace. The central problem for this study stems from the need for businesses to implement HIV/AIDS workplace policies and programmes, especially the access, the availability and the utilisation of the VCT services at the workplace.

Therefore the study was guided by the following questions: What types of VCT services are offered? What are the perceived benefits, challenges and experiences of employees when utilising VCT services at the workplace? This study may therefore act as a benchmark for future research in the company, which in turn could assist the management to invest more resources into VCT services so that the company could improve and retain the skills base, experience and expertise.

1.4   THE PURPOSE AND RATIONALE FOR THE STUDY

The purpose of this study was to gain an understanding of employees' perceptions of the benefits and challenges in utilising VCT services at the workplace. This included investigating the types of VCT services offered, the reasons why employees utilise these services, the benefits, challenges, experiences and feelings of employees in utilising these services, the marketing and promotion endeavours, and what needs to be done to improve the utilisation of the VCT services at the workplace.

Despite reports of consistent and steady increase in the utilisation of VCT services by employees of Mittal Steel, Vanderbijlpark; the company employs the most number of people of this region (Mittal Steel 2006). Therefore the rationale for undertaking this study was underpinned by the fact that the researcher wanted to objectively investigate the types of VCT services offered in this company, the benefits and challenges which employees experience in utilising these services, in the hope that the findings could assist the management of the company in their future planning and/or improvement of these services.

1.5   OBJECTIVES OF THE STUDY

The main objective of the study was to investigate:
  o Employees' benefits in utilising VCT services at this workplace (Mittal Steel, Vanderbijlpark);

The sub-objectives of the study were to investigate:
  o the types of VCT services offered by the company
  o the experiences, feelings and challenges, as expressed by employees who have utilised VCT services at the workplace;
  o the perceived challenges in utilising VCT services at the workplace, as expressed by employees;

o how VCT services are marketed and promoted to employees at Mittal Steel to motivate them to utilise these services; and

o To investigate what needs to be done in order to improve the utilisation of VCT services by the employees at the workplace.

1.6   RESEARCH QUESTIONS

The study sought to answer the following research questions:

- What types of VCT services are offered at the workplace for employees?

- What are the personal and social reasons why employees utilise VCT services at the workplace?

- How do employees benefit from the utilisation of VCT services at the workplace?

- What are the challenges, feelings and experiences of employees who have utilised VCT services at the workplace?

- How the utilisation of VCT services is marketed and promoted at the workplace to motivate employees to utilise the services at the workplace?

- What needs to be done to improve the utilisation of VCT services by employees?

1.7   BRIEF DESCRIPTION OF THE RESEARCH PROCESS

The proposal for this study was examined by the UNISA ethics committee and approved. Thereafter a letter requesting permission and access to conduct this study in the company, accompanied by the proposal and the approval letter from the ethics committee of the University, was sent to the management of Mittal Steel in 2007, and permission was granted. Subsequently a follow-up meeting was held where the researcher briefed the management representatives of the company about the study.

Following this meeting, the researcher was introduced to the head of the Occupational Health Unit, who then organised a briefing session with the health care professionals at the clinic. It was then agreed that the researcher would also be given a copy of the company's HIV/AIDS workplace policy.

After access had been negotiated, the researcher reviewed the relevant primary and secondary literature. This literature included appropriate social theories and models that debate how certain behaviours predispose people to the risks of HIV infection. Since HIV/AIDS are still sensitive issues to some people, especially in the workplace, relevant legal frameworks which protect employees who utilise VCT services at work were also explored. The researcher also reviewed literature exploring the AIDS pandemic and responses by the business sector, in particular how businesses have countered the socio-economic impact of the AIDS pandemic, the utilisation of VCT services at the workplace, and finally barriers and factors affecting the utilisation of VCT services at the workplace.

Exploring both the literature and the nature of the research site assisted the researcher in deciding on the methodology appropriate for the research questions posed for this study. It was decided that a qualitative exploratory approach would suit the purpose of the study. The researcher incorporated some elements of action research by exploring employees' perceptions of the personal benefits, challenges, fears, apprehensions, experiences and feelings on the utilisation of VCT services at this workplace. The chosen research strategy proved to be valuable because it provided first-hand insights into the utilisation of VCT services at the workplace. The methodology of this study is discussed in greater detail in the third chapter of this dissertation.

Non-probability purposive sampling was used to recruit participants. Recruitment took place after employees had utilised the VCT services at

the workplace. Health care professionals invited employees who utilised the services to participate in the study. Upon agreeing to this, they were asked to sign a consent form and were introduced to the researcher. The researcher then explained to the participants the purpose and the objectives of the study, including ethical considerations such as confidentiality.

1.8 DEFINITION OF KEY TERMS

1.8.1 Employee

An employee is defined as any person excluding an independent contractor, who works for another person or for the State and who receives or is entitled to receive any remuneration, or any other person who in any manner assists in carrying on or conducting the business of an employer (Basic Conditions of Employment Act No. 75 of 1997).

1.8.2 Utilisation of Voluntary Counselling and Testing Services

For the purpose of this study, it refers to the utilisation of VCT services as described in 1.8.4 below and provided at the VCT site.

1.8.3 Voluntary Counselling and Testing

VCT is defined as a process by which an individual undergoes counselling, enabling him/her to make an informed choice about being tested for HIV. This decision must entirely be the choice of the individual and he/she must be assured that the process will be confidential and that it is voluntary (Daly 2000).

1.8.4   Voluntary Counselling and Testing Services

For the purpose of this study, the researcher refers to VCT services as all services accessible and available at the site where VCT services are rendered, including the availability of staff, written consent, pre- and post-test counselling, on-site testing, receipt of HIV results, ongoing counselling and support.

1.8.5   Workplace

Workplaces are defined by ILO/WHO (2005) as places where workers need to be or to go by reason of their work and which are under the direct or indirect control of the employer.

1.9   CONCLUSION

Businesses have opportunities not only to reduce the risks associated with HIV/AIDS, but, through the effective implementation of HIV/AIDS policies and programmes, especially the utilisation of VCT services, also to help build a stable society.

1.10   SUMMARY OF THE CHAPTERS OF THE DISSERTATION

Chapter 1

In this chapter the background to the study is explained and the problem statement, the purpose and rationale for the study are given. Brief mention is made of the research process and key terms are defined.

Chapter 2

In the second chapter some of the appropriate social theories and models related to behaviours that put people at risk of HIV infection are explored. Legal frameworks which protect employees who utilise VCT services at the workplace are explored, focusing on international guidelines and on South African legislative frameworks. Voluntary counselling and testing is discussed in detail. The business sector's response to the AIDS pandemic, in particular its response to the socio-economic impact of AIDS, is discussed, and workplace factors affecting the utilisation of VCT services conclude the discussions of this chapter.

Chapter 3

The research methodology of this study is discussed in this chapter. It starts by briefly discussing the purpose, rationale and objectives of the study. Thereafter the research design, the research methods, sampling procedures, data collection methods and data analysis methods are explained. Finally, the chapter discusses issues of validity and authenticity of the findings and the ethical principles that were considered.

Chapter 4

This chapter presents the analysis and interpretation of the findings of the study, by presenting excerpts of research participants' narrations about key issues.

Chapter 5

The final chapter mainly focuses on and discusses in summary the study report, with relevant conclusions and recommendations, including the limitations of the study, following.

CHAPTER 2: LITERATURE REVIEW

2.1   INTRODUCTION

This chapter presents an overview of the primary and secondary literature sources reviewed in line with the purpose, the rationale and the objectives of this study. The purpose of the study was to investigate the utilisation of VCT services at the workplace by employees of Mittal Steel in Vanderbijlpark. The objectives of the study included the investigation into the types of VCT services offered, personal benefits and challenges that exist in utilising VCT services, employees' experiences and feelings after utilising these services, how these services are marketed and promoted and what needs to be done to improve these services.

As HIV transmission is mainly propelled by behavioural factors such as engagement in unprotected sex, the chapter looks at some of the appropriate social theories and models that debate the behaviours that put people at risk of HIV infection. The chapter discusses relevant legal frameworks which protect employees who utilise VCT services at the workplace, Voluntary Counselling and Testing and the business sector and the AIDS pandemic – particularly how businesses have responded to the socio-economic impact of the AIDS pandemic at the workplace.

2.2   THEORETICAL FRAMEWORK

According to UNAIDS (2001:7), many approaches to HIV prevention require that people utilise VCT services as an entry point to treatment, care and support. Therefore the primary aim of the VCT services is to help people know their HIV status and in the event that they are HIV-positive, be encouraged not to infect their unsuspecting sexual partners, and for those who are HIV-negative, to remain negative.

Behaviour change involves complex processes of learning decision-making and taking risks-free actions that should not be adversely influenced by peer, psychosocial, economic or environmental pressures. Psychological models of behavioural risks are categorised into three main groups, i.e. those predicting the risk behaviours, those that predict behaviour change, and those that predict the sustenance of safe behaviour (King 1999). In line with the purpose and the objectives of the study, this section presents those models that cover the three categories.

Since the primary purpose of HIV/AIDS interventions is to influence individual behaviour change, the following models and a theory that strives to enable this change are discussed below: the Health Belief Model, the AIDS Risk Reduction Model and Social Marketing Theory.

2.2.1   The Health Belief Model

According to Rosenstock, Strecher and Becker (1994:6), the Health Belief Model is a value-expectancy theory. In the context of HIV/AIDS-related behaviour, this model translates as (a) an individual desire to avoid HIV infection or living positively (value), and (b) the individual belief that a specific action (the utilisation of VCT services) will prevent HIV infection or improve illness caused by opportunistic infections (expectation). In addition, Dennill, King and Swanepoel (1999:156) posit that this model's primary objective is the avoidance of negative health consequences, while Brink, Van der Walt and Van Rensburg (2006:23) explain the model as a symbolic depiction of reality. Bergh and Theron (1999:116) argue that in the Health Belief Model an individual's risk perception is regarded as a mental process where an individual organises and interprets knowledge to determine his/her risk.

Generally, as Rosenstock *et al* (1994:8) note, individuals would take action by utilising VCT services if they believe that they are susceptible to HIV infection, if they believe HIV infection to have potentially serious

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consequences, if they believe that their action will be beneficial to them by using condoms and reducing the number of sexual partners, and if they believe that the anticipated benefits outweigh the barriers. The following Health Belief elements are discussed in detail below:

(a) Perceived susceptibility

Rosenstock *et al* (1994:8) refer to susceptibility as the individual's belief that he/she is susceptible to contracting HIV. Research findings have revealed that employees may predispose themselves to contracting HIV, based on the type of work and the environment where they work. In 2007, adults living with HIV were between 15 and 49 years of age (ILO 2009). This age group is economically productive and measures need to be taken to enhance their knowledge about HIV/AIDS transmission, the prevention interventions, and where and how to access treatment, care and support services.

The more individuals know about their susceptibility and risks, the better the likelihood of them accessing and utilising VCT services to reduce their risks and also to avoid re-infection and passing the virus to their partners. Therefore, taking into consideration the nature of this company's history of migrant employees, their core business (steel manufacturing) and the hours worked, this model assisted the study to determine whether employees perceived themselves as susceptible to HIV infection and whether they were willing to utilise VCT services to reduce their risks.

(b) Perceived severity of HIV infection

Rosenstock *et al* (1994:8) cite the severity of HIV infection as the individual's feelings concerning the seriousness of contracting HIV and/or of not treating the opportunistic infections, with possible negative consequences, including physical disability and death; family isolation and rejection; and discrimination and stigmatisation at the workplace. Denison

(1996:3) asserts this by explaining that the severity of HIV infection involves a concern about the seriousness of the consequences of having an HIV-positive status. Therefore employees should be made aware of the socio-economic seriousness and the consequences of contracting HIV.

(c) Perceived benefits of utilising VCT

An individual perceiving him-/herself to be susceptible to HIV infection, with serious consequences, will not accept any recommended action unless it will be beneficial to him/her (Rosenstock *et al* 1994). Dennill *et al* (1999:157) explain the perceived benefits as referring to an individual's belief in the efficacy of the advised action to reduce the risks. Therefore upon utilising VCT services, employees may believe that the recommended action of regularly getting tested for HIV would benefit them by knowing their HIV status, knowing more about HIV/AIDS, how to prevent re-infection and/or infecting their partners and where to get continuous counselling, treatment, care and support services. Therefore when the benefits of utilising VCT services at the workplace outweigh the barriers, employees are more likely to utilise these services. An employee's knowledge of his/her HIV status after the utilisation of VCT services at his/her workplace acts as an impetus for sexual behaviour change, living positively and/or participating in peer education programmes.

(d) Perceived barriers to utilising VCT

The perceived barriers refer to the hindering factors viz. personal barriers, external barriers and costs involved in utilising VCT services. These factors may include the inability of employees to use condoms, poor communication skills with partners regarding HIV/AIDS issues, fear of losing one's job (Ginwalla, Grant, Day, Dlova, Macintyre, Baggaley and Churchyard, 2002.), fear of isolation, stigmatisation and/or discrimination,

fear of being seen at the VCT site, and negative or judgemental attitudes by health care professionals.

According to Dennill *et al* (1999:157), when the perceived benefits of VCT utilisation are weighed against the perceived barriers, the outcome of this cost-benefit-analysis will determine the likelihood of an individual's willingness to take action. Therefore, workplaces should be free of barriers against the employees' utilisation of VCT services, which may help improve the utilisation.

2.2.2 AIDS Risk Reduction Model

This model provides a theoretical framework for explaining and predicting the behaviour change efforts of individuals, specifically in relation to HIV transmission (Catania, Kegeles & Coates 1990). The model identifies three stages involved in reducing the risks for HIV transmission: they are recognition and labelling of one's behaviour as high risk, making a commitment to reduce high-risk sexual contacts and to increase low-risk activities, and lastly taking action. These stages are explained below.

(a) Recognition and labelling of behaviour as high risk

An employee's knowledge of the activities associated with HIV transmission, his/her perceived susceptibility to infection and knowing that living with HIV is undesirable may make him/her label him-/herself as at high risk of contracting HIV. Such labelling of risks and protective behaviour may motivate an employee to utilise VCT services at the workplace, thereby reducing his/her risks of infection (Catania *et al* 1990).

(b) Making a commitment to reduce high-risk sexual contacts and to increase low-risk activities

An employee's decision to commit to changing behaviour may be influenced by the following factors:

- Low cost or free VCT services offered at the workplace;
- Employees having witnessed a person close to him/her die due to AIDS-related illnesses;
- Awareness of the benefits to using VCT services such as knowledge of one's HIV status and gaining access to treatment, care and support services; and
- Constructive group norms which may also influence an employee's decision.

Regular use of VCT is more likely to influence an employee to commit to change in sexual behaviour, either through secondary abstinence, or faithfulness and the use of condoms (Catania *et al* 1990). Commitment to change is relevant to some of the objectives of the study, which sought to determine the types of VCT services offered and how these services are marketed and promoted, and to encourage an employee to commit to change his/her behaviour.

(c) Taking action

The decision to take action against HIV infection may be influenced by the utilisation of VCT services, campaigns and events within the company. In addition, socio-psychological factors, which include social status, peer pressure and a personal decision to start afresh, may play a role (Catania *et al* 1990). This stage, complemented by the Health Belief Model elements, may assume that educational campaigns and promotional activities have enlightened an employee to realise his/her risks. This may positively influence his/her decision to seek information about HIV/AIDS,

obtain some remedies for his/her problems, uplift his/her low self-esteem and gain confidence to better communicate with his/her partner regarding HIV/AIDS issues (Catania *et al* 1990).

This model is applicable to this study in that an employee who has labelled him-/herself as susceptible to HIV infection may decide to commit to changing sexual behaviour and to continuously utilise VCT services.

2.2.3 Social Marketing Theory

Kotler, Roberto and Lee (2002:5) define social marketing as *"the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon behaviour for the benefit of individuals, groups, or society as a whole."*

The choice of this definition lies in the fact that it supports some of the study objectives, namely seeking to determine whether employees (target audience), based on the techniques (product, price, place and promotion) employed by the company, bought into the ideas and changed their behaviour.

Although the social marketing theory is largely a mix of economic, communication and educational strategies, its central point lies in voluntary compliance rather than legal and/or coercive forms of influence (Kotler & Zaltman 1971). This involves individuals, on their own, deciding to comply and change their behaviour. In addition, Smith (1997:22) adds that social marketing assumes that there are social behaviours worth changing, and thus it seeks to influence those behaviours by letting society play a role in helping people to make the right choices.

From a health perspective, social marketing theory strives to avail health-related information and services to populations at risk in an affordable manner, while promoting healthier behaviour. This theory does not

promote replacing existing and free access to health services, but rather complementing them (UNAIDS 2000b). According to Kotler *et al* (2002:5), social marketing, in the midst of the socio-economic impact of HIV/AIDS, does not benefit the market but the target audience, and ultimately the company benefits by reducing their costs of doing business.

While Smith (1997:23) identifies four competencies of social marketing theory, namely exchange theory, competition, segmentation by lifestyle, and marketing mix, UNAIDS (2000b) explains three elements, which are community-based system, community-based social marketing, and targeted service delivery.

For the purposes of this study, the following strategies by Kotler *et al* (2002:22-23) were chosen. These were used in the study to determine the marketing and promotion of VCT services at the workplace, the benefits that exist, employees' barriers and experiences after utilising VCT services.

(a) Product

This strategy is influenced by the behaviours of individuals such as multiple and concurrent sexual partners, unfaithfulness and non-use of condoms. The strategy describes the programme to be promoted (VCT services) and the intended benefits such as an individual knowing his/her HIV status, a feeling of belonging and improvement of self-esteem.

(b) Price

The price refers to more than the monetary reward for the product (VCT services). It also refers to barriers individuals should overcome to accept the proposed product. These barriers may include embarrassment, time lost (lunch time), stigma and discrimination. It is therefore important that the company addresses all the concerns regarding the barriers and

acceptance of the products against the exit costs or benefits of accepting the product.

(c) Place

This refers to the system through which the product is to be offered, including the accessibility, availability (time) and the quality of services offered. This will enable employees' interest in utilising VCT services.

(d) Promotion

Promotion includes vehicles or tools that are used to promote and market VCT services at the workplace. This may be in the form of messages on the pay slips, campaigns, brochures, posters and notice boards. The objective of the promotional materials should be on what to say and how to say it, in order to relay the benefits of utilising VCT services at the workplace and to ultimately influence positive behaviour change.

In summary, the objective of the HIV/AIDS programmes implementation is to influence individuals to change their behaviours. The social theories and models chosen as frameworks and benchmarks helped the study to determine whether:

- employees in Mittal Steel, Vanderbijlpark regard and label themselves as at risk of HIV infection, and whether they understand the seriousness and the severity of being infected with HIV (Health Belief Model and AIDS Risk Reduction Model);
- employees voluntarily commit themselves to act (utilise VCT services) and what benefits there are for them in utilising these services (Health Belief Model and Social Marketing theory);
- the benefits in utilising these services are worth employees' willingness to participate (Health Belief Model, AIDS Reduction Model and Social Marketing theory); and whether

- the services are adequately marketed and promoted, using the tools for marketing such as product, price, place and promotion to encourage employees to utilise these services (Social Marketing theory).

2.3   LEGAL FRAMEWORK

Until fairly recently, business leaders were less concerned about HIV/AIDS. Many cited more important and urgent business problems to deal with than HIV/AIDS (Bloom *et al* 2005). Unfortunately for them, the AIDS pandemic is now a challenge to every human resources manager in the workplace, undermining fundamental human rights at work, particularly with respect to discrimination and stigmatisation against employees living with HIV (UNAIDS 2001).

In trying to alleviate these prejudices against employees living with HIV, there is legislation such as the Constitution of the Republic of South Africa (Act No. 108 of 1996) and the Labour Relations Act (No. 66 of 1995) in South Africa and in other governments and countries – legislation which governs and regulates fundamental elements of human rights. These regulatory frameworks protect individuals who want to utilise VCT services to know their HIV status. In addition, international AIDS agencies such as the International Labour Organization, Global Business Coalition on HIV/AIDS and the Joint United Nations Programme on HIV/AIDS vigorously promote and market the implementation of HIV/AIDS policies and programmes by companies and governments.

2.3.1 International Guidelines

The Handbook for legislators on HIV/AIDS, Law and Human Rights (UNAIDS 1999) state that states should enact and strengthen anti-discrimination legislation that protect people living with HIV, both in the public and the private sector, and ensure privacy and confidentiality (see guideline 5). In the same document, guideline 10 requires governments and the private sector to develop codes of conduct regarding HIV/AIDS issues that translate human rights principles into a code of professional responsibility and practice. Hence the utilisation of VCT services by employees should not be accompanied by a feeling of uncertainty as their participation and knowledge of their HIV status is protected.

One of the ways to effectively reduce the spread of HIV is to protect the human rights and the dignity of employees living with HIV (ILO 2009). According to the ILO, employees living with HIV who are either healthy or AIDS-ill should get the same treatment services as HIV-negative employees. Hence in 2001 the ILO concurred with UNAIDS (1999) by introducing a "Code of Practice on HIV/AIDS and the World of Work". This was in an effort to increase coverage of the code of good practice to the business sector, with a view to improving the employer-employee relationship.

The International Labour Organization is not a treaty; therefore its Code is not binding to member states, but can be instrumental in helping to prevent the spread of HIV, mitigating the socio-economic impact of HIV/AIDS on employees and their families, and providing social protection to help them cope with the disease. So far its ten key principles have been adopted by many countries, including South Africa. The Code includes key principles such as the recognition of HIV/AIDS as a workplace problem, non-discrimination, gender equality, confidentiality and screening for the purposes of employment (ILO 2001). Some of the key principles will be discussed later, along with other legislation.

2.3.2 South African legislative frameworks

The Constitution of the Republic of South Africa, Act No. 108 (South Africa 1996), founded on the principles of human dignity, is the supreme law of the country. Any law or conduct inconsistent with the Constitution is invalid and the obligations imposed by it must be fulfilled (South Africa 1996:3). For the purpose of this study and in the context of the employees' utilisation of VCT services at the workplace, the discussion on human rights revolves around equality, privacy, labour relations and a healthy work environment. This is because failure to observe these rights may lead to employees' reluctance to utilise VCT services at the workplace, thereby forfeiting some personal benefits which come with these services and the follow-through services. The following section discusses in detail the principles as outlined in this paragraph.

2.3.2.1 Equality

Section 9 (3) of the Constitution (South Africa 1996) prohibits unfair discrimination directly and indirectly on the grounds of race, gender and disability, language and birth (South Africa 1996:3). Although HIV and AIDS are not clearly well-defined in the list of the prohibited grounds, a provision is made by the Constitution for Parliament to promulgate legislation to promote equality, which invariably would include HIV/AIDS. At the same time, Section 5 of the Labour Relations Act (No. 66 of 1995, South Africa 1997a) complements the Constitution by overtly protecting employees from being dismissed on the grounds of an HIV-positive status.

The Basic Conditions of Employment Act, No. 75 of 1997 (South Africa 1997b) provides for equal number of sick leave days for all employees, irrespective of their HIV status. Therefore HIV-positive employees should enjoy the same conditions of employment as HIV-negative employees. This implies that all employees are equal irrespective of their disability or HIV-positive status. This provision should encourage employees to utilise

VCT services in the workplace so that they could enjoy the benefits of knowing their HIV status.

2.3.2.2 Privacy

Consistent with the principle of confidentiality outlined by the ILO (2001:4) and the Labour Relations Act No. 66 of 1995 (South Africa 1997a), everyone has the right to privacy. According to this Act, there is no justification for job applicants or employees having to disclose their HIV status for the purpose of employment or promotion. Employees are free and should utilise VCT services without fear of disclosing their HIV status, which they could do once they are ready to do so. In addition to the above provision, Section 7 of the Employment Equity Act No. 55 of 1998 (South Africa 1998) prohibits HIV testing to determine someone's HIV status, unless the Labour courts justifiably require such tests.

2.3.2.3. Labour Relations

According to Section 23 (1) of the Constitution Act (South Africa 1996), everyone has the right to fair labour practices, while Section 5 of the Labour Relations Act No. 66 of 1995 (South Africa 1997a) prohibits discrimination against an employee and also protects employees against dismissal on the grounds of an HIV-positive status. This provides a platform for employees to utilise VCT services without the fear that they will lose their jobs because of their HIV-positive status.

2.3.2.4 Healthy work environment

The Occupational Health and Safety Act No. 85 of 1993 (South Africa 2002a), stipulates that an employer is required to create a safe and healthy environment for employees to work. The Act also requires that an employer creates an environment free from health risks to his/her employees, which should also include reducing the risks of HIV infection,

other infections and injuries. According to the Act, the employer should continuously provide first-aid training and training in the use of equipment within the company, as well as training in general precautionary measures.

In this regard, the utilisation of VCT services by employees could be beneficial in terms of occupational exposure to HIV infection, where it would be easy to determine when an employee was infected with HIV at the workplace. Post-exposure prophylaxis is understood to mean the provision of the medicines to prevent the transmission of blood-borne infection pathogens following a potential exposure to HIV (WHO 2007). In the context of HIV, according to the WHO (2007:1), post-exposure prophylaxis refers to the services that are provided by management to manage the specific aspects of exposure to HIV and to help prevent infection to an employee exposed to the risk of getting infected with HIV. The services concerned may include first aid, pre- and post-test counselling, HIV testing, and the prescription, depending on the outcome of the HIV test, of a 28-day course of antiretroviral drugs, with support and follow-up.

The utilisation of VCT services at the workplace would also assist in accelerating compensation as provided by Section 22 of the Compensation for Occupational Injuries and Diseases Act No. 130 of 1993 (South Africa 2002b). This Act provides that an employee who is injured or exposed to possible HIV infection during the course of duty, to apply for compensation. However, there should be proof that the HIV infection occurred because of that occupational exposure or incident and such an employee must go for HIV testing within 24 hours to determine his/her HIV status.

Some of the reasons for employees not utilising VCT services are the stigma and discrimination at the workplace, which may often lead to dismissal or early retirement due to an HIV-positive status. The Eskom baseline data report findings of the study conducted by Hutchinson,

Pulerwitz, Esu-Williams and Stewart (2003) revealed that employees were more concerned and worried about the stigmatisation from fellow employees. The study also revealed that 55 per cent of women, mostly general-work employees, said that they could not utilise VCT services at the workplace because they feared losing their jobs if their employers learned about their HIV-positive status. Furthermore, about 32 per cent of the participants in that baseline data study felt that, if they were to be seen sitting next to an employee living with HIV, then other employees would think that they were also living with HIV.

2.4   VOLUNTARY COUNSELLING AND TESTING

Given that there is no cure for HIV infection and that stigmatisation and discrimination related to HIV/AIDS are still common, both in the society and at the workplace, it is difficult for employees to access and utilise VCT services at the workplace (EngenderHealth 2008). In ensuring the successful utilisation of the VCT services, those who administer VCT services must be sensitive to employees' rights and needs for confidentiality, privacy and non-judgemental pre- and post-test counselling.

Furthermore, according to EngenderHealth (2008:10), in order to ensure quality VCT services, health care professionals must have proper training, support and material supplies such as HIV testing kits. The utilisation of VCT services at the workplace as a prerequisite to expand access to HIV/AIDS programmes, must be grounded on acceptable health care practices and ensure respect, protection against stigmatisation and discrimination, and basic human rights elements such as privacy and equality.

2.4.1 Understanding Voluntary Counselling and Testing (VCT)

UNAIDS (2000a:3) defines VCT *as "a process by which an individual undergoes counselling, enabling him or her to make an informed choice about being tested for HIV. This decision must entirely be the choice of the individual and he or she must be assured that the process will be confidential and voluntary."*

The Commonwealth Regional Health Community Secretariat (CRHCS) (2002:4) defines VCT *"as an HIV intervention that includes both voluntary pre- and post-test counselling and voluntary HIV testing. People, of their own free will, opt for VCT, and it provides them with an opportunity to confidentially explore and understand their HIV risks and to learn their HIV test results."*

For the purposes of this study, the two definitions are used in combination to describe the utilisation of VCT services at the workplace, i.e. VCT involves enablement (empowering of an individual) and voluntary participation (an individual does it of his/her own free will); and confidentiality (which enables an individual to deal with the HIV test result without disclosing until he/she is ready to disclose). The term 'VCT services at the workplace', for the purpose of this study, refers to all services accessible and available at the site where VCT services are rendered, including the availability of staff, pre- and post-test counselling, on-site testing, receipt of HIV results, ongoing counselling and support.

2.4.2 Types of Voluntary Counselling and Testing Services

Innovative techniques such as rapid on-site HIV testing have helped increase access to counselling and testing. However, the critical underlying principles for improving the utilisation of VCT services are underpinned by voluntary participation, informed consent, pre- and post-test counselling, confidentiality, and are also accompanied by the client's

preparedness to deal with the consequences such as fear, stigma, guilt and discrimination.

In order to enable the process of innovation in the utilisation of voluntary counselling and testing services, the WHO/UNAIDS (2007) recommends four types of HIV counselling and testing services, namely voluntary, routine, diagnostic and mandatory. These are enshrined in two models, viz. the client-initiated and the provider-initiated HIV counselling and testing. Although these two models have been generally accepted by the international AIDS agencies such as the Global Business Coalition on HIV/AIDS and by many countries, there has been a debate during the past three to five years as to whether to implement an "opt in" or an "opt out" strategy when providing HIV counselling and testing services.

According to EngenderHealth (2008:11), an "opt in" strategy requires that an individual gives an informed consent in writing, and his/her explicit request for HIV testing, whereas an "opt out" strategy is where an HIV test is provided routinely as part of the package of care by the service provider, and the individual is informed that he/she can "opt out" if not agreeing to be tested for HIV. Following the launch of the "opt out" strategy by the WHO, the GBC (2004) also launched its global "opt out" advocacy campaign to change the HIV testing policy and scale up the delivery of VCT and other HIV/AIDS-related services to employees. Debswana is one of the companies that provide a routine "opt out" strategy for VCT, although the success rate is relatively low.

When Botswana introduced routine HIV counselling and testing in all their public facilities and the business sector in 2004, a subsequent cross-sectional study of 1,268 participants conducted in Botswana supported routine testing policy. The findings show that the majority of participants were very much in favour of regular HIV testing and also believed that the policy would decrease barriers to testing and HIV-related stigma (Weiser, Heisler, Leiter, Percy-de Korte, Tlou, DeMonner *et al* 2006). These

findings are also supported by the study in Zimbabwe, which demonstrates that in a period of six months into the implementation of routine HIV counselling and testing, almost 100 per cent of women who attended the antenatal care facilities were tested for HIV, as compared to 65 per cent of the women who attended in the previous six months (Chandisarewa, Stranix-Chibanda, Chirapa, Miller, Simoyi, & Mahomva, 2005).

The purpose of this study, amongst others, was to investigate the types of VCT services offered by the company Mittal Steel in Vanderbijlpark. This would influence employees' utilisation of these services because if the company had adopted a routine "opt out" approach to VCT, employees would doubt the motive behind this approach and link it to one of the company strategies to retrench them and/or deprive them of the opportunities for promotion and training.

2.4.2.1 Client-initiated HIV Counselling and Testing

According to WHO/UNAIDS (2007:19), this model *"involves individuals actively seeking HIV testing and counselling at a facility that offers VCT services. The emphasis of this type is on individual risks assessment and management, addressing issues such as the desirability and implications of taking an HIV test, including the development of strategies to reduce risks."*

Since the nineteen eighties, client-initiated voluntary HIV counselling and testing was the primary model used by public and private sectors for people to know their HIV status. This model, according to WHO/UNAIDS (2007:19), was implemented in various settings such as the stand-alone facilities where individuals would utilise services without referrals and the fear of breach of confidentiality, private facilities, non-governmental organisations facilities and mobile facilities. However, the utilisation of these services has been inadequate and poor in low- and middle-income and resources-constrained countries such as South Africa and Botswana

(FHI 2001). Some of the factors contributing to the poor utilisation of these services include fear of stigmatisation, discrimination, and the limited access to treatment, care and support services.

The current improved innovative models in the utilisation of VCT services both in the public and the private sectors have been influenced by the availability of drugs, new techniques in HIV testing such as rapid (on-site) testing, and employees' convenience in utilising the VCT services in the workplace (WHO/UNAIDS 2007). Mittal Steel uses the on-site testing, which may also contribute to the utilisation of the VCT services, as employees do not have to wait for days or even weeks before knowing their HIV test results.

Telkom S.A. is one of the leading companies that implement an effective VCT service for their employees. Through the Thuso HIV/AIDS Workplace Programme, Telkom's VCT services are exemplary because of their broad scale and their focus on the de-stigmatisation of HIV/AIDS at the workplace. Their employees and immediate family members are provided with comprehensive general health screening with integrated VCT services aimed at reducing stigmatisation against employees living with HIV. Thuso programme launched the utilisation of VCT services awareness campaign at the workplace using brochures, posters and events as vehicles for raising HIV/AIDS awareness (GBC 2009).

Telkom's VCT services are individual-driven and are underpinned by the "3 C's", namely, every individual signs an informed *consent* form to agree to HIV testing, the service provider always ensures pre- and post-test *counselling,* and *confidentiality* regarding an individual's HIV status is strictly maintained. In contrast, Mittal Steel's HIV and AIDS services have been outsourced; there are very few marketing and promotional activities, except those pre-scheduled national calendar events such as the World AIDS Day, Occupational Health and Safety Awareness Days and so on. This may work against employees utilising the VCT services.

2.4.2.2 Provider-initiated HIV Counselling and Testing

This model of HIV counselling and testing refers to, based on the clinical findings and also as a part of medical care, the service provider recommending HIV counselling and testing to persons attending either public or private health care facilities (WHO/UNAIDS 2007). The aim of this model is to identify an asymptomatic or unsuspected HIV-positive person. Although this model gained support from governments, especially Botswana, WHO/UNAIDS (2007) argues that this model needs well-trained health care professionals and clear guidelines that address issues such as counselling, confidentiality and the clients' right to "opt out". They further argue that, while the provider-initiated HIV counselling and testing in the health care facilities presents an important opportunity to improve the utilisation of VCT services, thereby increasing the number of individuals who know their HIV status, it cannot replace voluntary counselling and testing and the need for strategies to reach people who are outside of routine health services (USAID 2006).

The different approaches to HIV testing and counselling helped the study to determine whether employees utilise VCT services voluntarily and whether the services are provided to them as part of routine health care services.

2.5   THE BUSINESS SECTOR AND THE AIDS PANDEMIC

The former United Nations Secretary-General once described HIV/AIDS "as not only the world's biggest public health challenge, but in some countries the biggest obstacle to development" (Taylor and DeYoung 2003:1).

Klaus Schwab, the Executive Chairman of World Economic Forum, writes that while it is recognised that the business main business is business, the world believes that the role of business will continue to evolve as business

continually seeks to explore how to best contribute their strengths and capabilities to address areas of greatest need, such as HIV/AIDS (Taylor and DeYoung 2003: vii).

Peter Piot, the Executive Director of UNAIDS, amplifies the motivation for business to act by saying that the past thirty years of this pandemic did not go in vain as the world has learned that HIV/AIDS can be curbed only when it is subjected to an all-attack (Taylor and DeYoung 2001:vii). This, according to him should include the mobilisation of public and private sector and every stratum of the society. Bloom, Bloom, Stevens and Weston (2006: 8) attest that the workforce is both most accessible target audience for companies and the one that has the most immediate effect on the bottom line.

Piot goes on further and alludes that despite the ideal situation above, efforts by all companies, large and small, formal and informal operating in developed and developing countries; are far from reaching their full potential impact on the course of HIV epidemic (Taylor and DeYoung 2001:vii).

The above been said, recent global estimates show that over 33 million adults between 15 and 49 years were living with HIV at the end of 2007 (ILO 2008). The majority of these adults living with HIV are in their most active productive reproductive years, with skills and experiences their families and their countries' economies cannot afford to lose.

The AIDS pandemic has a major impact on employers, managers and employees alike. Businesses' most valuable asset, the workforce is shrinking due to AIDS-related deaths (ILO 2004). The shortage of skilled, semi-skilled and management due to the impact of HIV/AIDS deprives young workers the opportunity to benefit from the skills and expertise from more experienced employees. The AIDS pandemic also cuts the supply of labour, disrupts production, undermines productivity and reduces the

market for goods and services, while reducing household income, eroding savings and discouraging investment (UNAIDS 2002).

2.5.1 Businesses' response to the AIDS pandemic

Some of the motivations for business response to HIV/AIDS within the workplace is highly variable and dependent on factors such as the HIV prevalence within and outside the companies' area of operation, the level of benefits available to the workforce, the level of business leaders' knowledge, awareness and skills to handle the real socio-economic impacts of HIV/AIDS UNAIDS (2001).

Zellner and Ron (2008:1) point out that companies weigh a number of considerations in determining whether, and to what extent, to provide HIV/AIDS services to employees. These, according to them, include benefits from improved productivity, reduction in absenteeism, improved institutional memory and employees demand.

Business has responsibility not only to business partners and the community but also employees, as employees should form part of the solution rather than part of the problem. Hence Piot in World Economic Forum appeal that while business' primary objective is profit maximization, they also have the responsibility to a) manage HIV/AIDS risks by investing in HIV/AIDS policies and programmes, b) protect investments in human capital by providing access to HIV/AIDS prevention, treatment, care and support programmes, c) invest into the future by extending HIV/AIDS activities to families, communities and business partners (Taylor and DeYoung 2003: viii). Bill Roedy, President of MTV Networks, cites in World Economic Forum business response to HIV/AIDS 2005-2006, two very good reasons for business to act, i.e. as human beings we have a moral duty to help fellow men and women and that business wants to see stable and vibrant society.

In addition, according to King III code of governance for South Arica report 2009, companies have a responsibility to employees. These are enshrined in the key aspects of good governance i.e. *leadership, sustainability and corporate citizenship.*

Leadership applied to HIV/AIDS policies and programmes at the workplace; leaders should demonstrate ethical values, underpinned by the principle of Ubuntu of responsibility, accountability, fairness and transparency. This implies that management as leaders should ensure that HIV/AIDS policies and programmes are implemented and monitored within the company.

It is imperative that programmes employed within the workplace are *sustainable* to achieve intended output and outcomes. Therefore the implementation of HIV/AIDS, especially the utilisation of VCT services should be sustainable. This can be achieved through the employment of a dedicated person/s to deal with issues of employees' wellness, HIV/AIDS been one of them.

Corporate citizenship is demonstrated by the company embarking on key fundamental rights programmes as outlined in the Bill of Rights i.e. the right to access to care and that of individual privacy.

The delayed socio-economic impact of HIV/AIDS in the workplace and the time lag between the HIV infection and the development of AIDS made it difficult for the world to foresee the extent of its spread and impacts. This contributed to businesses' slow understanding of the need to respond to this pandemic. Hence for many years the response to the impact and risks associated with HIV/AIDS were managed as a health issue (UNAIDS 2005), with most of the studies focusing on the biomedical aspects of HIV/AIDS.

Later, as businesses became aware of their role as a stakeholder in mitigating and managing the impact of HIV/AIDS at the workplace, they began to participate in collaborative HIV/AIDS workplace programmes such as intensified internal programmes, exchange programmes, and in some, the outsourcing of HIV/AIDS services. Among other reasons that motivated businesses to invest in comprehensive HIV/AIDS policies and programmes and align themselves with the increasing competition of national markets, were the direct and indirect costs the company incurred due to the impact of HIV/AIDS.

Many companies with large workforce in high-risk areas such as oil and gas, mining, manufacturing and automotive, have developed awareness, testing, prevention and treatment programmes for their employees. In addition they have instituted non-discrimination policies for employees infected and affected by HIV/AIDS (Hamilton 2006). The utilisation of VCT services is increasingly recognised as the cornerstone to HIV/AIDS programmes (Sangiwa 2003), and companies are making concerted efforts to reduce HIV/AIDS prejudices and maximise the number of employees who decide to know their HIV status (GBC 2006).

Daimler Chrysler, one of the largest automotive, transportation and services companies, started a comprehensive HIV/AIDS programme for employees and their families. By 2002, the company had provided VCT services free of charge to 1,750 employees, with 102 (26%) of employees participating in the treatment, care and support in South Africa, (World Economic Forum 2002). According to Daimler Chrysler annual report (2004:81) HIV/AIDS programme is beginning to bear fruits. From 2003, according to the report, the number of employees had risen sharply, infection rate had clearly declined and the number of deaths has been more than halved. To boost the company reputation and image, the chairman of the Board of Management headed Global Business Coalition on HIV/AIDS from 2002 to 2004 (Daimlerchrysler 2004).

In Botswana, a diamond-mining company, Debswana, carried out an institutional audit in 2000, collecting human resources data including sick leaves, ill-health, retirements, health costs, training, and recruitment. The audit revealed that between 1996 and 1999 the percentage of retirements due to HIV/AIDS had doubled from 40% to 75%, the mortality rate had shot up from 37.5% to 59%, UNAIDS (2003:9) and currently Debswana has one of the most effective HIV preventive mechanisms, which assisted them to reduce the company's HIV-prevalence rates from 28% in 1999 to 22% in 2001.

Goldfields, the second largest mining company in South Africa, reported in 2001 that HIV/AIDS cost the company $4 for each ounce of gold produced, hence the expansion of its prevention programme to reduce the costs, FHI (2002). In an effort to reverse the escalating cost of the production of gold due to increased absenteeism, AngloGold, a subsidiary of Anglo American announced in 2002 that a quarter of their 90,000 employees was living with HIV hence they introduced free HIV drugs to their employees, Macalister (2002).

In their annual report of 2006, AngloGold Ashanti had one of the most successful HIV/AIDS programmes, attributed by the fact that the company took a decision to incorporate HIV/AIDS programme as part of their corporate strategy. Seventy five percent, compared with 32% and 10% in 2005 and 2004 respectively, of employees of South African employee base had utilized VCT services. There was significant increase in employees enrolling for antiretroviral therapy (ART), which lead to increased wellness clinic workload.

Through this bold step, the company absenteeism rate declined from a mean sick leave rate of seven days per month for employees starting ART, to two days per month after one year on treatment (AngloGold Ashanti 2006:55-56), inevitably increasing the productivity of the company.

2.5.2 Benefits of using VCT Services

This study sought to investigate the benefits employees receive from utilising VCT services at the workplace. The utilisation of VCT services at the workplace is beneficial to both the employee and the employer in various ways, as discussed below.

2.5.2.1 Benefits to the employee using VCT services

VCT services provide a platform for employees to know their HIV status, thus protecting those living with HIV from infecting their partners. Some of the individuals' psychological benefits in the utilisation of VCT services, as outlined by Sangiwa (2003), include the following:

- *The easing of sero-status and coping*, where through proper pre- and post-test counselling, an employee learns to cope with his/her HIV-positive status;

- *The facilitation of the behaviour change*, as illustrated, according to UNAIDS (2001:18), by the findings of the study of women and their partners in Rwanda, which showed that the utilisation of VCT services is associated with increased use of condoms, reduced rates of sexually transmitted infections, and of HIV infection and re-infection in general;

- *The reduction of the risks associated with HIV and AIDS,* as attested to in the study by Flutterman, Hein and Kipke (1990), which showed that the utilisation of VCT services promoted a reduction in the number of sexual partners among the majority of males and also increased safer sex practices;

- *The promotion of planning for future orphan care*, in that an HIV-positive status may provide an opportunity for employees living with

HIV to plan as to who will take care of children in case of untimely death;

- *The reduction of mother-to-child transmission,* where a female employee living with HIV would be told of the advantages and disadvantages of pregnancies;

- *The promotion of early management of opportunistic infections and sexually transmitted infections, including antiretroviral therapy,* as is the case with BMW SA, according to DeYoung (2007:36), where upon the utilisation of VCT services and knowing their HIV-positive status, employees are allowed access to free antiretroviral therapy; and

- *The enabling of preventive therapy and contraceptive advice* and access to an Employee Assistance Programme (EAP) and wellness programmes.

The utilisation of VCT services also assists in the normalisation of HIV/AIDS – not only in the workplace but also within the community. This also reduces stigmatisation and discrimination against employees living with HIV or being affected by HIV/AIDS. Stevens (2001: ix) explains that the benefits in the utilisation of VCT services are vital forms of social security for employees and their families.

In 2002, AngloGold Ashanti announced that employees living with HIV would have access to free HIV drugs at the workplace (Macalister 2002). Debswana Diamond Mining Company extended VCT services by providing free treatment, including antiretroviral drugs, to an employee living with HIV and one legally married family member (Barnett & Whiteside 2002).

Similarly, since the launch of their VCT services programme, 85 per cent of BMW employees have utilised the VCT services to know their HIV status; and employees living with HIV are also allowed access to comprehensive care, support and treatment, including access to

antiretroviral therapy (DeYoung 2007). Not to be outpaced, Heineken Breweries extended their benefits (treatment of HIV-opportunistic infections) to immediate family members of an employee living with HIV (Feeley, Collier, Richards, Van der Borght, & De Wit, 2007), and Xstrata SA VCT services, according to GBC (2006:23), demonstrates commitment to employees' immediate family members.

Since there are different kinds of benefits to the utilisation of VCT services at the workplace, namely intrinsic (personal) and extrinsic (external environment) benefits, they are in line with one of the objectives of this study, that is, seeking to determine whether employees utilise VCT services at the workplace motivated by personal benefits or company benefits.

2.5.2.2 Benefits to the employer offering VCT services

The utilisation of VCT services benefits the employer as much as they do the employee. Although this study was conducted from an employee's perspective, it is worth noting some of the benefits that employers get from developing, implementing, monitoring and evaluating VCT services utilisation by employees. Nattrass (2004:8) explains that the company can benefit in two ways, namely, increased productivity and managerial leadership.

The utilisation of VCT services at the workplace *increases productivity,* as illustrated by capacity deepening where employees' life expectancy is increased and there is a decrease in employees' morbidity. This will in the long run enhance the development of skills and capacity for promotion. In addition, staff morale is boosted and there is improvement in workplace cohesion (Nattrass 2004). An example of this level is Debswana, which after the introduction of VCT and ART services, observed a reduction in absenteeism, the number of sick-leave days and deaths rates (Habyarimana *et al* 2009).

Managerially, the company benefits by improving and sustaining its operations, which creates opportunities for personal growth. In addition, the utilisation of VCT services helps the company to comply with the legal framework and de-stigmatises HIV/AIDS among employees. The company also benefits from reduced hospitalisation, which reduces indirect costs.

2.5.3 Workplace factors affecting the utilisation of VCT

Mundy and Dickinson (2004) identify three potentially key challenges in the general use of workplace VCT services, namely, demographics, beliefs, and external factors. Amongst others, key *demographic factors* influencing the utilisation of VCT services include age (the older the employee, the more likely the utilisation of VCT services at the workplace), educational attainment (knowledge provides reinforcement to identify risky behaviours, which may lead to the utilisation of VCT services), and socio-economic factors as determined by salary and peer pressure (Shisana & Simbayi 2002).

Beliefs include an employee's beliefs in societal norms, which may motivate him/her to utilise VCT services at the workplace in order to reduce the risks associated with HIV/AIDS, while believing that an HIV-positive status leads to societal rejection is enough to influence VCT services utilisation.

External factors influencing the utilisation of VCT services at the workplace are the perceived level of stigmatisation, discrimination, support, confidentiality, and the feelings and experiences of employees utilising VCT services. Stigmatisation and discrimination hinder the mobilisation towards the mitigation of HIV infection. Stigmatisation is based on the perceptions that people living with HIV have violated a set of shared values and beliefs such as sex and/or socially unacceptable behaviours. Beliefs held regarding stigmatisation and discrimination include HIV

infection as a punishment for risky sexual behaviour (Parker, Aggleton, Attawell, Pulerwitz, & Brown, 2002). This further contributes to the perception, especially for individuals who are already stigmatised because of their sexual behaviour, gender, race, or socio-economic status, that HIV/AIDS affects "others" and not "me". The stigma related to HIV/AIDS has divided the world into "them" and "us". Because of this, people who may otherwise utilise VCT services are more afraid to do so, and individuals living with HIV are afraid to come forward for treatment, care and support programmes.

Van Dyk and Van Dyk (2003) investigated participants' attitudes towards the utilisation of VCT services – a study which revealed that people may resist utilising VCT services due to various reasons such as confidentiality, disclosure and fear of rejection. Ginwalla *et al* (2002) identify employees' fear of job losses as one of the challenges, while Baggaley, Kelly, Weinrich and Kayawe (1998) state that VCT services are likely to be under-utilised if the perceived threats outweigh the perceived benefits, an example being the possibilities of disclosure of an individual's HIV-positive status by health professionals without his/her consent.

2.6   CONCLUSION

The literature regarding the utilisation of VCT services, especially at the workplace, was reviewed in this chapter. Theoretical frameworks pertinent to the study were discussed, focusing on the Health Behaviour Model; the AIDS Risk Reduction Model and Social Marketing theory. Existing legal frameworks in relation to HIV/AIDS in the workplace were elaborated on and particular attention was paid to the principles and guidelines that protect employees who utilise VCT services at the workplace.

The chapter looked at how, in the midst of increasing company costs due to AIDS-related diseases, businesses are responding to the AIDS pandemic, focusing on the benefits, challenges, experiences and how the

VCT services at the workplace are promoted and marketed to motivate employees to utilise them. Models, types and vehicles used to improve the utilisation of VCT services were outlined and discussed, focusing on client- and provider-initiated HIV counselling and testing, and the two strategies that are being marketed, namely "opt in" and "opt out", how they feature in VCT services and their implications for this study. This chapter reiterated the importance of companies' action against socio-economic impacts of HIV/AIDS, both inside and outside the world of work.

Based on the discussions in this chapter, the next chapter looks at the research methodology used to justify the choice of approaches, designs, sampling, data collection and analysis. Chapter 4 also outlines the validity of the study and some ethical aspects considered during the study processes.

CHAPTER 3: RESEARCH METHODOLOGY

3.1   INTRODUCTION

In this chapter the research methodology is discussed. In particular, the research design, including the research approach, the data-generating methods, sampling decisions and data analysis strategies are discussed. The chapter concludes with an explanation of how the validity and authenticity of the findings were assessed and also outlines ethical considerations that guided the study.

As pointed out in Chapter 1, the purpose of this study was to gain information and an understanding regarding the benefits and challenges that employees experience in utilising VCT services at Mittal Steel. The rationale for the study was underpinned by the fact that, while other companies struggle to encourage employees to utilise VCT services at the workplace, employees at Mittal Steel, according to their HIV and AIDS programme reports (Mittal Steel 2006), seem to utilise these services.

The objectives were to investigate the types of VCT services offered, the benefits that exist, the challenges and experiences of employees in utilising VCT services at their workplace, how these services are marketed and promoted, and finally what can be done to motivate employees to utilise these services more.

3.2   THE RESEARCH DESIGN

There are various definitions of a research design, and in all of them a plan, a procedure and the data collection are central to the process. Mouton (2001:55) broadly defines a research design as *"a plan or a blueprint of how one intends to conduct research"*, while the definitions proposed by Huysamen and Christensen are more specific. Huysamen (1994:10) defines a research design as *"a plan or blueprint according to*

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which data is collected to investigate the research question or hypothesis in the most economical manner." Christensen (2004:269) is more specific in his definition by referring to a research design as *"an outline, plan, or strategy specifying the procedure to be used in seeking an answer to the research question."*

For the purpose of this study, the definitions are used in combination as they have the common elements the researcher used in order to arrive at the findings, that is, the researcher followed a plan, which included sampling, data collection and analysis. Below the qualitative exploratory approach is outlined.

3.2.1 The chosen research approach

According to De Vos, Strydom, Fouché and Delport (2002:79), a qualitative approach seeks to understand social life and the meaning that people attach to their everyday life. For this study in particular, a qualitative approach assisted the researcher in gaining information about and an understanding of the following two kinds of lived experiences of employees in respect of the utilisation of the VCT services at their company. Firstly, what personal and social reasons and benefits were there for employees to utilise the services? Secondly, how did employees feel about utilising these services and what were their relationships with their fellow employees like, after utilising these services? To find the answers to these two issues, a qualitative approach was chosen because it assisted the researcher to understand employees' behaviour regarding VCT utilisation, including their emotions, beliefs and values.

3.2.2 Implications of the chosen approach for data generation and analysis

The study used qualitative methods for data collection and analysis. Some elements of action research also influenced the procedures. In this regard, Reason & Bradbury (2002:1) state that action research, in pursuit of practical solutions to pressing issues to people, seeks to bring theory, reflection and action together. Considering this, the researcher regarded the utilisation of VCT services as a pressing concern, especially in the midst of the increasing HIV infection and the socio-economic impacts of AIDS in the workplace.

Punch (2005:160) explains that action research aims to design inquiry and build knowledge for use in the service of action to solve practical problems. Amongst other reasons for using some elements of action research in this study was that the study also sought to gain employees' reflective understanding and provide information regarding the utilisation of VCT services at the workplace. The findings would therefore influence the management of the company to conduct a broad-based, in-depth study and inform management's future planning to improve these services.

3.2.3 Access negotiation, recruitment of interviewees and sampling technique

Mittal Steel is one of the members in the District Intersectoral Forum. This Forum meets quarterly and is chaired by the District Municipality AIDS Director. Amongst other objectives of this forum, it oversees internal and external HIV and AIDS programme implementation by the sector, businesses, government departments and civil society structures.

Through reports that are submitted and shared by members, it was observed that statistically Mittal Steel showed improvements in employees' utilisation of VCT services at the workplace. In comparison with other

businesses that, based on their reports, struggle to implement HIV and AIDS programmes, the researcher developed an interest in exploring the reasons behind Mittal Steel's employees participating in HIV and AIDS programmes, in particular the utilisation of VCT services at the workplace.

A proposal letter was sent to the management of the company. After careful consideration, the researcher received a response from the company that granted permission to conduct a case study at Mittal Steel. The good rapport between the researcher and the managers at the company facilitated the initial meeting, wherein the researcher outlined the intention, the purpose, the methodology and the ethical implications to the Mittal Steel management.

Subsequent to a meeting with the management representative, the researcher was introduced to the head of the Occupational Health Unit, who then organised a briefing session with the health care professionals at the clinic. The latter were informed about the study, its objectives and the fact that the study is for academic purposes. The health care professionals at the clinic were requested to assist the researcher by inviting employees to participate in the study.

Inclusion criteria for prospective research participants were that they should have utilised VCT services, either on the day of the interviews or during the past six months, and be prepared to voluntarily take part in the study. Exclusion criteria included employees who had not used the VCT services since they would not have the relevant experience, and therefore would not be able to adequately answer the interview questions.

The strategy employed to recruit participants included the health care professionals in the facility requesting employees to participate in the study. Employees who agreed to participate were introduced to the researcher, and the purpose of the study, the processes to be followed,

ethical considerations such as confidentiality, voluntarism and the right to withdraw at any time during the study, were all explained.

The participants were then requested to sign the consent form and thereafter face-to-face interviews, using an interview guide (see Appendix B) commenced in a private room allocated to the researcher for the duration of the study. The interview sessions were conducted from the 1st to the 17th of July 2008, and each session lasted for about 30 minutes for each participant. After the interviews, participants were debriefed by discussing workplace and other general issues.

The researcher chose a non-probability purposive sampling technique because the focus was on gaining reflective information about and an understanding of the experiences and feelings of participants who had utilised VCT services at the workplace. This implied that the research participants were expected to report on their practical experiences, challenges and feelings regarding these services.

Due to the nature of the sampling technique and the limited sample size, the findings of this study may not represent the average understanding of the benefits, challenges and experiences by employees in businesses in general and therefore should be treated with caution and not be generalised.

3.2.4 Data collection methods

Data was gathered through the researcher's field observations, which started during the initial meeting with management and continued during and after the face-to-face interviews with five research participants. The researcher used an interview guide comprising open- and closed-ended questions.

3.2.4.1 Observations

Field observation, henceforth referred to as observation, is defined by Cohen and Crabtree (2006:1) as a systematic data collection approach. Green and Thorogood (2004:239) describe observation as involving a systematic viewing of people's actions and the recording, analysis and interpretation of their behaviours. Green and Thorogood (2004:133) justify observational data as widely assumed to be the archetypical qualitative method, producing the most valid data on social behaviour.

There are two types of field observation, namely covert and overt observation. Covert observation entails unobstructed observation where the researcher observes the research participants without their knowledge. In overt observation, the research participants are aware that they are being observed and it includes participatory and non-participatory observations.

According to Frankfort-Nachmias and Nachmias (1992:273), participant observation involves attempts by the researcher to get as close to the participants as possible, while Becker (1958:652) notes that participant observation *"is close to everyday interaction, involving conversation to discover participants' interpretations of situations they are involved in".* By doing that, the researcher attempts to learn the participants' language, their work patterns, their habits and their leisure activities. On the other hand, non-participant observation, according to Leach, Taggart, Jones and Stephens (1998:99), refers to a researcher observing people with their knowledge and consent, but refraining from participating in their activities and events.

Despite its disadvantages, including the possibility of reactivity (that is, where the observed might alter their behaviour due to their participation in the study), the researcher chose non-participatory overt observation for the following reasons:

(a)   to avoid the ethical problems related to covert observation;

(b)   to observe processes in their natural setting; and

(c)   to establish rapport with research participants and health professionals so as to facilitate open and transparent interviews.

To complement his observations, the researcher used a field notebook to make notes during the initial meetings with the company representatives, during the introduction to the health professionals in the clinic, and during the face-to-face interviews with the research participants.

3.2.4.2. Interviews

The researcher personally conducted the face-to-face interviews and used an interview guide. The interview guide, as one of the data collection instruments, was specifically developed to capture research participants' perceptions and their experiences regarding the utilisation of VCT services at the workplace. The interview guide comprised semi-structured closed- and open-ended questions. All the research participants, although of different ethnic groups, responded in Sesotho, as it is the language spoken predominantly in the Vanderbijlpark area where the company is situated. Upon request, the research participants indicated that they felt comfortable conversing in Sesotho during the interviews.

At the start of each interview, the researcher introduced himself to the research participant and explained the reason why he chose the company for the research. He also explained to the research participant the purpose, objectives, ethical considerations such as confidentiality, and their right to withdraw during the interview session, as well as the process of recruitment of the research participants.

Each participant was made aware that his/her name and surname was not asked or recorded as the researcher wanted him/her to be relaxed and open during the interview. The researcher asked each participant whether

he/she wanted to ask or say anything before they started with the interview. The researcher then requested the participant to sign the informed consent form and the interview commenced. Questions were asked orally and answers written down as they were given by the participant.

The interview sessions were unstructured and open-ended, which allowed both the researcher and the research participant to clarify misunderstandings as these emerged from the questions. This ensured that the participants felt at ease and free to elaborate and provide detailed information as was needed by the discussion and questions. After the interview, the researcher and the research participants discussed general issues, including those of the workplace and the outside work environment, and also individual likes and dislikes hobbies etc. The researcher then thanked the research participant for participating and reassured him/her that on request, he/she will be given the report of this study.

Each interview session lasted approximately 30 minutes and took place in a private room allocated to the researcher by the company management for the duration of the study. The furniture in the room was deliberately arranged so that each participant sat next to the researcher instead of across him with a table as barrier between them. Through this arrangement the researcher wished to demonstrate equality between himself and the respondents, in order to try to promote a relationship of trust to develop.

Since access to volunteer research participants was negotiated with all the key decision-makers, the process of data gathering was a compromise. The health care professionals and management expressed their unease about the use of any recording equipment (tape recorders, dictaphones or video recorders); the researcher could only capture the interviewees'

responses by making notes in writing. In this regard, the researcher took down notes during the interview, expanding on these after each interview.

3.2.5 Analysis of the data

3.2.5.1 Observations

The findings of the field observation before, during and after the face-to-face interviews were recorded in a field notebook with a predetermined observation guide. The notes were expanded into the descriptive narrative report and later transcribed as a data file in MS-Word for processing and analysis. The field notes assisted the researcher to describe the environment within which VCT services are provided, the operating hours of the VCT service sites, the hours spent by employees during the VCT sessions, management and employees' transparency and openness, the actions of an employee before and after utilising VCT services, and the actions of fellow employees towards an employee who has just utilised VCT services.

3.2.5.2. Interviews

According to Frankfort-Nachmias and Nachmias (1992:322), coding is "*the process by which responses are classified into meaningful categories*". They further refer to the system used to classify responses or acts that relate to a single item or variable as a coding scheme. In addition, they describe inductive coding as appropriate if the study is exploratory.

Therefore, using the coding scheme the following process, as outlined by Punch (2005:199) and De Vos *et al* (2002:346), was followed: The first step was *open coding*, which was used to categorise data from similar concepts, as per the purpose and objectives of the study, and also data emerging from the interview guide. An example is that of extrapolating common ideas from the questions in the interview guide and the field

observations and putting them together. For the purpose of this research, the first common concepts to be labelled were "knowledge", "familiar", "policy", "content", and "information".

The second step was *axial coding,* whereby the concepts that emerged from the open coding were interconnected with each other and categorised. An example would be those concepts in the open coding that were interconnected in terms of similarities and were classified under "knowledge" and "HIV and AIDS".

The third step was that of *selective coding*, which involved rearrangement of classifications into logical, systematic and contextual categories and themes.

3.3   PRE-TESTING OF THE INTERVIEW GUIDE

This process refers to conducting an administration trial of a data collection instrument, in this instance an interview guide. Such a trial run was done to ensure that the interview guide was correctly worded, that it would be clearly understood by the research participants, and that it would capture the relevant and correct data as required. The researcher also wished to make sure that the questions would fit into the time allocated for the interview, and that the language would suit the research participants and not be offensive to them.

The researcher showed the interview guide to the student support administrator of the Department of Sociology. The pilot run was done over the phone, after the guide had been e-mailed to her for comments. After telephonic corrections, her comments were incorporated onto the final interview guide and it was ready for use.

3.4 VALIDITY AND AUTHENTICITY OF THE STUDY

De Vos *et al* (2002:166) describe validity of a study as *"doing what it is intended to do"*. These authors further define validity in two parts: that the instrument actually measures the concept in question and that the concept is measured accurately.

3.4.1 Credibility

Polit and Hunger (1995:362) describe credibility as referring to the truth of data, while De Vos *et al* (2002:351) explain credibility's primary goal as demonstrating that the inquiry was conducted in such a manner that ensured that the subject was accurately identified and described. According to Polit and Hunger (1995:362), credibility of an inquiry involves two aspects, namely carrying out the investigation in such a way that the believability of the findings is enhanced, and taking steps to demonstrate credibility. Therefore the study's credibility is illustrated by the researcher's prolonged engagement with the participants during the interviews, and the focus of the interview throughout was the utilisation of the VCT services at the workplace.

3.4.2 Transferability

According to De Vos *et al* (2005:352), the transferability or generalisation of the qualitative approach can be problematic. However, there are certain elements of the qualitative approach that can justify transferability. Some of those include the use of a theoretical framework, which this study discussed at length in Chapter 2. Also the findings of this study could be transferred to other companies, because the researcher used purposive sampling so that data-rich people (that is, persons who have used the VCT services at the research site) were used; the interview sessions were prolonged to allow for in-depth insight and information regarding the utilisation of VCT services at the workplace; the researcher outlined the

methodology comprehensively; ethical issues were duly considered; and participants' direct responses were captured and reflected in the report.

3.4.3   Dependability

De Vos *et al* (2005:352) define dependability as an alternative to reliability. In this study, the findings could be regarded as dependable, since the researcher pre-tested the interview schedule with the assistance of a colleague to determine its focus. The researcher was also under constant and continuous supervision by his supervisors, and the research methodology for this study was clear and comprehensively described.

3.5   ETHICAL CONSIDERATIONS

As the scope of social research has expanded over the years, with methods of research and analysis becoming more sophisticated, there has been a growing concern on the part of social researchers regarding the ethics of conducting social research, especially around the issues of participants' rights (Frankfort-Nachmias & Nachmias 1992). In the context of HIV and AIDS, it is important to exercise prudence when conducting research, by ensuring that all the ethical issues have been considered. This would enable an environment conducive to the development of rapport between the researcher and the participant.

Therefore ethical considerations were very important in this study for three reasons: firstly, private business is reluctant to be drawn into HIV and AIDS issues, especially where external evaluators such as academic institutions are concerned (Bloom *et al* 2006); secondly, employees still fear the stigmatisation and discrimination associated with HIV and AIDS (ILO 2003); and thirdly, the case study company wanted to protect its own image and reputation.

De Vos *et al* (2002:63) provide a practical and operational definition of ethics: *"a set of moral principles that are suggested by an individual or group, are subsequently widely accepted, and offer rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and student"*. Resnik (2007) defines ethics as *"norms for conduct that distinguish between acceptable and unacceptable behaviour"*.

Ethics are important to social research in that they promote the aims of the research such as knowledge, truth and avoidance of errors; they promote values that are essential to collaborative work such as trust, accountability, mutual respect and fairness; they ensure that researchers are held accountable to the public; they help to build public support for research, and lastly, they promote some moral and social values such as social responsibility, human rights, health and safety (Resnik 2007).

In this study, the following ethical considerations, categorised into two principles, as outlined and discussed by Polit and Hunger (1995:119), Frankfort-Nachmias and Nachmias (1992:79-88), De Vos *et al* (2002:63-73), Christensen (2004:128-132), and Punch (2005:276-278), were observed during the study period. These principles as are discussed next are the principle of respect for human dignity and the principle of beneficence:

3.5.1   The principle of respect for human dignity

3.5.1.1 The right to self-determination

The researcher explained to the participants that their participation in the research was voluntary and that they were free to withdraw from it without giving notice to do so and without suffering any penalties. They were also free to stop the interview at any point during the study or to refuse to

provide information they deemed too sensitive. Participants were also made aware that they were not coerced into participating.

3.5.1.2 The right to confidentiality and anonymity

Because of the nature of the subject (HIV and AIDS), the researcher assured the research participants that confidentiality would be strictly upheld; hence the names of the participants were not used in reporting on the findings of the interviews.

3.5.1.3 The right to privacy

It is the ethical duty of any researcher to respect the privacy of research participants. The researcher has made sure that the report is not presented in such a way that other people can identify the true identity of the participants. In addition, the face-to-face interviews were conducted in a secure room where a third party could not overhear what was said.

3.5.1.4 The right to full disclosure

The researcher fully disclosed the nature and the scope of the study to the research participants, so that they could provide their informed consent to participate in the study. During the debriefing sessions, each participant was again told about the study, its purpose, objectives and the rationale so that participants had full information of what would happen with the information they had just provided.

3.5.1.5 Respect

Since access to volunteer research participants was negotiated with all the key decision-makers, the process of data gathering was a compromise. The health care professionals and management expressed their unease about the use of any recording equipment (tape recorders, Dictaphones or

video recorders). Therefore the researcher respected the wishes and concerns of the company management and health care professionals by taking down notes during the interview, and later expanding on those after each interview.

3.5.2 The principle of beneficence

This principle is underpinned by the maxim: to do no harm. Corey, Corey and Callah (1993:230) describe the deception of participants as withholding of information or as offering of incorrect information in order to ensure participation when participants would otherwise have refused. Judd, Smith and Kidder (1991:496-497) summarise three potential reasons why participants may be deceived, that is, to disguise the real goal of the study, to hide the real function of the actions of the participants, or lastly, to hide the experiences that the participants will go through during the study. To avoid these in this study, the researcher explained to the participants the aim, purpose and the objectives of this study, and explained clearly the role of the participants in the study and how the face-to-face interviews would be conducted.

Although many studies make provision for personal benefits, the researcher explained to the participants that participation was voluntary and that there was no monetary rewards for participating, except that, whatever information research participants provided may benefit both themselves and the employer. The findings of this study may provide the management of the company with valuable information that could be used to improve the quality of the services being provided at the VCT sites, which may help the employees to frequently utilise those services at the workplace.

3.6   CONCLUSION

This chapter explained the methodology of the study. The chapter re-introduced the purpose of the study, the rationale for the study, the objectives and the research questions. The chapter went on to elaborate on the research approach, type and design, including sampling, data collection and analysis. In conclusion, the chapter highlighted the validity and ethical issues that were considered during the study.

CHAPTER 4: FINDINGS, INTERPRETATION AND DISCUSSION

4.1 INTRODUCTION

In this chapter, the researcher presents the study findings, which will simultaneously be interpreted and discussed in line with the theoretical models as discussed in chapter 2.

It should be noted that this study was prompted by the problems faced by businesses in implementing effective HIV and AIDS workplace policies and programmes in the workplace, especially the problem of the utilisation of VCT services by employees. Therefore, the aim of the study was to investigate the utilisation of VCT services at the workplace by employees at Mittal Steel, the purpose being to gain a better understanding of the perceptions by employees who utilise VCT services.

To arrive at the findings, an exploratory qualitative approach was adopted. Five research participants were interviewed in face-to-face settings. In the findings, the chapter starts by presenting the fieldwork experience, and thereafter describes the demographic characteristics of the research participants. This is followed by a brief discussion of their biographical sketch. Lastly the chapter presents themes that were uncovered from data analysis.

4.2 FINDINGS

4.2.1 Fieldwork experience (Observations)

The researcher used a predetermined, structured observation guide (attached as Appendix D), which included different categories, e.g. transparency, environment, appearance, verbal behaviour and interactions, physical behaviour and gestures, service provision, personal space, human traffic. These are discussed below:

Initially the management did not feel comfortable in granting the approval to conduct the research, citing the confidential nature of their operations, including the welfare of their employees. But after the researcher explained the purpose of the research and assured them of strict confidentiality, they agreed. Afterwards, there was no untoward behaviour observed, instead they were open, honest and supportive. This assisted greatly by ensuring that the researcher's observations became unbiased and fair.

The environment at which the health facility is situated is quite, away from the noise of the operations. The health facility is big with ample reception area, clean and orderly. The consulting rooms are partitioned with bricks and provide privacy for consultation.

The health professionals' appearance is equal to the task; they are presentable, down to earth and professionally dressed with their distinguishing devices. The other observation was that most of them were elderly professionals, maybe the reason for compliance with their professional requirements, which was very strictly adhered to during their peak active productive economic years.

Verbal and non-verbal relationship between employees who came for services and the health professional was that of not only professional respect but employees looked upon them also as mothers. Their interaction was very good, maybe confirming some of the reasons why employees utilised VCT services; because they felt belonging and believed that their confidentiality would not be divulged. The researcher observed professional physical behaviour between health professionals, receptionist and the head of department. This confirms the historical military nature of nursing, where respect was emphasised.

The researcher had an opportunity to observe VCT services being provided to employees. It was encouraging to see that employees and

health professionals equally showed no signs of panic, which may again explain the reasons for employees utilising VCT services. They were joking and laughing at each other which also demonstrated that the parties were not seeing each other for the first time and that there was trust between them. Because the facility also attended to occupational injuries, it was not surprising to notice in and out movement by employees coming in for consultation related to their injuries on duty and other illnesses.

It was during this session, through the interaction with one manager, who by chance came to see one of the health professionals and had a short informal chat with the researcher, that the researcher realised that the company had actually outsourced the employees' health management component to an outside service provider. Without them providing reasons for that, the researcher assumed that the reasons may be because of lack of financial resources, management felt that health management is not the core business of the company and/or management not considering HIV/AIDS as a priority issue; or maybe management had not experienced visible HIV/AIDS impacts to the company.

Other observation made, outside the observation guide, was that the facility opens on certain days. On enquiry, the researcher was told that due to rotation of health professionals to other clinic sites of the company in other areas, the facility opens only on Mondays, Wednesdays and Fridays. Hence the face to face interviews were conducted during those days. During face to face interviews with research participants, the researcher also observed that most of them, with the exception of one, did not show any signs of panic, uneasiness or sensitivity. The latter may have been because HIV/AIDS is still associated with rejection by family members and/or by employers, the real time for testing was eminent and a lot of things ran through the mind; just in case the results come out HIV positive

Generally the researcher is satisfied that the observed phenomenon augurs well with the requirements for good VCT service. These include optimisation of convenience, decentralised services, pre- and post- HIV counseling and testing at different convenient settings such as health facilities, workplaces and community facilities (Mathew 2005; Strode, van Rooyen, Heywood, and Abdool Karim: 2005). The researcher is also content that what was observed confirms the definition of VCT services as described in section 2.4.1 in chapter 2 of the study.

Therefore based on the outcome of the observations, the researcher is convinced that indeed the utilisation of VCT services by employees at this company happens in a very conducive environment, hence consistent and constant increase in utilisation of these services.

Despite the reports on VCT utilisation by the employees of this company, being onsite provided valuable information such as that despite all HIV/AIDS myths, misconceptions and stereotypes, to other people life goes on.

Conducting the interviews enlightened the researcher that it cannot be assumed that everything is taught. Some knowledge is acquired through individual's interaction, zest and the meaning one attaches to life.

4.2.2 Demographic characteristics of the research participants

The interview guide included demographic information of the research participants, which in the main focused on gender, marital status, educational level, language and race. All five of the research participants were black, and four were males while one was a female.

The dominance of males over females in the study is understandable, since the company under review manufactures steel, with duties typically performed by men.

Three of the research participants were married, while two were single. The three married participants also confirmed that they were motivated to use the VCT services to test their HIV status in order to protect their spouses. Motives for the use of these services by the two unmarried participants were that they felt that knowledge of their HIV status could help them stay negative, adopt safer sexual behaviour or put them in contact with services should they test positive.

The research participants ranged between 30 and 59 years. In terms of educational attainment, four research participants had passed Grade 12, while one passed Grade 10. Although the language used during all the face-to-face interviews was Sesotho, the home language for three research participants were Sesotho, for one it was isiZulu and for another one SiSwati. The research participants indicated that they felt comfortable communicating in Sesotho because they know the language well since the community in the Vanderbijlpark area predominantly speaks Sesotho. It is also important to note that in the past the company, amongst others, recruited people from the former homelands, thus people with different languages and cultures met and learned from one another – which is why most employees are able to speak more than three languages.

4.2.3 Biographical sketch of the research participants

Although it was not expected of the research participants to divulge their HIV status and their identity, it was important for the researcher to determine the research participants' life histories. Below, captured as ice-breakers before questions in the interview guide, are brief biographical descriptions of the research participants, where all the names used henceforth are pseudonyms, in line with ethical considerations of this study.

4.2.3.1   Sipho

Sipho was a married man in his thirties. He spoke SiSwati as a home language although he was well conversant in Sesotho, Setswana and Sepedi. He was born in Mpumalanga and migrated to the Vanderbijlpark area when he was 11 years old, when his parents relocated to Gauteng in search of work. He completed his Grade 12. After school he earned money by doing odd jobs in the area. He found employment in the company by accident, when one of his friends invited him to do contract/shut-down jobs in the company. Ultimately he got a permanent job and has been employed in the company for 11 years.

Sipho divulged that his dream was to become a lawyer but financial constraints prevented him from further studies. However, he was studying Human Resources at the time of the interviews. He felt that participating in HIV and AIDS issues is important as he was affected by the death of his long-time friend due to AIDS-related illnesses.

4.2.3.2   Thuso

Thuso was a middle-aged man in his fifties. Thuso was married with three children. He had to drop out of school after the death of his father to provide for his two brothers and one sister. These siblings completed school and are now professionals. He has been with the company for 25 years.

Thuso was reserved, showed uneasiness and did not say much, probably because of the age gap between him and the researcher.

4.2.3.3   Colleen

Colleen was a female in her mid-thirties. At the time of the interview, Colleen was single, had one son aged 7 years, and confessed that she

was at risk of HIV infection because of her lifestyle. She had been with the company for 6 years. Previously she worked at a local clothing company, but refused to divulge the reason why she left the company.

During the interview, Colleen yawned frequently and complained that she felt tired as she did not have enough sleep the previous night. Colleen, who spoke IsiZulu as a home language, lived in a backyard room on the same yard as her parents. Colleen completed Grade 12 and revealed to the researcher that she was not interested in further studies. Her explanation for this was that she knew of many graduates in her neighbourhood who were unable to find employment.

4.2.3.4 Mpho

Mpho was a single man in his twenties. He spoke Sesotho as a home language and had been with the company for one year, having resigned from his job as an assistant at a petrol station in town. Mpho was outspoken, impeccably dressed and said he worked at the supplies section of the company. He had completed Grade 12 and wished to further his studies. He expressed other life goals such as marriage, owning a home, living a responsible life and perhaps becoming an entrepreneur.

Mpho saw the study as a possible platform for greater workplace awareness about HIV and AIDS and the importance of testing.

4.2.3.5 Solly

Solly was a Sesotho-speaking male in his forties. He started working for the company in 1999 as a boiler-maker, a position he still held at the time of the interview. After completing Grade 12, he worked as a taxi driver for a few years, but abandoned that because of (in own his words) the *"violence within the industry"*. He found gainful employment as a driver at a spares shop until it closed down and the owner relocated. He then found

his current job and learnt boiler-making on the job, although he has no certificate.

Solly was married with one son aged 15 years. He was a self-confessed sports fan, watching and participating in soccer and tennis. He mentioned that he enjoyed hearty meals, but steered clear of alcohol and smoking. His greatest desire was to see his son entering university as the first person in his family to enter tertiary education.

4.3   THEMES EXPLORED AND UNCOVERED IN THE INTERVIEWS

The study focused on gaining insight in and understanding of the benefits and challenges employees experienced in utilising VCT services at the workplace. Below are the themes as uncovered in the face-to-face interviews.

4.3.1 Knowledge of the existence of the workplace HIV and AIDS policy

The researcher sought to gauge how much the research participants knew of and understood about the contents of the HIV and AIDS policy of the company. Three of the research participants confirmed that they knew of the existence of the HIV and AIDS policy of the company. However, only one of them said that he was familiar with the contents of the policy. Most of the research participants were not sufficiently up to date with the contents and suggested that they would like to know more about it.

These findings are in line with the findings of the three case studies of large South African companies conducted by Dickinson and Steven (2005:286), which show that among others, companies respond to HIV and AIDS because of legislative requirements that promote human rights, as opposed to the moral duty to help fellow men and women in order to create a stable society (Bloom *et al* 2006); and also live up to the

expectations of providing a conducive environment for HIV and AIDS information, education and skills development to enable behaviour change (Dickinson & Innes 2004).

The company should be commended for having an HIV and AIDS policy in place. However, considering the economic impacts HIV and AIDS have on the business, employers should advocate the HIV and AIDS workplace policy to employees to enable them to know key workplace policy principles, as outlined by the ILO (2001:3); namely recognition of HIV and AIDS as a workplace issue, non-discrimination, gender equality, healthy environment, social dialogue, screening for the purposes of exclusion from work or work processes, confidentiality, continuity of employment, prevention, care and support, which includes the utilisation of VCT services, or at least request their service provider to conduct them on their behalf. As it is now, the company HIV and AIDS workplace policy document seems to be a management tool rather than a tool for employees. This raises the debate around the company's regard for its employees, that is, whether employees are considered as a means to an end or part of the end.

4.3.2   Knowledge of and access to HIV and AIDS information

The findings reveal that, even though some research participants did not know about the existence of the workplace HIV/AIDS policy of the company, all of them knew where to get information regarding HIV and AIDS and VCT services. In addition, all of them knew about universal precautionary measures to prevent workplace exposure to HIV infection, thanks to the ongoing and regular occupational health and safety workshops. Furthermore, all of the research participants knew that everyone is vulnerable to HIV infection – irrespective of race, age, social status or marital status.

All of the research participants also knew how to protect themselves against being infected with HIV when giving first aid to an HIV-positive

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employee in cases of injuries and emergencies. To this Colleen said, *"I will put on gloves to protect cuts,"* while Mpho claimed that he would *"avoid contact with blood and wear gloves".* In addition, all of the participants responded that they were comfortable sharing a cup of coffee and also working with an HIV-positive employee. Thuso responded that *"HIV-positive individuals need support from us so that they realise that they are loved, accepted and loved as human beings".*

The findings are similar to those of a study conducted by Mnyanda (2006:35), which found that 92,1% of the employees in the Department of Social Development (DOSD) reported that they felt comfortable working with an HIV-positive employee, and that 71% of the participants felt comfortable buying lunch from an HIV-positive owner of a cafeteria. Such findings, although based on the reported perceptions of employees, seem to suggest that stigmatisation and discrimination against people living with HIV is diminishing in workplaces at least.

4.3.3   Perceived benefits of utilising VCT services at the workplace

When they were asked to mention reasons why employees utilise VCT services at the workplace, five of the research participants indicated that employees use VCT because:

- they want to know their status,
- they want to take care of themselves, and
- confidentiality is upheld at the VCT service point.

Only one research participant responded that employees utilise VCT services at the workplace because the company pays for treatment costs. The responses by the five research participants are in line with the findings of the study conducted by Mphaya (2006:84), which revealed that 93.1% of research participants responded that they utilised VCT services *"just to know their status".* In addition, Mundy and Dickinson (2004:4) identify three key factors that influence participation in VCT services at

the workplace in South Africa, namely increasing age, level of education and socio-economic status.

Questions about perceived benefits were followed up by probes about perceived treatment after the utilisation of the VCT services.

In this regard, two of the research participants felt employees are treated the same whether they use the workplace VCT services or not, whereas the other two felt unsure about this issue. Four of the research participants said that the company gives HIV-positive employees continuous counselling and time off for appropriate treatment. To this, Colleen said, *"I know of one employee from this company who attends counselling and receives drugs from the company; fortunately he was not shy to tell me that he is HIV-positive."*

4.3.4 Perceived challenges in utilising VCT services at the workplace

Another topic explored in the interviews was research participants' own perceptions of what the potential challenges or barriers are that prevent employees from using VCT services in the workplace. Most research participants said that fear was the major challenge in utilising VCT services at the workplace, while one cited service point closure at certain times as a challenge, and another one felt that the fact that VCT services are separate from other health services was a challenge.

Thuso stated, *"I fear that if I test positive I am going to lose my job,"* while Mpho's fear was, in his own words, that *"I fear that testing positive will end my ambitions about my life since there is no cure for AIDS, and that my parents will be very disappointed with me."* On the other hand, Sipho said, *"I fear being tested HIV-positive because I can still remember the pain my friend went through, it was hell."*

Whilst it should be borne in mind that all of the research respondents were able to conquer their apprehensions about VCT since they all used the service, it is also apparent that their fears regarding HIV were personal and emotional in nature. These fears include perceived implications for future employment, and perceptions of few benefits since there is no cure for AIDS. The findings resonate well with those of Stewart, Pulerwitz and Esu-Williams (2002:2), who found that Eskom employees feared stigmatisation by colleagues more than discrimination by their employer. Morin, Khumalo-Sakutukwa, Charlebois, Routh, Fritz, Lane *et al* (2006:221) found that most of the participants in their study said that the fear of testing positive or of the test itself was the reason for not testing, while 21% reported that their fear of receiving or disclosing an HIV-positive test result had prevented them from testing.

Further probing concerning the issue of access to VCT, prompted Mpho to indicate that *"currently sister comes on certain days like Monday, Wednesday and Friday between 09:00-13:00. I would make sure that I add more staff and that the clinic opens every day."* And Colleen felt that *"more health professionals are needed to make sure that the clinic opens every day for all sicknesses like TB and High blood* pressure*."*

This implies that some people have begun to accept HIV and AIDS as just another chronic illness which should be treated as just another chronic illness – an encouraging stance that will greatly contribute in normalising HIV and AIDS and help reduce stigmatisation and discrimination. The findings confirm the claim made by George and Quinlan (2008) that the lack of integration of VCT and ART services with other components of workplace programmes causes employees to seek treatment late. They further assert that this lack of integration is the gist of the problem that companies face.

4.3.5 Experiences in utilising VCT services at the workplace

Because the five research participants all utilised the workplace VCT services, the researcher wanted to explore their actual experiences of the service. First, the issue of whether they felt that they were treated differently by their co-workers after they had used the VCT was explored. Only one of the research participants felt that she was sometimes treated differently by co-workers because she used the VCT services at the workplace. Two of the research participants mentioned that they felt stigmatised after they had used the VCT services. To this, Colleen said, "*I remember some of my women colleagues were talking about Z4 (as HIV and AIDS are popularly known) after they saw me coming from the clinic. They said a person knows herself when I went past them. I felt like crying since I knew that I am HIV-positive.*"

Solly said, *"I was upset the other day when my foreman asked whether my weight gain is due to popcorns (as antiretroviral drugs are known in the location); if so, he needs to motivate for me to work night shift so that I could lose weight."* He further elaborated that *"because I was once a taxi driver and the drivers are known for a reckless lifestyle, people think maybe I am HIV-positive."* Sipho confessed that because of the past experience of his friend dying of AIDS-related illnesses, he tests regularly, despite him hearing, *"one employee one day said to one of our colleagues that he would not partner me on the site for fear of being infected, since he suspected that I am driving Z4."*

Such personal anecdotes of stigmatising comments made by co-workers contrast sharply with the earlier conclusions made about potential declines in stigmatisation and discrimination in the workplace (also see the discussion under 4.2.3). Despite some documented evidence that stigmatisation and discrimination are on the decline, there are recent studies that have shown that negative stereotypes of potential 'risk groups' are still rife. A study conducted in Zimbabwe by Morin *et al* (2006:221)

found overwhelming perceptions that a person who is seen to have volunteered for HIV testing was likely to be stereotyped as already infected. In the study by Morin and his co-workers, some of the participants even thought that such gossip directly led to the deteriorating health and early death of those affected. In addition, Komanyane (2007:66) found that 37, 3% of research participants cited the stigmatisation and discrimination as barriers to being HIV tested.

The researcher asked the research participants whether managers and supervisors support the HIV and AIDS programmes in the company. Four of the research participants answered that they felt that such support was given. One of them, Thuso, said, "*Managers at the top normally bring people from outside during Safety, Health and Environment (SHE) days to talk and assist with HIV activities.*" Only Sipho felt that he did not receive support. He said, "*Since management knows that their employees are still young, they were supposed to talk about HIV and AIDS in every meeting.*"

The support that managers and supervisors give to employees plays a key role in making employees feel confident to participate in the HIV and AIDS programmes, especially the utilisation of VCT services. Hence the Chief Executive of Lifeworks, Sean Jelly (quoted in George & Quinlan 2008:23), states that the key factor affecting the utilisation of VCT services at the workplace was not stigmatisation and discrimination, but the extent of in-company support and/or sabotage.

Continuing on the theme of managerial support, the issue of whether they felt safe in disclosing their own status to management was explored in the interviews. Four of the research participants responded that they did not feel safe to disclose their status to management and fellow employees. One of the research participants indicated that he was unsure whether disclosure would be a good idea. In this regard, Sipho asked, *"How do I trust that management will not fire me upon them knowing about my HIV status, because I don't see them or supervisors talking about HIV and*

AIDS to us, so I take it they are only interested in making profit but fail to take care of us."

4.3.6 Perceptions of the marketing and promotion of the VCT services at the workplace

Three of the research participants said that they felt that the company promotes and markets VCT sufficiently by distributing pamphlets and using notice boards. Two of the research participants said that the marketing and promotion activities were inadequate. Sipho and Solly claimed that they were not happy with it because, according to Solly, "*not many people know how to read these big terms,"* and Sipho concurred by pointing out that *"maybe if management can bring some people to do drama it will be better."*

To further explore this theme, the research participants were asked to recall and describe the most recent HIV and AIDS campaign conducted by the company. Three research participants recalled a campaign that was conducted in the last six months and two described a campaign as recent as three months prior to the interviews.

4.3.7 Perceptions of measures to increase the popularity of the workplace VCT services

The researcher asked the research participants to discuss their own perceptions of the changes they would like to see in the VCT services in the company. The researcher could detect anger and frustration in the research participants as all of them were able to verbalise changes. Thuso said that *"I would establish a committee that would encourage employees to know their HIV status, even if they are not going to disclose."* Mpho claimed, "*Currently sister comes on certain days like Monday, Wednesday and Friday between 09:00-13:00. I would make sure that I add more staff and that the clinic opens every day."* Sipho said that *"I would make sure*

that I start by testing all managers and supervisors, before testing all employees so that I know how many are HIV infected." Colleen responded that *"I would advise people to go for HIV testing, and I would make money available in the company for them to get drugs for free."* Solly hinted that *"since HIV and AIDS are sensitive issues, I will request organisations from outside the company to give my employees HIV and AIDS training and services."*

4.4   DISCUSSION

From the fieldwork experience, the researcher observed that the company showed some interest in HIV and AIDS, but did not regard it as their core business. The health care professionals were recalled from retirement by the service provider, contrary to what they said; they worked part-time in that health facility, the only person in full-time employ being the doctor in charge.

Workplace HIV and AIDS policies and programmes have long-lasting benefits in the workplace. Firstly, VCT provides an entry point to the continuum of treatment, care and support. Secondly, employees who are living with HIV are more likely to benefit from the package that the company may offer, such as continuous counselling and support, siblings benefits, access to antiretroviral drugs and relative accommodation in case of the late stages of AIDS.

It came as no surprise that all five research participants were very knowledgeable about HIV and AIDS as they all used the workplace VCT services. This is a positive finding, which seems to suggest that the more the company educates, promotes and markets HIV and AIDS programmes, the greater the likelihood that employees will heed the call and begin to utilise the VCT services, thereby averting new HIV infections. This is in line with the findings of Day, Miyamura, Grant, Leeuw, Munsamy, Baggaley, *et al* (2003), who found that the knowledge of HIV and AIDS

among goldmine workers in South Africa was high. Employees' knowledge of HIV and AIDS workplace policy could also be attributed to individual enthusiasm, electronic and print media, and other sources of HIV and AIDS information outside the company, rather than educational campaigns by the company.

It is however disturbing to note that, while many of the research participants knew about the policy, only one knew about the contents. This shows that the company did not sufficiently advocate, market and promote the HIV and AIDS policy to employees, and that the development and adoption of the policy was probably done merely to comply with the accepted business practice rather than to contribute towards the mitigation of the socio-economic impacts of HIV and AIDS.

The workplace is an ideal location for HIV and AIDS awareness and training. Because of various formal training programmes within company operations, it presents an opportunity to periodically brief employees about HIV and AIDS policy and programmes during employees' induction, in-service training sessions and campaigns. However, judging by the research participants' response, the company has no workplace programme and very few HIV and AIDS campaigns are conducted. This deprives employees of a feeling of belonging.

However, the fact that all of the research participants knew an office to go to if they wanted information and also knew that HIV can infect anybody irrespective of race, age, colour, religion, social status and marital status, signals high HIV and AIDS understanding and awareness levels.

All of the research participants indicated that they used the VCT services for personal reasons such as:

- knowing their status,
- wanting to take care of themselves, and
- because of guarantees of confidentiality at the VCT services point.

The researcher ascertained that the company did not provide any incentives or benefits for those employees who participated in the VCT or for those that tested HIV-positive. One of the reasons may be that the company was following the business trend of relying on public health facilities for employees' health; therefore this may be a case where this company, realising that government is mobilising for HCT services utilisation on a large scale and scaling up the provision of antiretroviral drugs, decided to let go of their moral obligation to employees.

This is unlike Heineken in Rwanda (Feeley *et al* 2007), which provides employees and their immediate families with access to HAART, as is also the case with Debswana in Botswana. It is thus reasonable to deduce that employees at this company use VCT services on their own accord rather than being attracted by company incentives. On the other hand, few of the interviewees actually knew the contents of the policy and this signals that the company depends on external marketing of VCT such as electronic and print media, rather than on their internal education campaigns.

At the same time, there was no seriously bad treatment of employees utilising the VCT services. This confirms people and employees' maturity in handling HIV and AIDS, thanks to vigorous marketing and promotion outside the world of work in this case, towards the reduction of stigmatisation and discrimination against people infected and affected by HIV and AIDS.

The fact that the research participants also knew how to protect themselves against being infected during emergencies and that they were also willing to work and interact with employees living with HIV, shows that people are beginning to look at HIV and AIDS through the lens of normality. A study conducted by Mnyanda (2006) found that 92.1% of the employees in the Department of Social Development (DOSD) reported that they felt comfortable working with an HIV-positive employee, and 88.89% were willing to work with such an employee. It also confirms that

employees are beginning to de-stigmatise HIV and AIDS and are now recognising it as one of those chronic illnesses, hence they are prepared to work and interact with HIV-positive employees.

Most of the research participants did not feel safe disclosing their HIV status to their managers and other employees. This is similar to the study conducted by Mdlalose (2006), which found that out of 317 participants, only 193 (60%) disclosed their positive status. This may be attributed to the fear that disclosure would expose a person to rejection, stigmatisation or accusations of infidelity.

Disclosure of one's HIV status is still a complex and sensitive issue. While many studies have shown that the longer the person lives with HIV, the likelihood of disclosure increases as the person comes to terms with their diagnosis and might feel more comfortable to disclose, other studies have revealed that withholding an HIV-positive status to a potential sex partner increases the likelihood of unprotected sex, and others claim that disclosure does not necessarily lead to safer sex. The researcher thus argues that for disclosure to lead to a reduction in the spread of HIV infection, the quality of pre- and post-test counselling should be sound so that informed decision-making, including informed disclosure, can be encouraged.

Although stigmatisation and discrimination has generally been on the decline, at least at this company, employees still feared utilising the VCT services at the workplace. The company may take the blame for this fear, because had they exposed employees more to their workplace policy, employees would fear nothing since they would know that their company will protect and assist them in term of need.

It is encouraging that, although employees were afraid to utilise the VCT services, no major challenges were experienced after having utilised the VCT services. This is attested by positive responses from the research

participants regarding challenges they experienced in utilising the VCT services at the workplace. Incidents that happened, as quoted, may be due to personalities rather than serious stigmatisation and discrimination.

One would not regard the support from management as adequate, despite the research participants' positive expressions. This is because ad hoc support without commitment and leadership would hardly make an impact, as compared to managers and supervisors advocating for employees' plight, that is, engaging the board of directors and negotiating on employees' behalf for policy and programmes implementation, which would include a Peer Education programme, wellness support groups and company benefits for employees and their families.

There is no marketing of any HIV and AIDS programme within this company, not even for the VCT services. One had an opportunity to go to their toilets and could not trace a condo-can or condoms around. This may be the reason why employees utilise the VCT services, because they know that if they at some stage should test HIV-positive, they will be on their own.

To show that employees knew what needs to happen, all of them would affect changes if they were given the decision-making position within the company; the most interesting being: *"I would make sure that I start by testing all managers and supervisors, before testing all the employees so that I know how many are HIV infected."*

4.5   DISCUSSIONS IN RELATION TO THEORETICAL FRAMEWORK

This section presents a discussion of the findings in relation to the theoretical framework to justify theories and models applied in this study.

4.5.1 Health Belief Model

The Health Belief Model highlights the following as cues to the prevailing study findings scenarios: perceived susceptibility, perceived severity, perceived benefits and perceived barriers.

Perceived Susceptibility

Susceptibility according to Rosenstock et al (1994:8) refers to individual's belief that he/she is susceptible to contracting HIV. The findings reveal that the majority of the participants utilise VCT services at the workplace because they want to know their HIV status and take care of themselves; a sign that they perceive themselves susceptible to contracting HIV. In addition, most research participants indicated that they know how to protect themselves against accidental infection when providing a first aid to an employee who is injured at work, which may happen quite often at the workplace, also render them susceptible to HIV infection.

In addition, some demographic factors may enhance the likelihood of susceptibility to HIV infection. Research participants' ages ranged between 30 and 59 years, therefore they are relatively matured to realise their susceptibility to HIV infection.

Gender may also render a person susceptible to HIV infection. In the case of females, the research participant may feel that her status in the society is inferior and she is prone to sexual coercion. Males may utilise the VCT services to know their HIV status because of their inherent cultural power, at times reluctance in using condoms and sexual experiment.

Most of the research participants, except one, had passed grade 12, therefore their educational level and knowledge of HIV/AIDS may assist them to be aware of their susceptibility. Marital status provides susceptibility to HIV infection, as single people are more likely to be infected with HIV than the married people. Two single research

participants may feel that their lifestyles as single people predispose them to HIV infection.

Perceived Severity

The fact that most of research participants indicated that they wanted to know their HIV status so that they can take care of themselves is an indication that they view HIV infection consequences as serious. This is confirmed by Denison (1996:3) that the severity of HIV infection involves a concern about the seriousness of the consequences of having an HIV positive status. Research participants' Knowledge of HIV/AIDS may play a role in them understanding the severity of been HIV positive. The severity of HIV infection for married research participants; that of jeopardy to income, which may exacerbate unemployment and poverty; may also play a role in them utilising VCT services at the workplace

Perceived Benefits

While the company is perceived by research participants not to provide benefits for employees who utilised VCT; research participants, look at the long term benefits of knowing their HIV status. These include changing their behaviours, continuing to work, plan for their children and the possibilities of studying and workplace promotions; or in the case of HIV positive status, protecting their loved ones and starting treatment early. This awareness may have been enhanced by their knowledge of HIV/AIDS.

Perceived barriers

Barriers play a major role in influencing the utilisation of VCT services at the workplace. While most research participants had internal barrier such as fear, others' barriers were operational such as operation hours and VCT services not integrated with other health issues. Fear is still one of

the major barriers to utilising VCT services. Fear is also enhanced by the fact that HIV/AIDS is not yet fully acknowledged and perceived as one of the chronic illness that, if well managed, could prolong the life of the infected individual.

Demographic factors may also influence the utilisation of VCT services at the workplace as most research participants were above the thirties (the older the employee, the more likely the utilisation of VCT services at the workplace). Other demographic factors that hinder the utilisation of VCT services are gender. Men, especially those who are married, are perceived to hide behind their pregnant spouses, thinking that their partners' HIV status is automatically equals or translates to theirs HIV status.

A change in paradigm by all will go a long way in achieving universal knowledge of every individual's HIV status. HIV/AIDS programmes should strive to reduce barriers to utilisation to bare minimum. This would encourage people to access the service whenever necessary.

4.5.2 AIDS Risk Reduction Model

Based on the findings of the study, the following stages as outlined by the model are discussed in context. They are recognition and labelling of behaviour as high risk, making a commitment to reduce high risk sexual contacts and increase low-risk activities and taking action.

Recognition and labelling of behaviour as high risk

The findings of this study show that most research participants recognised and labelled themselves as at high risk of HIV infection; the knowledge of HIV/AIDS enhances awareness of individual's recognition and labelling of behaviour as high risk, hence employees at this company utilise VCT services without being coerced; and despite their experiences and fear of

discrimination. Recognition and labelling of behaviour as high risk is also attributed to the age, educational level, gender and marital status.

Making a commitment to reduce high risk sexual contact and increase low-risk activities

Since the majority of the research participants initiated the move to know their HIV status, they wanted to reduce high risk. The provision of condoms at the service point may be an added point toward increasing low-risk activities (if ever they use them). Gender may also assist to motivate individuals to commit to reduce high risk sexual contact; married people may be motivated by preventing infecting unsuspecting partner while those that are single may be motivated by potential for marriage in the future. The fact also that the some of them, despite their fear and experiences went on to utilise VCT services, may be an indication that they want to reduce their risky behaviours.

Taking action

From the study findings it is clear that the decision to take action was not necessarily influenced by marketing and the promotion of the VCT programme, but rather by the knowledge they have acquired, with some help from seeing other colleques coming from the VCT services point and maybe seeing people, be it from the family and/or neighbourhood suffering from this epidemic since its impacts have been felt by many. At the same time some structural and operational factors such as dedicated VCT services and health professional attitude may negative influence employees not to utilise VCT services. Other social factors reducing the action to act are stigma, fear and death.

4.5.3 Social Marketing Theory

Social marketing is defined as "the use of marketing principles and techniques to influence a target audience to voluntary accept, reject, modify or abandon behaviour for the benefit of individuals, groups or society as a whole" (Kotler, Roberto and Lee 2002).

From the health perspective, according to (UNAIDS 2000b), social marketing theory strives to avail health-related information and services to populations at risk in an affordable manner, while promoting healthier behaviour.

The discussion is based on the strategies of social marketing as outlined by Kotler et al (2002:22-23) viz. product, price, place and promotion. While most of the research participants agreed that VCT services were marketed and promoted sufficiently, two felt that they were inadequate.

Knowledge of HIV/AIDS information and where to get it is an indication of the amount of publicity that the company is engaged in. According to research participants, VCT services were marketed through the distribution of pamphlets and messages in the notice boards. However, the mixed responses from research participants regarding the last time an HIV/AIDS campaign was held suggest that the *place* where the campaign was marketed was not accessible to all and sufficiently *promoted*.

Although VCT services were accessible, they are not always available to employees who may want to utilise them when necessary. The point in question is that these services (product) are not provided on daily bases, which reflects insufficient effort by management to popularise the services. The services, by virtue of not been available, deprives the low end cash employees from affordably accessing them. At the same time although research participants responded that there are marketing and promotion

initiatives, the inaccessibility and the frequency of those negates the intended purpose.

4.6 CONCLUSION

The chapter discussed the research findings, starting with the fieldwork experience, the research participants' demographic characteristics and biographical sketch. These were followed by discussing in detail various themes that emanated from the data analysis, the findings, and their interpretation, and lastly the chapter presented a discussion section of the report.

CHAPTER 5: RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1   INTRODUCTION

This chapter closes the report by presenting the objectives of the study, the summary of the findings a brief conclusion based on the findings, and provides some recommendations to the company.

5.2. THE OBJECTIVES OF THE STUDY

The study sought to achieve the following main objective and sub-objectives:

The main objective of the study was to investigate:
- o Employees' benefits in utilising VCT services at this workplace (Mittal Steel, Vanderbijlpark);

The sub-objectives of the study were to investigate:
- o the types of VCT services offered by the company
- o the experiences, feelings and challenges, as expressed by employees who have utilised VCT services at the workplace;
- o the perceived challenges in utilising VCT services at the workplace, as expressed by employees;
- o how VCT services are marketed and promoted to employees at Mittal Steel to motivate them to utilise these services; and
- o To investigate what needs to be done in order to improve the utilisation of VCT services by the employees at the workplace.

5.3 SUMMARY OF THE FINDINGS

5.3.1 Knowledge of workplace HIV and AIDS Policy

The study has demonstrated that employees have knowledge about HIV and AIDS, where to get information and how to protect themselves in case of accidental HIV infection. It is apparent HIV/AIDS knowledge stems from broad-based mass community education campaigns i.e. media and other sources within the community.

It is important for employees to know what is contained inside HIV/AIDS workplace policy. This will afford them an opportunity to know of other fundamental benefits the company is obliged to provide to HIV positive employees and those who are on treatment.

5.3.2 Knowledge of and access to HIV and AIDS information

Employees at this company satisfactorily showed that they know where to get HIV and AIDS information. These may be attributed to various aspects, including marketing and promotion at the workplace, educational level, age, marital status and gender. All these have been evidently shown by other studies to contribute to identifying risks associated with HIV/AIDS.

5.3.3 Benefits of utilising VCT services at the workplace

The study results have shown that, despite HIV/AIDS prejudices, people still utilise VCT services to know their HIV status. The knowledge of the HIV status is beneficial in many ways; some include remaining negative, planning for the future, protection of unsuspecting loved ones and human development.

Employees need to know other benefits that the company may provide through the workplace policy, which amongst others, include

accommodation in case of incapacity, sick leave days and benefits that may be directed to employee's siblings through medical schemes and their pension funds.

5.3.4   Challenges in utilising VCT services at the workplace

While there are some barriers such as fear of rejection, there is an indication at least from this company that stigma and discrimination is not much of a problem. More focused information, education and communication strategies should further assist in reducing or alleviating stigma and discrimination at the workplace. Empowerment of all levels of the company is vital to assist fellow employees without been judgemental.

5.3.5   Experiences in utilising VCT services at the workplace

One must say that through observations, one of the positive aspects identified was that employees of this company continue to utilise VCT services because the environment is so conducive for them to so; health professionals are friendly and the infrastructure is such that it allows freedom of speech, privacy and confidentiality.

5.3.6   Marketing and promotion of the VCT services at the workplace

Although HIV/AIDS is marketed and promoted at this company, the consistency and the frequency still remain a problem for employees. It is important that management review their marketing and communication strategy to enhance employees' participation not only in HIV/AIDS programme but also other programmes within the company. The strategy may include include HIV/AIDS messages through employees salary advices/payslips, radio slots as the company has an internal broadcast and putting HIV/AIDS as a standing agenda item of all management and employees meetings.

5.3.7 *Measures to increase the popularity of the VCT services*

The study finding have shown that more needs to be done by management to popularise the utilisation of VCT services by employees these should include employing more health professionals to improve operating hours of this important service, advocacy and lobbying to all levels of the company to sensitise for HIV/AIDS programmes participation and the budgeting for HIV/AIDS programme.

5.4. RECOMMENDATIONS

The following are the recommendations:

5.4.1 Knowledge of the existence of the workplace HIV and AIDS Policy

- Management invest in empowering employees around issues of HIV/AIDS. Empowered employees think independently. Conduct periodic Knowledge, Attitudes, Behaviour and Practice surveys.

5.4.2 Knowledge of and access to HIV and AIDS information

- Employ more health professionals so that employees can access HIV/AIDS information and services within the company. The more knowledge the more likelihood of change in behaviour.

5.4.3 Perceived benefits of utilising VCT services at the workplace

- Revisit the workplace policy and communicate the policy to employees and their organised labour. The policy itself is a benefit because it will motivate employees to utilise services because management show commitment.

5.4.4 Perceived challenges in utilising VCT services at the workplace

- Management and supervisors invest in peer education to alleviate and ultimately defeat challenges and barriers to utilisation of services.

5.4.5 Experiences in utilising VCT services at the workplace

- Management build on the positive experiences by employees by empowering every employee in the company to sustain the drive against stigma and discrimination.

5.4.6 Perceptions of the marketing and promotion of the VCT

- Vigorous marketing and promotion of the workplace policy and programme through focus group discussions, peer education, newsletters, messages at the entrance of main building and halls, and visible HIV/AIDS Logo.

5.4.7 Perceptions of measures to increase the popularity of the workplace

VCT services

- Allow drama groups, put HIV/AIDS as standing agenda item of all meetings, organise fun activities that tie with HIV/AIDS and conduct ongoing ruffles and some indoor games.

5.5   LIMITATIONS OF THE STUDY

The study has highlighted various important aspects of the research participants and the environment within which they work. However, it is important to be mindful of the limitations of the study, as discussed below. These include the study site, the outsider perspective, the gender and age of the researcher, the research design, sampling size, time, as well as the non-use of recording equipment.

5.5.1. Study site

The research took place at a private company, an international company for that matter. Therefore the study site was a limitation because the management of the company was not really open to this study, citing possible bad reputation and that their competitive advantage will be tampered with. Hence the study was conducted under strict provisions of confidentiality.

5.5.2 Outsider perspective

The researcher was an outsider and this presented a possibility of negative reaction from the research participants. At first, some of the recruited participants were reluctant to express themselves, fearing that the information they shared with the researcher may be passed on to the management of the company. These fears were allayed by the researcher assuring them that the study was for academic purposes and that the management of the company will not get to know the names of the employees who participated, since they are not required to provide their names or payroll numbers. As the participants became familiar with the study and with the researcher, more open discussions became possible, as rapport developed.

5.5.3 *The gender and age of the researcher*

The researcher perceived that with him being a male, the female participants were less comfortable being interviewed by him than their male counterparts. The researcher also found that older participants tended not to elaborate in their responses related to the VCT services and their experiences of and reasons for utilising these services. To address the limitations of differences in gender and age, the researcher took time to explain to the participants that HIV/AIDS affects everyone and that by sharing openly, data can be generated to produce findings that could be used by the management to improve the utilisation of VCT services at the workplace.

5.5.4 Research design

A qualitative approach to research does not provide for the generalisation of the research results. However, the depth of insights gained through this approach enabled the researcher to develop insights on how the company can improve their VCT services at the workplace, and these may in principle be applicable to other companies too.

5.5.5 Sampling size

Since purposive sampling was used, a small sampling size was chosen; however, the company can use the results of this study to conduct a more comprehensive study in which more employees can participate.

5.5.6 Time

The study was undertaken within a restricted time frame because the researcher was self-funded and was employed elsewhere. The time available for interviewing the research participants was limited by the fact that employees typically used lunch times to utilise VCT services.

5.5.7 Non- use of recording equipment

Since access to volunteer research participants were negotiated with all the key decision-makers, the process of data gathering was a compromise. The health care professionals and management expressed their unease about the use of any recording equipment (tape recorders, Dictaphones or video recorders); the researcher could only capture the interviewees' responses in the form of written notes. In this regard, the researcher took down notes during the interview, expanding on these after each interview.

5.6   SUGGESTIONS FOR FURTHER RESEARCH

After discussing and interpreting the findings, it is apparent that the company does not do enough for its employees. It is therefore suggested that through the service provider, the company conduct an in-depth employees' HIV/AIDS impact assessment study, which would include HIV/AIDS training, a Knowledge, Attitude, Practice and Behaviour (KAPB) survey, anonymous HIV testing for everybody including management, a review of the policy, and the development of a medium-term reviewable HIV and AIDS programme, which should be reviewed every two years to determine its impact. In addition, the company needs to identify, train and support Peer Educators.

5.7   CONCLUSION

The business sector provides an ideal place for employees' interaction and empowerment. Although many businesses have begun to intensify their efforts towards mitigating the prevalence of HIV, many still need to acknowledge that the socio-economic impact of HIV and AIDS will negatively affect and in some instances nullify their operations. HIV mitigation and the management of the socio-economic impacts of AIDS in the workplace can be implemented using different approaches.

Although companies are encouraged to develop and implement HIV and AIDS policies and programmes in the workplace, they can still outsource the service, but critically uphold the need by the service provider to adhere to their provisions such as striving towards hundred per cent uptake and coverage of HIV-AIDS policies and programmes, ensuring a workplace environment is conducive for employees to participate and that mainstreaming of HIV/AIDS is one of the core strategies of different senior managers, organised labour, departments and units.

The findings of this study further assert the notion that in the main, the management of some companies will only act when the productivity of the

company is at stake, otherwise HIV and AIDS are relegated to normal employees' assistance programme issues – despite the fact that the impacts are also felt at all strata of the community, exacerbating unemployment, poverty and other social ills.

In conclusion, this study has provided the researcher with valuable information and insight into business operations, the decision-making and the people management as part of human capital within the company.

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LETTER OF INTRODUCTION TO PARTICIPANTS

AN INVESTIGATION INTO THE UTILISATION OF VOLUNTARY COUNSELLING AND TESTING SERVICES BY EMPLOYEES OF MITTAL STEEL IN VANDERBIJLPARK:

A CASE STUDY

Dear participant,

My name is Motswaledi Jacob Makhutle, a Master's student with the University of South Africa. I am studying for a Master of Arts degree specialising in Social Behavioural Studies in HIV/AIDS, and am currently working on a dissertation of limited scope. This study is the partial fulfilment of the requirements for this degree.

You are cordially requested to take part in this study. The research will run from the 1st June until the 30th June 2008. Please take careful note of the following:

- The goal of this study is to uncover perceptions and attitudes regarding VCT at the workplace. This study is for academic purposes only.

- Your participation is voluntary and you are free to withdraw at any point without having to give me the reasons for doing so.

- The information you give will be treated as highly confidential and will never be disclosed to anyone without your consent.

- Your participation poses no risks as you will not be asked sensitive questions, e.g. your HIV status.

- Once you have decided to participate, I will ask questions and you will be requested to answer them honestly and to the best of your knowledge. The interview session will take about 30 minutes.

- The benefits of your participation may be indirect, as the company may use my report, without disclosing your names, to address challenges to VCT services in the company.

- I intend to include quotations when writing the report on the study. You are free to refuse to be quoted directly, but note that your name or position in the organisation will not be linked to your quoted answers. If you wish, I shall give you the copy of the final report.

- Participation in this study will not be rewarded by money.

- The proposal for this study was cleared by the Ethics Committee of the Department of Sociology at Unisa and my fieldwork and progress are monitored and supervised by two experienced academics.

Thank you

My contact details are as follow: (016) 450-3106 or 082 800 7734.

CONSENT FORM FOR THE STUDY

TITLE OF THE STUDY: AN INVESTIGATION INTO THE UTILISATION OF VOLUNTARY COUNSELLING AND TESTING SERVICES BY EMPLOYEES OF MITTAL STEEL IN VANDERBIJLPARK: A CASE STUDY.

NAME OF STUDENT   : Motswaledi Jacob Makhutle

Please tick

- I confirm that I have been informed, have read and understand the information about the above-mentioned study.

- I agree that I have been given a chance to think about the information and all my questions have been satisfactorily answered.

- I understand that my participation in this study is voluntary and that I am free to withdraw my participation at any point.

- I understand that the information I give will be kept private and confidential and will not be disclosed to anyone without my permission.

- I understand that this study is for academic purposes only and the findings will not disclose my name.

- I agree to take part in this study.

- I agree to be quoted directly.

Signed: …………………………………………..Date:…………………………………
　　　　　　　[Participant]

Signed: …………………………………………..Date:………………………………….
　　　　　　　[Researcher]

RESEARCH INTERVIEW GUIDE

AN INVESTIGATION INTO THE UTILISATION OF VOLUNTARY COUNSELLING AND TESTING SERVICES BY EMPLOYEES OF MITTAL STEEL IN VANDERBIJLPARK: A CASE STUDY

Dear participant, thank you for showing interest and agreeing to take part in this study. I assure you that this study is for academic purposes only and the information you give will be private and confidential and you need not tell me your name. Upon request you will be provided with the final report.

I will be asking you some questions relating to the attitudes, perceptions, and practices workers at Mittal Steel hold regarding the utilisation of VCT services, including the benefits, experiences, challenges and the marketing of this service. It will take approximately 30 minutes to complete the interview guide.

N.B. PLEASE MARK WITH AN X IN THE APPROPRIATE BOX.

SECTION A: INFORMATION ABOUT YOURSELF

1. Gender	Male	1	Female	2

2. Marital status	Single	1	Married	2
	Living together	3	Divorced	4
	Widowed	5		

3. Age	20-29 years	1	30-39	2
	40-49 years	3	50-59 years	4
	Over 60 years	5		

4. What is your highest level of education?	No schooling	1	Grade 8-9 (Standard 6-7)	2
	Grade 10-11 (Standard 8-9)	3	Grade12 (Matric)	4
	Diploma (Post-Matric)	5	Degree (university)	6

5. What is your home language?	S. Sotho	1	N. Sotho	2	Setswana	3	Xitsonga	4
	English	5	Afrikaans	6	Tshivenda	7	isiNdebele	8
	isiXhosa	9	SiSwati	10	isiZulu	11		

6. Race	Black			1	White	2
	Coloured			3	Indian	4

7. Does the company have an HIV and AIDS policy? If no, proceed to question 8	Yes	1	No	2	Don't know	3

8. Are you familiar with the contents of the HIV and AIDS policy in this Company?	Yes, I know it well	I know some of its contents, but not all the details	I am not sufficiently up to date with the policy and I would like to know more	I don't know and also do not wish to know it	I don't know
	1	2	3	4	5

9. Do you know an office in the company where you can go to if you need information about HIV and AIDS?	Yes	1		No	2

10. Do you agree or disagree with the following statement: Anyone can be infected with HIV regardless of race, age, social status or marital status.	Agree	1	Disagree	2	Don't know	3

11. Do you know how to protect yourself against accidental infection with HIV when giving First Aid assistance to an HIV-positive colleague at work?	Yes	1	No	2	Don't know	3

11a. If Yes, please give me a reason for your answer to Question 11:	…………………………………………… …………………………………………… …………………………………………… ……………………………………………

12. The company supports HIV-positive employees by… (mark all possible options)	Giving them money	Yes	1	No	2	Don't know	3
	Paying for their antiretroviral treatment	Yes	1	No	2	Don't know	3
	Giving them time off for treatment or check-ups	Yes	1	No	2	Don't know	3
	Providing continuous counselling	Yes	1	No	2	Don't know	3
	Does not support them	Yes	1	No	2	Don't know	3
	Encouraging them to be part of the support groups	Yes	1	No	2	Don't know	3

13. Would you share a cup of coffee with a colleague who is HIV-positive?		Yes	1	No	2	Don't know	3
If not, please state why							
14. In your opinion, do employees in the company come for HIV testing because…	They want to know their HIV status?	Yes	1	No	2	Don't know	3
	The company pays for HIV treatment costs?	Yes	1	No	2	Don't know	3
	So that they are able to take care of themselves?	Yes	1	No	2	Don't know	3

(mark all possible options)	There is confidentiality in the VCT service points?	Yes	1	No	2	Don't know	3
	The company also takes care of family members of those infected by HIV?	Yes	1	No	2	Don't know	3
	All employees are treated the same?	Yes	1	No	2	Don't know	3
If none of the above, please state your opinion							

15. In your opinion, is it safe to work with HIV-positive employees?	Yes	1	No	2	Don't know	3
Why do you say so?						

16. Would you say that any of the following statements apply to you? I will read the statement and then you need to tell me whether it applies to you all the time, most of the time or some of the time, or never.

	All of the time	Most of the time	Some of the time	Never
I feel stigmatised because I used the VCT service	1	2	3	4
I feel that I am treated differently from other employees after using the VCT service	1	2	3	4

17. What, in your opinion, are the main challenges employees face when they want to use the voluntary counselling and testing services in the company? (mark all possible options)	Service point closes at certain times	1	Lack of competent counsellors and staff at the service site	2
	Inconsistent availability of condoms	3	Lack of current information materials	4
	The voluntary counselling and testing service is separate from other health services	5	Lack of confidentiality	6
	Other, please specify:			

18. Do you think that HIV-positive employees in the company feel safe to disclose their HIV status:	Yes	1	No	2	Don't know	3
To management?		1		2		3
To other employees?		1		2		3

19. Where do employees go if they need information about HIV and AIDS in the company? (mark all possible options)	Outside the company	1	Company Doctor/ clinic	2
	Company Peer Educator	3	Supervisors	4
	Employees' assistance programme (EAP)	5	An HIV-positive employee	6
	I don't know	7		
If none of the above, please state				

20. Do managers and supervisors support HIV and AIDS activities within the company?	Yes	1	No	2	Don't know	3
Please give me the main reasons for your answers						

21. The last time the company conducted an HIV and AIDS educational campaign was…	Last month	1	Three months ago	2
	Six months ago	3	Last year	4
	Don't know	5		

22. How often do you utilise VCT services at the workplace?	Every three months	1	Every six months	2
	Every year	3	When sick	4
If not, why not?				

23. How is the voluntary counselling and testing services being promoted and marketed in the Company?	Meetings	1	Peer Education	2
	Pamphlets	3	Campaigns	4
	Notice boards	5	Don't know	

24. If you were in a position to change anything concerning the voluntary counselling testing services in the company, what would you do?	

WE HAVE COME TO THE END OF THE INTERVIEW. THANK YOU FOR YOUR PARTICIPATION

Appendix D

AN INVESTIGATION INTO THE UTILISATION OF VOLUNTARY COUNSELLING AND TESTING SERVICES BY EMPLOYEES OF MITTAL STEEL IN VANDERBIJLPARK: A CASE STUDY

OBSERVATION GUIDE

Category	Comments
Transparency	
Environment	
Appearance	
Verbal behaviour and interactions	
Physical behaviour and gestures	
Service provision	
Personal space	
Human traffic	

General notes:

………………………………………………………………………………………………………

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