



HIV Workplace Programs Targeting Male Employees in Tanzania

Qualitative Research Findings

Tess Shiras, Lauren Rosapep, Anna Wadsworth, and Nicole Kapesi





Overview

- Research context and objectives
- Research Methods
- Findings
 - General health care seeking
 - HIV perceptions and information
 - Barriers and motivators to HIV testing
 - Preferences for location of HIV testing and treatment
 - Existing workplace programs
 - Opportunities for workplace programs



© DDC Sama Jahanpour



Research context and objective

- HIV+ men in Tanzania are less likely to know their status than HIV+ women
- HIV prevalence is more than twice as high among employed than unemployed males
- HIV workplace interventions are mandated by the Tanzania HIV and AIDS Prevention and Control Act of 2008, though they are not consistently implemented

Objective: SHOPS Plus Tanzania conducted qualitative research with two corporate workplace partners and one association partner to inform pilot HIV interventions targeting men

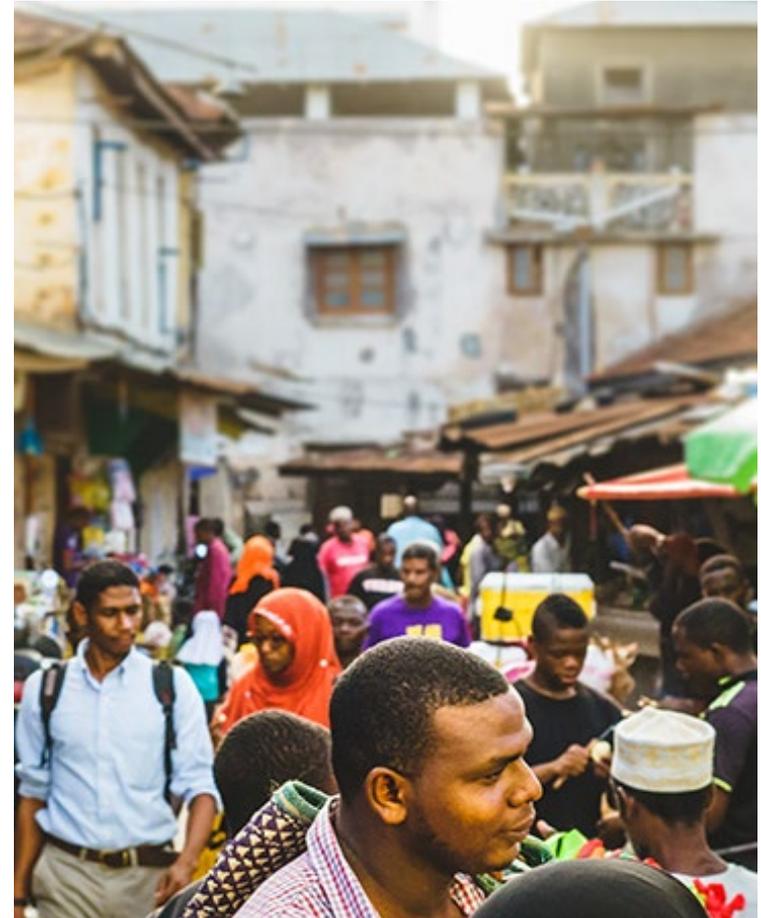


Corporate Partners and Association

- Sandvik
 - Provides mining solutions and equipment
 - Main office in Mwanza; 73 employees (90% male)
- Bonite Bottlers Limited
 - Manufacture and distribute Coca-Cola and Kilimanjaro beverage products
 - Based in Moshi with 220 permanent staff (90% male)
- Mwanza Association of Boda Boda Riders
 - Includes 20,000 members (all but 10 are male)

Methods

- 22 focus group discussions (FGDs) with 166 participants
 - 4 Sandvik, 12 Bonite, 6 with Boda
- Short quantitative questionnaire* on HIV perceptions and attitudes to obtain individual-level data
- Men age 18+ who are a Bonite or Sandvik employee or Boda Boda Association member
- FGDs segmented by employee type and age, when relevant



CDC, 2017

* Note quantitative results are not generalizable

General Health Care Seeking



General health care seeking

- Typically, male employees do not seek health care until they are quite sick
- They first rely on self-care or ADDO products
 - Quantitative: 83% of participants said they have asked friends and co-workers for health advice previously
- Many Bonite employees use the company's nurse
- It appears that both public and private sectors are used
 - Quantitative: 47% reported only getting health services from public facilities
- Preventive care is uncommon

“Let's face it! We don't have the tendency to go for regular health checkups in absence of any sickness, it is just not in our nature.” – Boda boda driver



Barriers to and opportunities to improve health care seeking and HIV testing

- Barriers
 - Time (to get to a clinic, at the clinic, and away from work)
 - Cost (of health services, travel, and lost wages)
 - Masculinity constructs
- Opportunities identified in FGDs to improve care seeking
 - Convenience → Easy-to-access testing options with reduced queues
 - Lower costs through health insurance or other subsidization
 - Education about the benefits of seeking early and preventive care

“The main reason why men often don’t go to the hospital is because we are strong. We have strong spirits.”
– Bonite employee

HIV Perceptions and Information



HIV perceptions are overtly negative

“What comes to mind is death. I understand that when a person has contracted HIV, I have to prepare for a funeral.” – Boda Boda Driver

“HIV [signifies] death, losing hope, end of life, and end of everything.” – Sandvik Employee

“When I hear of HIV, it’s a disease that will put me far away from my loved ones...it is a dangerous disease that will isolate me from the society” – Bonite Employee

Quantitative findings demonstrate nuance in HIV perceptions:
Nearly 60% agree that HIV/AIDS is **no longer a deadly disease**



Thinking through the difference in qualitative and quantitative findings

- Participants equated HIV with death and dying when they were asked what first comes to mind when they hear the word “HIV”
- In contrast, nearly 60% agreed in the individual questionnaire that “HIV is no longer a deadly disease”
- This appears contradictory
- It seems that employees have knowledge that HIV positive people can live long lives
- However, that knowledge does not necessarily match with their experiences and initial perceptions of HIV



Sources of HIV information are abundant





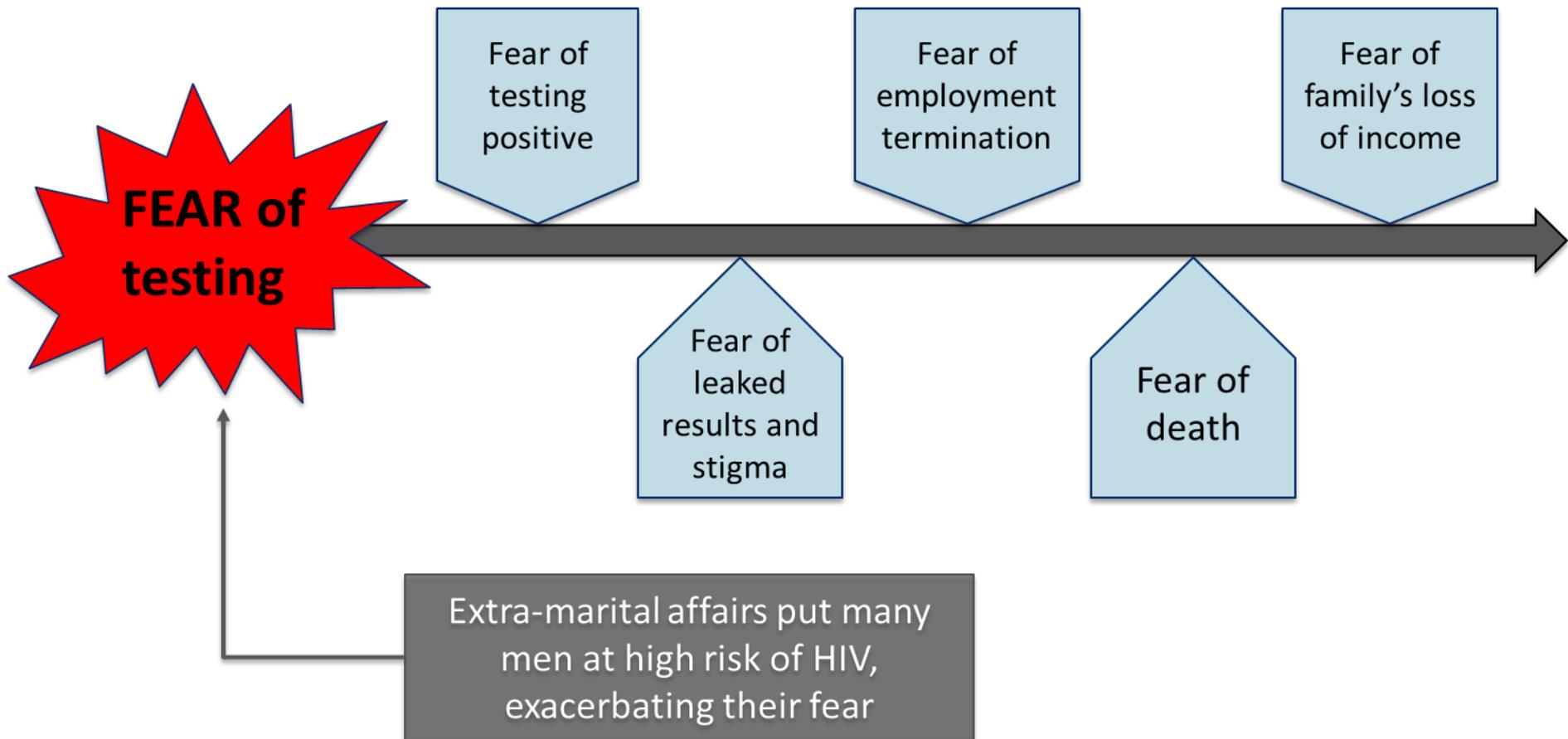
Yet, there is demand for **more** education

- Men in all FGDs are eager for additional and comprehensive HIV education
 - Stigma reduction, how to live with HIV, and treatment
- Current HIV messaging in Tanzania focuses on treatment and linking to care after testing
- Many men may ignore treatment-oriented messaging because they do not think that they are positive; so this messaging becomes irrelevant

Barriers and Motivators to HIV Testing



Understanding employees' fear of testing





“The bigger problem is our sexual relationships. We are aware that we have had a lot of sexual partners, so in our minds we know that we probably already have HIV. Rather than confirming our worst fears, we live with the simple comfort [of not knowing] our HIV status. So most people fear testing for HIV because of their sexual habits.”

-Boda boda driver



Unlike women, men do not have systematic opportunities for HIV testing

- In 5 FGDs, participants noted that women frequently have testing opportunities through maternity and child health visits
- These opportunities do not exist for men because they do rarely seek non-acute clinical care
- As a result, it is common for men to use their spouse's HIV tests as a proxy for their own status
 - This is dangerous, given the frequency of extra-marital relationships



Motivations for HIV testing

- Motivations were not frequently discussed
- When mentioned, motivators for testing include:
 - Knowing your status
 - Preventing HIV spread to others
 - Increased productivity from knowing your status
 - Protecting your family by staying healthy and providing for them
- Overall, 83% of participants had been tested before



Preferences for Location of HIV Testing and HIV Treatment

Inside or outside of the workplace?



Preferences for HIV testing location are somewhat mixed

Workplace



- Convenient and cheap
- Preferred by 2 of 4 Sandvik FGDs

81% said they would feel comfortable taking an HIV test at work

Offsite Health Center



- Confidential
- Preferred by 9 of 12 Bonite and 2 of 6 Boda Boda FGDs

At Bonite, **44%** did **not** agree the work environment is supportive of health care needs for PLHIV

Outside the community



- Most discrete
- Preferred by several participants in 5 FGDs

50% would be afraid to tell their employer if they became seriously ill



HIV testing – public or private facilities

Qualitative data:

- Several participants preferred government facilities due to lower costs
- Several participants preferred government facilities due to trustworthiness and high quality
- One participant preferred a private facility due to trustworthiness and high quality

Quantitative data:

- Among those who had tested, the last place they tested was:
 - Public: 55%
 - Private: 26%
 - Workplace: 18% (all Sandvik or Bonite)
 - Community: 1%



Preferences for HIV Treatment Location

- Participants discussed the pros and cons of treatment within or outside the workplace
- Most participants would prefer treatment **outside** the workplace because:
 - Increased privacy and confidentiality
 - No risk of employment termination
 - High quality care
- Treatment **inside** the workplace would be convenient (no travel time/cost and no queues) and potentially cheap if employer paid for it

Overview of Existing Workplace Programs

(Sandvik and Bonite only)



Sandvik workplace program

- Employees felt that the workplace program needed to be intensified and reinvigorated
- Peer educators (PEs) lead morning meetings
 - A different staff person is assigned to read health information (across topics) from a small card
- Recollection of a large football and HIV testing event hosted by Sandvik on World AIDS Day several years back



Sandvik workplace program from the PEs' perspective

- The FGD with peer educators provided a different narrative
- Interactive morning meetings twice a week
 - HIV, diabetes, ebola, dengue, stress management, etc.
- Additional special health days
- Weekend events such as jogging
- Three PEs were supported by Sandvik management to attend a 3-day HIV conference in South Africa



Bonite workplace program

- Some elements of an HIV program are in place, but employees felt they needed to be scaled
- Some acknowledge PEs, organized by department
 - Seminars may happen occasionally (varies by department)
- Annual eye, ear, and blood testing
 - Some say blood testing includes HIV, others are unsure
 - Most employees have not received results
 - Testing is only for contract and food production staff; laborers are not tested
- Condoms used to be distributed, but not recently
- All groups acknowledge the presence of a company nurse

Opportunities for Workplace Programs



Overarching opportunities

- Participants were excited about new educational opportunities including additional group conversations similar to the FGD itself

“When our fellow [boda boda] drivers say something, we tend to believe him. We believe that is safe and right. So [a peer education group] might contribute a great deal [to HIV] prevention.”

– Boda Boda Driver



There is interest in expanding programs beyond HIV

- Participants would like workplace programs to expand beyond HIV (e.g., NCDs, STIs, TB, malaria, mitigating occupational hazards)
 - Bonite: interested in chemical exposure from workplace conditions
 - Sandvik: Interested in skin infections from fumes and working underground
 - Boda: Interested in how to avoid transactional sex

We would like [to learn] not only for HIV but also for other diseases because when you are healthy is when your work efficiency becomes better.”

– Bonite employee



All groups supported expanding workplace programs to the community

“...we are in the community, we are working with the community, and we are surrounded by the community. So, I think [if] the other community is invited to come for the seminar that would be much better.”

– Boda Boda Driver

“...They are community members around us, and [as] an employee, if I will get HIV I won't get it from the office, rather from outside in the community. So, if my neighbor will protect herself then I won't get HIV.”

– Sandvik employee



Testing four workplace programs

In each FGD, we asked participants to compare four potential HIV workplace interventions:



1. Educational SMS messages



2. Interactive peer education activities including games, drama, role-play, and discussion



3. Family fun days that would integrate sports and games with HIV education and testing for employees and their families



4. HIV Self-test kits that could be administered to employees



Cell phone program

- Participants responded positively
- Some participants flagged that these messages may be ignored
- Suggestions to overcome this:
 - Messages should not incur a fee or reduce air time
 - All messaging in Swahili
 - Option to control number and timing of messages
 - Should include HIV and other health areas



Interactive peer education

- The large majority of groups liked this activity
 - Interactive and face-to-face learning
 - Quantitative: 83% of participants said they have asked friends and co-workers for health advice previously
- Recommendations:
 - Peer educators need to be well-trained, committed, and serious (more so than current PEs)
 - Could include external experts
 - Would need to accommodate the shift schedule at Bonite
 - Boda Boda drivers would like advance warning so they can plan their schedules around it



Family fun days

- The majority of groups like this idea
 - Excited to integrate sports and games with HIV education and testing
 - Excited to include families and larger community into an event
- Participants' concerns:
 - HIV information may be inappropriate for young children
 - Some are worried about HIV testing in wife's presence
 - Expensive and logistically difficult to organize; could only occur limited times per year



© Street Football World, 2015



Self-test kits (STKs)

- STKs were a divisive topic
 - Approximately half thought this was a great idea, while the other half thought they were dangerous
- Pros:
 - A private way to test, which may reduce fear
 - No risk of leaking results
 - Allows men to test with their wives, if they want to
- Cons:
 - Dangerous to receive a positive result without the presence of a trained provider and counselor
 - Several thought this could even leave to suicide
 - Some did not want to test with their wives

Disseminating Findings



SHOPS Plus organized dissemination workshop with key stakeholders

- Discussion of research results highlighted two new opportunities for workplace programs:
 - A recently passed bill that allows HIV self-testing
 - Engaging corporate companies to reach employed men with HIV education, testing, and treatment.
 - Considering interventions that target men working in both formal and informal sectors

Stakeholders at SHOPS Plus Dissemination Workshop

