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Employee perceptions towards use of off-site HIV/AIDS counselling and testing (HCT) services: an empirical study

Abstract

This empirical study reports on the perception of employees towards use of off-site HIV/AIDS services in a retail workplace in South Africa. Through a survey methodology, thirty employees were interviewed using a self-administered questionnaire. Results show ninety four per cent (94%) of the employees have positive perception towards utilisation of external HIV counselling and testing (HCT) services compared to those offered on-site. Fifty percent of these employees expressly indicated they prefer to test for HIV outside the workplace. Findings further reveal, although onsite services offer convenience and ease of access to services to employees, such services experience low utilisation level because of perceived failures to ensure offer privacy and anonymity. Instead, eighty percent (80%) of the employees rated their experience at off-site HCT service providers' positive, suggesting that quality of service might be one of the reasons why employees prefer to test outside the workplace. Notable however, is that factors that impact on individual testing behaviours in the workplace are as those also found in other-non-workplace settings in the general society. Thus the study recommends among measures, improving quality of workplace based HCT service provisions, implement sustainable educational programs to reduce peer stigma and discrimination. There is also need for companies to plan around facilitating employee use of public health facilities even when they have on-site services to promote a perception of holistic care towards employees.

Key words: *employee perceptions, HIV counselling and testing (HCT), off-site, workplace,*

1. INTRODUCTION AND PROBLEM STATEMENT

In response to the problem of HIV/AIDS in the workplace, some firms have taken initiatives to provide HIV/AIDS services as part of their employee welfare programs. In South Africa, this step is much necessary because of the high level of HIV incidence in the workplace. Whereas seventy per cent of the global population living with the epidemic is in Africa (UNAIDS GAP Report, 2014), South Africa has the largest share of this population. National statistics indicate national HIV prevalence rate is estimated at 13.1% (StatsSA, 2018) with workplace infection rates in the country ranging between 10 and 40% (South Africa Business Coalition on HIV and AIDS (SABCOHA), 2018). Necessarily, therefore, HIV/AIDS is a major workplace concern that has seen many firms develop policies and implement programs to

manage its negative impact on both business and employees. However, notwithstanding initiatives to provide workplace based interventions, employee uptake levels of HIV/AIDS services in the workplace remains problematic. According to Matseke, Peltzer and Mohlabane, (2016) uptake rates of HIV/AIDS services in the South African workplace remain low. However, as far as other studies have also investigated the subject of workplace-based HCT services and employee testing behaviours, few have focussed on attention to how employee perceptions outsourced HIV/AIDS services impact on uptake levels. Hence this study intends to this literature gap by investigating employee perceptions towards off-site HCT services in a South African retail workplace and how such perception consequently influences uptake levels.

1.1. Research Question

Stemming from the above, the research problem is thus: *What are the perceptions of employees towards outsourcing or externalising HIV/AIDS services and how do they influence the uptake of HCT services?*

In order to answer this question, the following sub questions were formulated:

- *What are the HIV/AIDS support services employees require?*
- *What is the nature of employee experience when accessing HIV/AIDS support services at external service providers?*
- *How often do employees make use of outsourced HIV/AIDS programs?*
- *Given a choice, where would individual employees wish to access HIV/AIDS services*

2. LITERATURE REVIEW

2.1. HIV/AIDS services uptake levels in the workplace

HIV/AIDS services uptake levels in workplaces are generally low (Matseke, Peltzer & Mohlabane, 2016). Perhaps, an often-understated fact in analysing HIV/AIDS strategies is that the workplace is not a health centre. Workplace managers who are expected to champion HIV/AIDS programs generally lack sufficient training, clinical decorum, and sometimes knowledge about the epidemic. Additionally, the infrastructure available might be unsuitable and not able to provide the privacy and confidentiality space required for HCT. Thus, most firms fail to provide well-equipped, ethically sound employee welfare systems because of structural shortcomings in the workplace than mere employer disinterest and impunity towards health regulations and standards. Another paradox to understanding how employees utilise

workplace HIV/AIDS resources is that there are no strict social boundaries between a workplace and society at large, such that what manifests in the workplace are ordinary problems that are experienced at societal level regarding the problem of HIV/AIDS (Makwara, Dzansi & Chipunza, 2019). Coincidentally, therefore, extant research conducted in both workplace and community settings remit similar challenges relations to HIV/AIDS. Stigma and discrimination, low HIV/AIDS knowledge, consent and privacy, men's resistance to test for HIV, gender-based violence, how to handle and aid disclosure, ART availability and accessibility, (see Mambanga, Sirwali & Tshitangano, 2016) are consolidated issues surrounding the problem of HIV/AIDS in all social and workplace settings. Thus, it is potentially true that workplace intervention programmes should be modelled along with those practices as endorsed in public health systems.

Nonetheless, the workplace is advocated as an ideal setting to promote and provide HIV/AIDS care and testing services (Weihs, Meyer-Weitz & Baasner-Weihs 2018) despite its non-medical assurances. Meintjes, Bowen & and Root (2007:260) mentions that generally the workplace has not been linked with the transmission of HIV/AIDS, fighting the epidemic in the workplace has emerged not only a priority but a necessity. Apart from fulfilling HIV/AIDS legislative labour regulations, HIV workplace programs provide an alternative from the use of public health facilities by employees. Relatedly, various studies (see among others Corbett, Dauya, Matambo et al., 2006; Mahajan, Colvin, Rudatsikira & Ettl; 2007; Quinlan & George, 2009, Kassile, Anicetus & Kukula, 2015; Weihs & Meyer-Weitz, 2016) investigated different workplace HIV/ AIDS topics including the use of lottery for improving uptake levels; incentives for HIV testing at the workplace; HIV/AIDS-related stigma and discrimination in workplaces; in-house and external VCT testing. Evidently, all these studies are preoccupied with discovering dynamics at play as they relate to how employees to test, desire to test and ultimately access HIV/AIDS services in the workplace. Knowing these dynamics is important for many reasons, one of which is the guide on firm strategic options of providing HIV/AIDS services- whether internally or by using externally located service providers.

2.2. An overview of factors linked to employee HIV testing behaviours

Literature study shed more light on various aspects of HIV testing in the workplace. In Kenya, Inrugu, Varkey, Cha and Patterson (2008) discovered a positive correlation between convenience and accessibility of VCT leading to a higher testing probability if HIV testing services are located in the workplace, as was previously found in Harare (Corbett, Dauya,

Matambo et al., 2006). The study results showed the mean uptake rate of 51% for onsite VCT and 19.2% for off-site VCT. However, Scott, Campbell, Skovdal, Madanhire et al., (2013) caution the results of this study do not conclusively confirm that it is best to offer VCT services onsite than off-site as the uptake rates may suggest. In the authors' views, it is a complex issue to be definitive as to whether onsite or off-site VCT will yield better results than the other. Suffice to note that studies by Irigu et al., and Corbet et al., incidentally contradict Mahajan, Colvin, Rudatsikira and Ettl, 2007: S35). In their study Mahajan et al., found, where onsite VCT services are available, one among many factors limiting the success of VCT is distrust of employer's motivation for providing HIV testing in the workplace. Likewise, other studies (Mundy & Dickinson, 2004:174) suggests employees resist utilising in-house workplace testing services because of perceived hostilities emanating from other employees, supervisors or the employer further. This study agrees with Arimoto, Ito, Kudo and Tsukada (2013:2) who state fear of discrimination and stigmatisation from fellow employees deters individual employees from testing in the workplace.

In the United States, Joseph, Fasula, Morgan, Stuckey, Alvarez, Margolis, Stratford and Dooley (2011) investigated perspectives towards HIV testing in non-health care settings (such as mobile VCT or workplace based testing centres) and found issues of perceived lack of privacy, confidentiality and negative beliefs about the professionalism of staff negatively impacted on the level of VCT uptake. These findings are confirmed in a later study in Kenya which identified the quality of service, the location of the VCT centre and its overall appearance as relevant factors impacting on uptake of VCT services in the community (Museve, Gongera & Labongo, 2013). Other studies describe how potential access to treatment also plays a role in shaping employee choice of where to test. For example, a study by Govender, Akintola, George, Petersen Bhagwanjee and Reardon (2011) which explored the relationship between the availability of ART and testing found ART acted as a motivator to individual testing behaviour. Similar findings resonate in a study by Phakathi, Van Royen, Fritz and Ritcher (2011:177) observed a strong, motivating and hope-inducing role that ART played in encouraging individuals and communities to test for HIV. In South Africa, evidence in support of this can be seen from the comparison of HIV test uptake levels between companies in the mining industry and other industries. Generally, because most mining firms provide antiretroviral therapy (ART), employee uptake of HIV/AIDS tend to be higher. However, this observation does not impute availability of ART guarantees similar employee response in other

workplace settings. As study results of this study will show ART is just but one among many factors that impact on individual employee HIV testing behaviour.

Other studies narrate employee patterns of HIV testing behaviour on a gender basis. For example, Mwale (2014) in Malawi found social factors such as fear of being divorced and stigmatised, as well as inability to negotiate with their husbands for spousal voluntary counselling and testing (VCT) or condom limit their uptake potential of HIV/AIDS services. Likewise, Mbonu, den Borne and De Vries (2009) make similar findings, including the negative effects of gender inequality, religious beliefs, partner's attitude towards VCT and male domination in sexual relationships as reasons of low uptake among women, more so in poor communities. Assuming women see the workplace differently from the community, the provision of onsite work-placed based HIV/AIDS support services is likely to motivate vulnerable women to utilise these services instead of public health facilities available in the community. Regarding men's HIV testing behaviours a study by Johnson and Cheng (2014) investigating the role of the private health providers in HIV testing and found men use private HIV test providers more than women even after discounting the antenatal counselling visits when women are pregnant. The study thus purports, onsite availability of HIV services and ease of access does have minimal effect on men's choice of where to test. Instead, the study suggests anonymity, privacy and perception of the quality of the service persuade men to prefer off-site HIV/AIDS services. Although the above literature review is not exhaustive, it does show there are multiple factors that interplay to influence employee attitudes towards the utilisation of both internal and external HIV services in the workplace setting.

3. RESEARCH METHODOLOGY

3.1. Ethical clearance

The Stellenbosch University Research Ethics Committee (2015) approved this study as part of the masters' studies in HIV/AIDS Management.

3.2. Literature review

A literature review on uptake levels of HIV/AIDS services in the workplace was conducted. Focus was on determining the existing patterns of HIV/AIDS services utilisation by employees in the workplace. For web-based literature search a host of key terms, key terms were used: HIV/AIDS uptake levels; HIV service outsourcing; Workplace HIV intervention strategies; stigma and discrimination the workplace as well as why employees do not test for HIV.

3.3. Field survey

A survey approach was used to collect data from a sample of 30 employees using a semi-structured questionnaire. The initial target was to interview 40 participant but data from 10 participants was rejected excluded from the report because of inaccuracies and research errors. For sample selection purposes the study applied a stratified random sampling technique based on gender so that both male and female employees are included in the study. Field results are presented and interpreted using a combination of interpretive technique and simple statistical techniques such as graphs, table and pic-charts.

4. RESULTS

Desired employee health services in the workplace

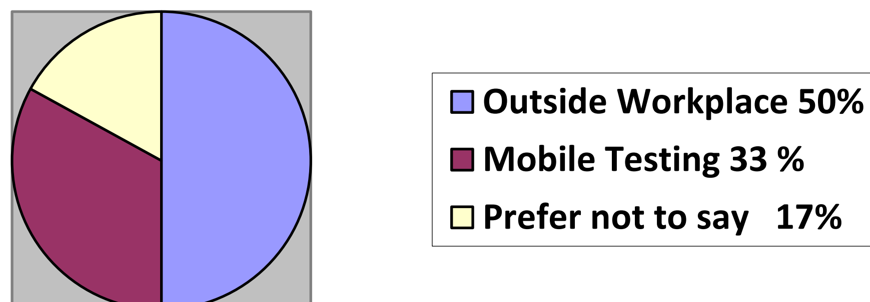
Responses from all 30 participants returned the following as the employee welfare and HTC related services employee desired in the workplace: counselling; Tuberculosis (TB) and blood pressure (BP) testing; nutritional information; diabetic testing and clinic.

Necessity of an HTC in the workplace

To determine employee perception of the importance of providing HIV/AIDS services in the workplace, participants were asked whether it was necessary to have HTC services in the workplace. Results show 94%, (28) participants perceived it is necessary to have HCT services onsite while only 6% (2) disagree.

Testing Site Preferences

Figure 4.1

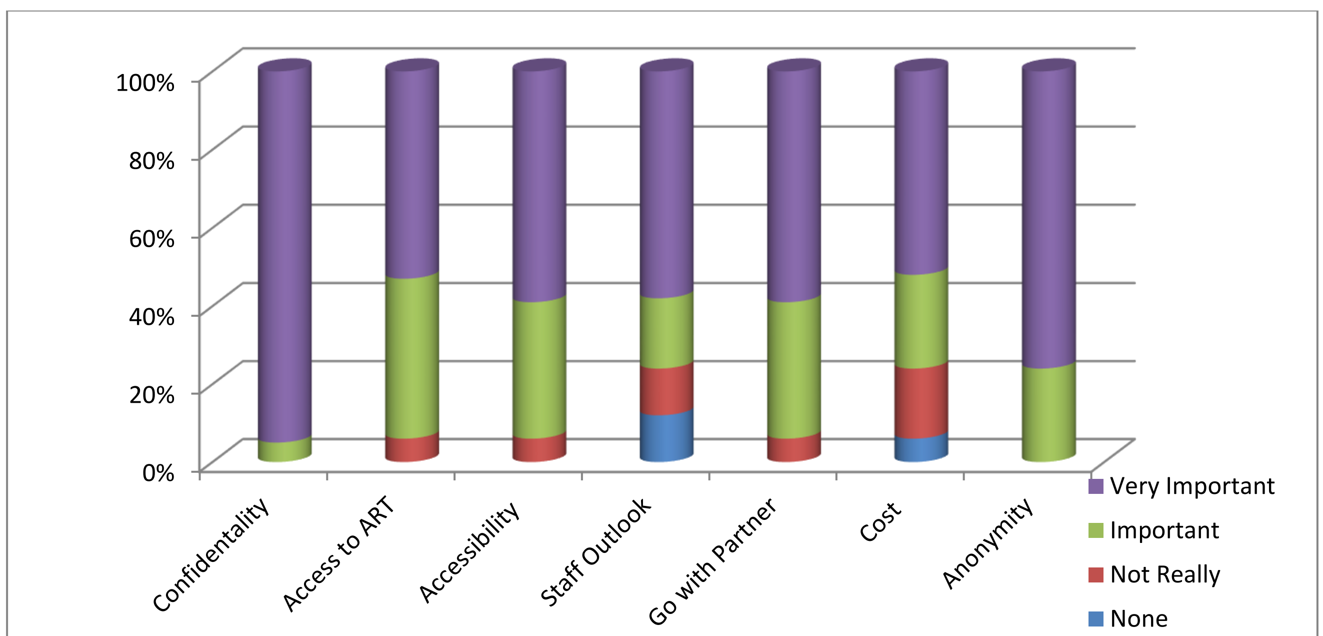


To determine consistency between employees' desires for HCT services in the workplace (HIV testing) and utilisation levels, respondents were asked as where they would actually go for such HCT. Results of the actual utilisation preferences are shown in ***Fig. 4.1*** above. Related data was also analysed to determine gender based differences on utilisation pattern. Results show more women (60%) compared to 20% men were willing to use on-site HTC facilities.

Measuring the influence of social and environmental factors on choice of testing facility

Using a rating scale of 1 (none-not important), 2 (not really important) 3 (important) and 4 (very important), participants were as asked to rate the how selected social and environmental factors influence their choice of testing facility. ***Fig. 4.2*** show the results to this question.

Figure 4.2

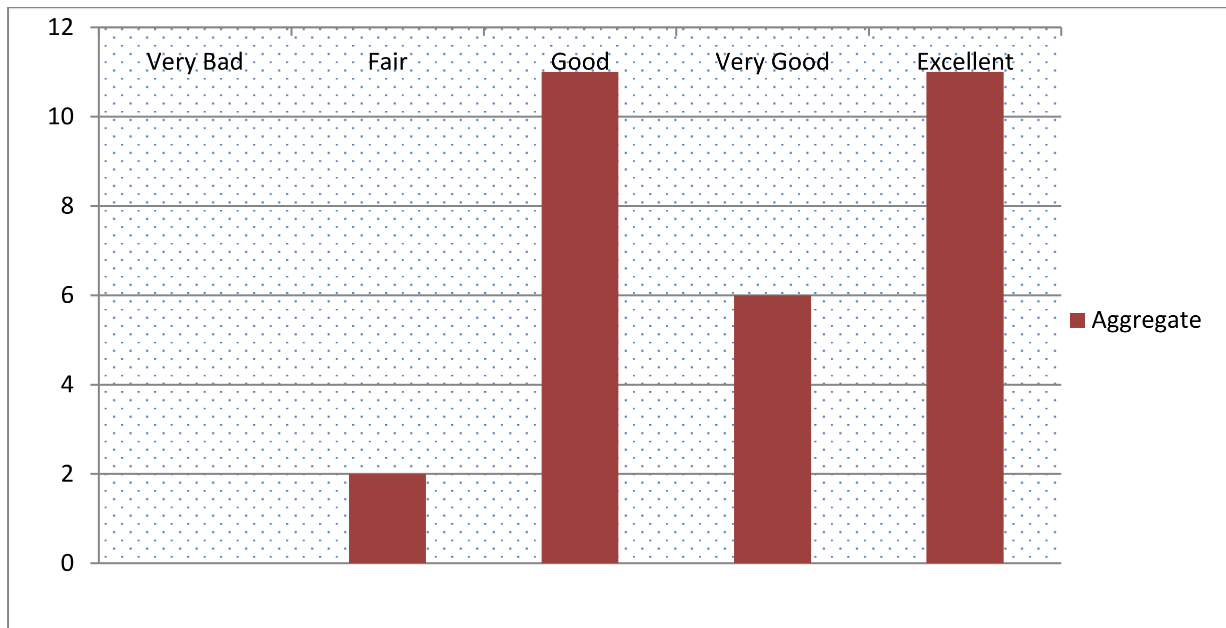


Data show respondents considers confidentiality and anonymity more than other aspects when choosing where to access HTC services. (95%) of participant employees rated confidentiality as being important with 83% for anonymity (desire for privacy). The importance of confidentiality and desire for privacy (anonymity) has been underscored in other researches. Mooeketsi (2014) came to similar findings in a research investigating factors preventing the uptake of HTC at Industrial Development Company in Johannesburg wherein a close association between confidentiality and privacy with HTC uptake was made. Results also show cost factor has the minimal impact on choice patterns.

Aggregate rating of external HCT service providers by the employees

Employees were asked to rate external HTC service providers on each of the aspects in ***Fig. 4.2 . (above)*** A rating scale of 1–5 (1 = very bad, 2= fair, 3=good, 4=very good, 5 = perfect) was used. The aggregate responses to this question are presented in Figure 1.3.

Figure: 4.3



Results show a strong positive overall rating of external HTC service providers from 3 (good). Only two (2) individuals rated these service providers below a score of 3 (good). Although Figure 2 does not explicitly show each individual factor's contribution to the overall score, based on responses external HTC service providers seem attractive because of their ability to secure confidentiality and anonymity away from peers. Literature shows where possible employees prefer to keep their HIV/AIDS out of the workplace and from other employees (Corbett, Dauya, Matambo et al,2006; Fylkesnes & Siziya, 2004). Explaining on why other employees may prefer to test outside the workplace one respondent said:

"They are afraid of being diagnosed with HIV at the workplace because they won't be able to control themselves. So it will be obvious to other employees"

Statement Responses to whether they agree or disagree with the following statements

Table 4.1

Question	Agree	Disagree
Most employees would prefer to test away from the workplace	26	4
The employer will gain access to my HIV information if I test in the workplace	18	12
I feel secure to consult about HIV/AIDS at public centres than I would at work	21	9
It is more private and confidential to test at work than at a VCT centre at clinic	10	20
If the company could provide ARVs here I believe many employees would be willing to test on-site	21	9
If other employees could see me taking condoms from the dispensers I would immediately stop.	2	28

Table 4.1 show how many of the 30 employee respondents agreed or disagreed with each given statement. Responses reveal more employees prefer to test outside the workplace, feel more secure to test at public health facilities and believe the employer can access confidential information if they use on-site testing services. Additionally most employees believe provision of ART can encourage on-site HIV testing.

Identified barriers to testing accessing external HCT services

Despite willingness to test at external HTC service providers employees often have difficulties to access these services. The survey results solicited the following responses as barriers: perception of no privacy; fear of stigma; do not have time due to work; some do not know where to get tested; every month you have to go for treatment and it interferes with your work; *"They are afraid of being diagnosed with HIV at workplace because they won't be able to control themselves. So it would be obvious to other employees" (respondent?);* Accessibility to medication is not guaranteed. However, one participant responded there were no barriers at the workplace.

External health service provider rating

Results in Figure 4.4 show 80% rated off-site service providers from satisfactory to excellent. Only 20% rated their services bad. What these results do not reveal however is whether these responses are based on actual HIV testing experience or their perceptions of service quality. It

is unlikely that all 30 respondents did take an HIV/AIDS test off-site testing centres. Nonetheless, the results in this section suggest employees have positive regard for off-site HIV testing sites.

Figure 4.4

Results of the study reveal the existence of an inconsistency between the desire for HCT services in the workplace and the probable utilisation level. Additionally the employees avoided directly mentioning HIV testing among the welfare services they need in the workplace. Read together with higher satisfaction rate given for off-site service providers, the study does question the economic rationality of providing HCT services in the workplace. Perhaps, this explains why, despite the presence of HIV/AIDS policies in most South African workplaces, actual implementation is lacking. Results of this survey purport employees' demands workplace HCT services but prefer off-site testing as a primary choice.

5. DISCUSSION AND CONCLUSION

HIV/AIDS support services employees require in the workplace

Notable from the findings is that employees did not make a direct reference to the need for HIV testing services but for on-site clinical services. However, they did mention the need for tuberculosis (TB) testing. Potentially this response is consistent with feelings of denial, where individuals do not want to know their status or are rather unprepared but wish to retain a sense of psychological comfort from guessing what TB test results might mean to their own HIV status. In this study, fear of knowing one's status has been confirmed as a reason why other employees do not test for HIV/AIDS. This study has identified nutritional support among the required employee welfare services, as was also found in a study in Tanzania where

“employees named treatment and nutritional support, and soft loans and reduced workload respectively, as the most important health and social supports they needed from their employers” (Kassile, Anicetus, Kukula & Mmbando , 2014). Thus while HCT is closely linked to treatment as support services, workplace interventions should also consider providing nutritional support, particularly to employee in resource scarce communities (Gillespie, 2008)

Employee experiences when accessing HIV/AIDS support services at external service providers

Results show 94 % of the respondents reported a positive experience of these external service providers with a marginal six per cent (6%) having reported to have negative experiences. It is important to interpret these findings within the comparative framework of this study where respondents are consciously or unconsciously making comparisons between on-site and external service experiences. Higher propensity to utilise external services instead of stand-alone company provided facilities is also noted in Njau , Ostermann, Brown, Muhlbacher, Reddy and Thielman (2014) who reckon attendance at free-standing HIV testing sites appears to be declining plausibly because clients prefer to access HCT services within health facilities. With employee testing, as stated above, the perception of risk and fear of losing a job and becoming a victim of stigma and discrimination in the workplace associated with on-site testing facilities make sufficient discount of the advantages of factors such as convenience, cist and proximity of the services. This assertion however directly contradict the views of Meehan, Naidoo, Claassens, Lombard and Beyers (2014:6). The frame of their conclusions conforms to “a study in Uganda [which] showed the strongest predictors of satisfaction with services included accessibility, convenience and availability of services”. However, in Meehan et al (2014) the focus was on validating mobile testing services as an alternative strategy to improve physical accessibility of services, and did not apply a comparative theme as in this research and Njau et al (2014). Notably as well, the study by Meehan et al (2014) is not also proscribed in workplace setting where HIV/AIDS brings into contestation the private interests between the employer and the employee. For employees, HCT accessibility in a workplace ceases to be only about physical availability of required services but incorporates considering how utilisation of these services impact on employment security, the social relationship with other employees and the privacy of their HIV status. For employers, HIV/AIDS is a cost centre, a source of conflict with employee and a legal burden and where a firm believe the epidemic is a public health concern, minimal interventions are found in the workplace.

5. Individual preferences on where to access HIV/AIDS services

Ideally employees should be encouraged to test onsite, with other studies investigating how incentives may be used to achieve objective. However findings on this research suggest testing behaviours in the workplace is compromised by other social and environmental factors. Primarily on the face of perceived lack of confidentiality and privacy individual employees do prefer off-site testing. In support of this assertion, Arimoto et al. (2013) found that fear of discrimination and desire to maintain social utility in the workplace acted as deterrents to individual testing in the workplace. Because the workplace is perceived as lacking privacy and confidentiality, employees would opt to use external HIV/AIDS testing services to protect their social capital in the workplace. Arguably employees are not willing to risk the loss of life time social value they hold together with other employees, and underestimate the perceived threat to job security should the employer discover one's positive HIV status where alternative HCT services exist outside the workplace.

Frequency of use of outsourced HIV/AIDS services

Results obtained from this research suggest employees are making use external HTC services more frequently than those provided onsite. There is also a huge disparity between the desire to have on-site HCT services and rate of potential use. Whereas 94% of the respondents expressed positive desire to have HCT services in the workplace, only 34% indicated they would make use of on-site mobile testing services compared to 50 % of the employees who would use external clinics and hospital facilities. The reasons why employees find internal HCT services practically inaccessible are a cause of concern. Results from randomised voluntary counselling and testing (VCT) testing trial in Zimbabwe (Corbett at al., 2006) and other studies suggest the use of mobile VCT services in workplaces increases the chances for employees to test for HIV. This is relatively true in poor resource settings such as rural areas or refuges centres where access to other health facilities is practically limited. Mobile testing centres thus may be the only choice accessible for testing. However, in formal workplaces, especially those located in urban areas, the availability of alternative testing sites increases the likelihood that employees will opt for off-site services to avoid, among others, prejudice and discrimination from fellow employees.

It is also important to understand employee testing behaviour within the context of how firms have responded to HIV/AIDS in the workplace in South Africa. Because businesses in South Africa was slow to start providing HIV/AIDS services in the workplace (see Meintjes, Bowen, & Root, 2007) employees may be accustomed to private and public health institutions than the workplace for their HIV/AIDS welfare needs. Thus a possibly they do not feel comfortable in non-health care settings in the workplace (see also, Joseph eta a., 2011). In conclusion, this study finds that employees are positively inclined to use off-site HCT services than those found in the workplace. Thus, from a policy perspective, this study recommends that firms alter their intervention strategies towards promoting the use of private and public health facilities even when they have on-site services to match employee testing behavioural patterns.

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