



KNOWLEDGE, ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV/AIDS AMONG EMPLOYEES IN THE PRIVATE SECURITY INDUSTRY IN SOUTH AFRICA

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ABSTRACT

Background: The aim of the study was to critically assess HIV/AIDS related knowledge, attitudes, beliefs and practices among employees in the private security industry in three provinces in South Africa.

Methods: A second-generation surveillance approach was used where 15 private security companies participated. Fieldworkers approached participants at selected companies and asked them permission to complete a questionnaire and to provide a dry blood spots (DBS) specimen for HIV testing. A total of 2787 employees participated and 2224 agreed to be interviewed and to give a blood specimen for an HIV test.

Results: The participants showed high levels of knowledge about HIV/AIDS and positive attitudes towards PLWHA. Most of the participants (86.7%) had one regular partner while 14.6% of the participants had two or more sexual partners (17.6% males vs 5.6% females). A tenth of the participants (10.7%) had had sex with someone 10 years younger than themselves. Participants under 24 years old reported high condom use (62.4% males & 53.6% females) compared to their above 50 year old counterparts (16.4% males & 9.1% females). Participants with two or more partners reported high condom use (63.9% males & 44.8% females) compared to those with one partner (37% males and 31% females). The majority of participants knew where to get VCT services (88.1%) but only 53.2% reported to have ever tested for HIV.

Conclusions: HIV/AIDS education programmes should promote safer sex practices among older employees. The 'know your status' campaign needs to be strengthened so that employees can know their status.

BACKGROUND

- South Africa has the highest number of people living with HIV/AIDS in the world
- The epidemic's impact varies from industry to industry and affects economically and reproductively active adults
- There is a need to assess the impact of HIV/AIDS to the different organisations
- The information gathered would be used in mitigating the impact of this epidemic on productivity, economic costs, labour and demand and supply of skills.

BACKGROUND (contd)

- This study was a result of a lack of research on knowledge, attitudes, beliefs and practices (KABP) related to HIV/AIDS in the private security industries in South Africa.

OBJECTIVE

- The aim of the study was to critically assess HIV/AIDS related knowledge, attitudes, beliefs and practices among employees in the private security industry in three provinces in South Africa.

METHOD

- A second-generation surveillance approach combining questionnaire-based and biological specimen-based data was used.
- The questionnaires entailed biographical data, socio-economic status, HIV/AIDS knowledge, sexual behaviour, risk perceptions, VCT for HIV, condom accessibility, stigma, HIV/AIDS prevention awareness and services.
- Trained fieldworkers approached 15 private security companies and asked employees' permission to complete a questionnaire and to provide a dry blood spots (DBS) specimen for HIV testing.
- 2787 employees participated and 2224 agreed to an interview and gave a blood specimen for an HIV test

RESULTS

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Table 1: Knowledge of HIV/AIDS among respondents from private security firms (n = 2787)

Variable/ Sex	TRUE %	FALSE %	Don't know %
Having sex with a virgin can cure AIDS			
Males	0.8	93.8	5.4
Females	0.9	95.9	3.2
Having sex with more than one partner can increase a person's chance of being infected with HIV			
Males	97.4	1.9	0.7
Females	97.7	1.7	0.5
A person can be infected with HIV and still look healthy			
Males	91.3	5	3.7
Females	92.7	4	3.3
Patients with TB also have HIV			
Males	15.3	66.8	17.9
Females	15.9	67.3	16.8
Once one has started taking antiretroviral treatment for HIV/AIDS one has to take it forever			
Males	81.6	2.9	15.5
Females	76.5	3.7	19.7

Variable/	TRU E	FAL SE	Don't know
Sex	%	%	%
There is a cure for AIDS			
Males	6.2	86.9	6.9
Females	5.3	86.6	8
AIDS is caused by witchcraft			
Males	2.8	92.8	4.4
Females	2.1	94.1	3.7
HIV infection is prevented by using condoms			
Males	91	6.4	2.6
Females	84.5	12	3.5
A person can get HIV by using a cup or plate that has been used by a person with HIV/AIDS			
Males	4.6	91.4	4
Females	2.8	95.1	2.1
Sharing a cigarette			
Males	12.4	75.2	12.3
Females	8.4	79.3	12.3

Knowledge of HIV/AIDS among respondents from private security firms (contd)

Variable/ Sex	True (%)	FALSE (%)	Don't Know (%)
Sitting on the same toilet seat			
Males	7.1	87.3	5.6
Females	4.8	90.9	4.3
Unprotected anal sex			
Males	88.4	4.6	7
Females	90.2	3.7	6
Contact with infected blood			
Males	96.2	3.2	0.5
Females	98	1.9	0.1
Touching someone ho has AIDS			
Males	2.4	96.5	1.1
Females	2.4	96.9	0.7
Coughing and sneezing spreads HIV			
Males	7.8	81.9	10.3
Females	18.8	81.2	10

Table 2: Attitudes towards people with HIV/AIDS among respondents from private security firms (n = 2787)

Attitudinal statement	Agree	Disagree	Unsure
If I knew that a shopkeeper or food seller had HIV, I would still buy food from them	68.8	18.5	12.7
I would be willing to care for a family member with AIDS	95.1	1.7	3.2
I would not have a problem having protected sex with a partner who has HIV/AIDS	52.4	37	10.6
It is a waste of money to train or give a promotion to someone with HIV/AIDS	8.2	87.7	4.1
I would want to keep the HIV positive status of a family member a secret	40.3	46	13.7
HIV positive children should be kept separate from other children as they might infect each other unintentionally	15.1	76.2	8.7
A person would be foolish to marry a person who is living with HIV/AIDS	25.3	59.6	15.1

Table 3: Reasons advanced for perceptions of not being at risk of HIV infections among respondents from private security firms

Reasons	Males (n)	%	Females (n)	%
Had never had sex before	16	2.4	18	5.2
Now abstaining from sex	44	6.5	62	18
Faithful to one partner/trust my partner	520	77	251	73
Do not have sex with prostitutes	92	13.6	27	7.8
Always use condoms	188	27.9	61	17.7

Figure 1: Sexual activity among respondents from private security services

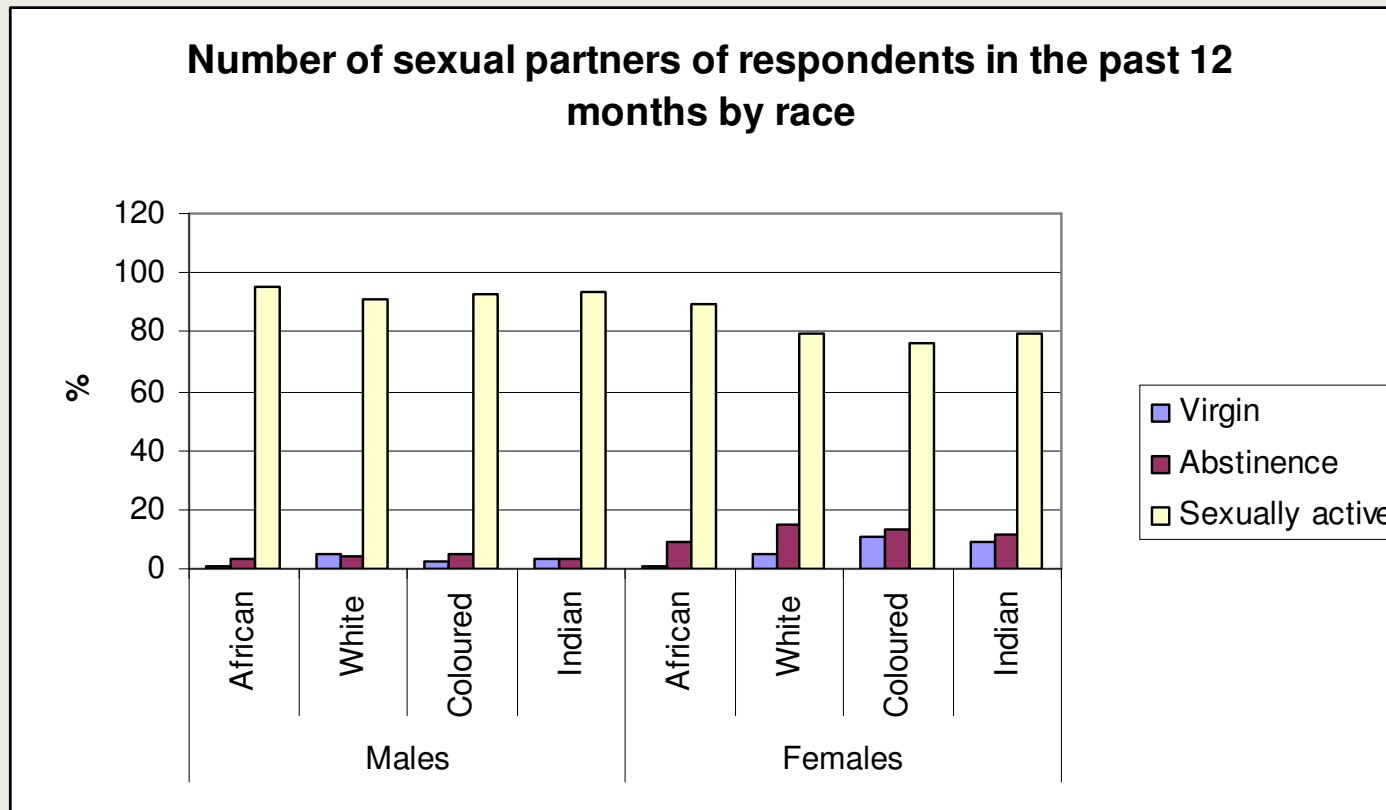


Table 4: Condom use during last sexual intercourse among respondents from private security services by age, marital status, race and number of partners

Variable	Male		Female	
	n	%	n	%
Total	1791	40.5	582	33
Age group				
<24	181	62.4	112	53.6
25-49	1549	38.9	448	29
50+	61	16.4	22	9.1
Marital status				
Single	774	57.1	249	53
Married or cohabit	932	27.5	271	16.2
Widowed	14	42.9	10	0
Divorced or separated	67	31.3	49	30.6

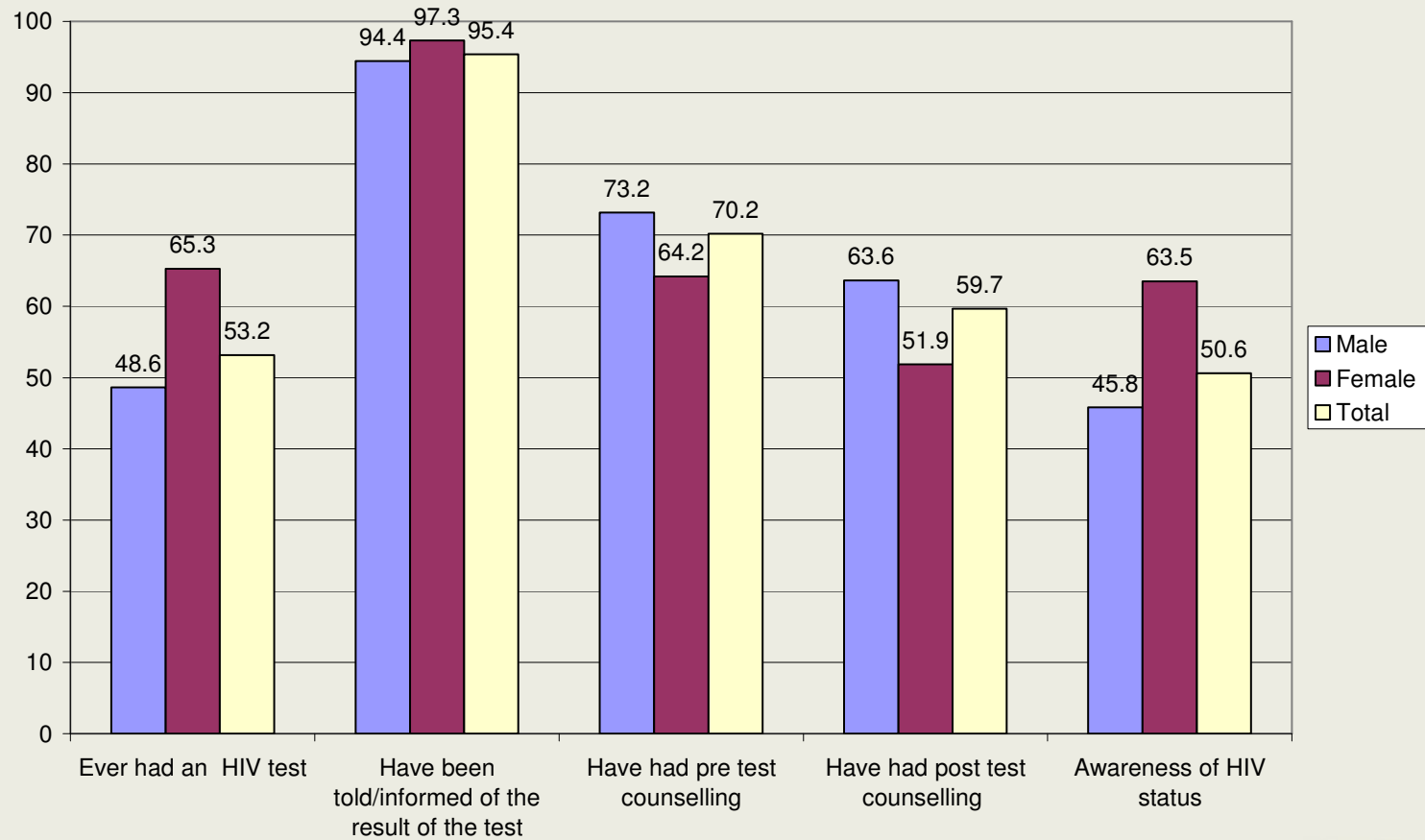
Condom use during last sexual intercourse among respondents from private security services by age, marital status, race and number of partners (contd)

Variable	Male		Female	
	n	%	n	%
Total	1791	40.5	582	33
Race				
African	1221	46	205	49.8
White	240	23.8	184	22.8
Coloured	180	23.3	133	22.6
Indian/Asian	149	43.6	59	30.5
Number of partners				
1 or no partner	1458	37	545	31.9
2 partners	216	63.9	29	44.8
> 2 partners	97	40.6	2	100

Table 5: Awareness of where to obtain VCT services among respondents in the private security sector

Variable	n	%
Total	2756	88.1
Sex		
Male	2007	89.1
Female	749	85.6
Age group		
24 and less	378	85.2
25-49	2256	89.1
50 and more	122	79.5
Province		
Western Cape	502	83.9
KwaZulu Natal	645	86.4
Gauteng	1609	90.2
Race		
African	1602	92.9
White	510	79.8
Coloured	395	82.8
Indian or Asian	245	82.9

Figure 2: Awareness of HIV Status among respondents from the private security sector



SUMMARY OF RESULTS

Knowledge of HIV/AIDS

- The participants showed high general knowledge levels about HIV/AIDS (Table 1).
- A high percentage still think that patients with TB also have HIV and that sharing a cigarette with an HIV positive person can get one infected.

Attitudes towards HIV/AIDS

- Most of the participants had positive attitudes towards HIV/AIDS infected people (Table 2).
- Almost half of the participants (46%) felt they would not keep an HIV status of a family member a secret
- More than half of the respondents would have protected sex with an HIV positive partner.

SUMMARY OF RESULTS (contd)

Sexual activity and the number of sexual partners

- There is no significant difference in sexual activeness of the male participants from the different race groups while coloured females seem to be less sexually active than the other race groups (Figure 1).
- About one tenth of the respondents (9.5%) were sexually abstinent during the previous year and 3.8% of the respondents indicated that they were virgins.
- A higher percentage of African males reported that they had two partners (14.5%) while coloured males had more than two partners (10.4%) compared to their female counterparts (4.2% and 0% respectively).

SUMMARY OF RESULTS (contd)

Intergenerational sex (age mixing)

- Males with partners 10 years younger than themselves had an HIV prevalence of 20.2% compared to those who had partners 10 years older than themselves (10%).
- Females with partners 10 years younger than themselves had an HIV prevalence of 9.3% compared to those who had partners 10 years older than themselves (16.3%).

SUMMARY OF RESULTS (contd)

Consistent condom use

- Almost half of the respondents (48.2%) who were aware of their status consistently used condoms with regular partners during the past 12 months (Table 4).
- A large majority of those who had non-regular partners (78.8%) consistently used condoms in the past 12 months.
- Consistent condom use was noted to be higher in HIV positive regular partners (21.7%) than non-regular partners (17.6%).

SUMMARY OF RESULTS (contd)

Awareness of where to obtain VCT services

- The majority of respondents (88.1%) were aware of where to obtain voluntary and HIV testing (VCT) services.
- Africans (92.9%) had higher awareness of where to obtain VCT services than Whites (79.8%) while coloureds and Indians/Asians had more or less the same awareness levels (82.8% and 82.9% respectively).

CONCLUSIONS

- HIV/AIDS education programmes should promote safer sex practices among older employees.
- The 'know your status' campaign needs to be strengthened so that employees can know their status.