

*Workers at Eskom, South Africa's largest power company. Eskom has implemented HIV/AIDS prevention programs throughout its many work sites.*



ESKOM

## HIV/AIDS WORKPLACE PROGRAMS

*Mobilizing Managers, Crafting Policies, Educating Workers*

HIV/AIDS is affecting workplaces around the world. In sub-Saharan Africa, the epidemic has been devastating to businesses and industries, threatening every economic sector in many nations, targeting workers in both blue- and white-collar positions, as well as health workers, government employees, farmers, and teachers. Within the private sector, high levels of illness-related absenteeism and the loss of skilled workers have led to lower profits, greater difficulty delivering products and services, and higher costs for production, training, and insurance.

Even in regions with lower HIV prevalence, business organizations, unions, and governments increasingly recognize the

need to address the issue now, before the threat becomes overwhelming. Such is the case in Vietnam, where the construction industry, the Ho Chi Minh City AIDS Committee, and the Ho Chi Minh City Labor Union are working together to implement peer education on AIDS prevention for the highly mobile workers who move among building sites around the city (see page 6). In Thailand, the Thailand Business Coalition on AIDS is exploring the value of incentives to urge business managers to institute nondiscriminatory workplace policies on HIV/AIDS and educate their workers about the disease (see page 10). These examples illustrate an important key to success: getting management to respond proactively by supporting programs for their workers and "signing on" to stronger workplace

### Workplace Studies in Africa and Asia

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The Population Council implements the Horizons Program in collaboration with the International Center for Research on Women, the International HIV/AIDS Alliance, the Program for Appropriate Technology in Health, Tulane University, Family Health International, and Johns Hopkins University.

policies that end discrimination against those who are infected.

Some companies, including South Africa's giant Eskom power company, have implemented nondiscriminatory policies and broad-scale HIV/AIDS prevention, care, and treatment programs for their workers. Yet they sometimes find these efforts are blunted by fear of HIV/AIDS-related stigma among workers. These concerns discourage many workers from getting tested for HIV and may also prevent them and their families from getting care, support, counseling, and treatment.

Despite the clear need, there have been few workplace interventions designed to reduce stigma or create support for workers who are HIV-positive. One significant barrier is the difficulty of designing and evaluating interventions aimed at reducing the problem, due to uncertainty about how to define and measure the complex process of stigmatization.

To address these issues, Horizons is collaborating with Eskom and Development Research Africa, a South African research institute, to conduct an intervention study exploring how to improve Eskom's HIV/AIDS program, including addressing stigma and discrimination in the workplace. Findings from this research may well prove to have wider application to workplace settings in other regions.

### Identifying Needs

Eskom is one of the largest electric companies in the world. It has won awards for its HIV/AIDS workplace programs and policies. Yet there was concern that the workplace services it provided were underutilized because employees feared stigma and discrimination.

In February 2000, Eskom and Horizons held a two-day workshop in KwaZulu Natal Province, South Africa, to identify weaknesses in current Eskom HIV/AIDS programs and policies, examine potential solutions, and develop a study protocol to test their effectiveness. Using findings from an earlier assessment study and additional input from field-based Eskom staff, participants discussed a number of topics, including the effects of stigma within South African society; how to improve care and support, voluntary counseling and testing, and sexually transmitted disease prevention and treatment services; ways

to reach the families and communities of the Eskom work force with HIV/AIDS-related activities; and the limitations of Eskom's current peer education program in addressing issues beyond prevention. Participants felt strongly about the importance of creating a favorable workplace environment for promoting acceptance of people living with HIV/AIDS (PLHA).

Based on this workshop, the research team developed an intervention study to be carried out in three regions of KwaZulu Natal, where HIV prevalence is among the highest in South Africa. Each region is assigned one of three research arms: a strengthened version of Eskom's current HIV prevention program, an enhanced in-house workplace program with prevention plus care and support activities, and a community-linked HIV/AIDS program, with prevention plus care and support activities based in or linked to the community. Both the enhanced in-house and community-linked approaches will include information and activities specifically addressing stigma and discrimination. The three regions are some distance apart to lessen the chance of exposure to more than one program.

Before the intervention component of the study began, a qualitative exploratory study was conducted in 2001 to examine the issue of HIV/AIDS-related stigma and discrimination. Researchers conducted in-depth interviews and focus groups with male Eskom workers and their sexual partners and other female family

*Eskom manager Kurt Dedekind speaks to staff on World AIDS Day 2002.*



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members, workplace supervisors, HIV/AIDS program staff, and community leaders.

For the intervention baseline, investigators conducted structured interviews with 379 male employees from 22 work sites in

## Eskom workers worry more about stigma from co-workers than discrimination within the workplace.

KwaZulu Natal. (Eskom's work force at field-based sites is overwhelmingly male.) One female family member per worker, preferably a sexual partner, was asked to also answer the questionnaire, and 351 agreed. The interviews addressed perceptions of HIV/AIDS-related stigma and discrimination, HIV risk factors, and preferences regarding HIV-related services and activities. Both the exploratory and baseline findings were used to develop activities for the interventions.

### Concerns About Stigma

Baseline data revealed that Eskom workers worry more about stigma from co-workers than discrimination within the workplace. Only 23 percent of the workers interviewed said they would be concerned about being fired if they were HIV-positive and their serostatus were revealed. In contrast, 55 percent of the female partners or family members—many of whom work as domestic laborers—said they would be afraid of losing their jobs if their employers learned they had HIV.

“This difference is likely due to Eskom's emphasis on non-discrimination and its efforts to inform employees of their rights, in contrast to the unregulated environment in which many of the female partners work,” said Robert Stewart of Development Research Africa.

But the gap between Eskom workers and female partners or family members closes when it comes to concerns about stigma. Almost 90 percent of workers and family members surveyed either agreed or strongly agreed with the statement, “If I had AIDS, people would call me names and gossip about me.”

“People make jokes about HIV-positive people and point fingers at them,” said one

female respondent. “There are so many with AIDS and so much gossip, too.”

The respondents themselves expressed similarly negative attitudes about PLHA. Overall, male respondents were somewhat more likely to express stigmatizing attitudes and express support for discriminatory behaviors. Almost half of the men (46 percent) and 37 percent of the women strongly agreed or agreed that HIV/AIDS is a punishment for bad behavior. About a third of male and more than a fourth of female respondents (31 percent and 27 percent, respectively) said that people with HIV/AIDS should not be allowed to work. Fifty-six percent of male and 48 percent of female respondents agreed that people with HIV/AIDS should not sell food.

Of special note is that concern about casual contact with a person who has HIV/AIDS was of relatively little concern to male or female respondents. Eighty percent of the men and 88 percent of the women surveyed said they would be at ease shaking hands with someone who is HIV-positive. Over three-quarters of the respondents said that they would be comfortable sharing their work tools or using the same toilet as a person living with HIV/AIDS.

Another important finding is that more women than men in the study believe that women are more likely to be blamed for HIV infection. Over half of female respondents (58 percent) compared to 37 percent of male respondents feel that women living with HIV/AIDS are more stigmatized than men living with HIV/AIDS. A greater proportion of female respondents (56 percent) than male respondents (36 percent) believe that their regular partners would leave them if told they were HIV-positive.

“This disease is associated with misbehavior,” said one male worker. “People would think the woman was sleeping around. They never blame a man.”

Stigmatization based on association with people living with HIV/AIDS is also a concern. About one-third of male (32 percent) and female (35 percent) respondents agreed that if they were to be seen sitting next to someone with AIDS, then others would think that he or she has AIDS, too. HIV/AIDS program staff also told researchers that they experience stigma because they offer AIDS-related services.

Other findings highlight the role stigma may play in underutilization of Eskom's workplace HIV/AIDS services, especially voluntary counseling and testing. Health care providers told researchers that although counselors who visit the work sites are trained to discuss a wide range of topics, workers perceive them as dealing exclusively with HIV/AIDS and therefore do not want to be openly associated with them for fear that they will be stigmatized as having the disease. From the baseline survey findings, researchers found that workers who fear stigma were significantly more likely to avoid using voluntary HIV counseling and testing services.

### **The Effect on the Workplace**

These interim results show the significant impact that HIV/AIDS-related stigma can have on the workplace environment and on utilization of workplace HIV/AIDS programs. Although Eskom's implementation of non-discriminatory policies may help employees feel secure in their jobs, fear of social isolation and ridicule from co-workers and community members discourages them not only from disclosing their HIV status but also from making full use of all the services available to them.

In response, a number of intervention activities are under way as the study continues. In the third research arm, researchers assessed local NGOs to determine which HIV/AIDS services are currently offered within the community and what their capacity and staff training needs are. With fear of stigma so strong within the workplace, NGO services—such as support groups and counseling—that are community-based yet linked to the workplace could prove to be valuable additions to programs based at the work site. Four NGOs were selected, and plans for collaboration and mechanisms for service delivery are currently being coordinated.

In November 2002, Eskom and Horizons sponsored a workshop for trainers who will train a total of 125 peer educators for the study, including workers and interested female spouses and girlfriends, as well as NGO staff. A peer education training manual was developed, pretested, and revised to address issues that were raised during formative research,

such as care and support, stigma and discrimination, cultural issues, gender and violence, and community outreach.

After many months of planning, a support group for people living with HIV/AIDS—Asikhulume (“Let's Talk”)—has begun to meet, drawing membership from two Eskom work sites. Its mission is to address stigma, educate employees using trained co-workers who are HIV-positive, and provide care and support to members.

## **Fear of social isolation and ridicule discourages workers from disclosing their serostatus and using workplace services.**

“The support group will help increase workplace acceptance of HIV-positive employees, encourage employees who are positive to be open about their infection, and help all employees take prevention issues more seriously,” said Mazwi Mngadi, founder of Asikhulume and Horizons coordinator for the Eskom study.

Researchers will collect the final round of data in 2004. After the data have been analyzed, Eskom plans to use the findings to strengthen HIV/AIDS activities at other sites. Researchers will disseminate findings to various groups, including Eskom supervisors and workers, NGOs, community and business leaders, and policymakers. Other companies in the region have also expressed interest in learning from Eskom's experiences and possibly applying study findings to their own workplaces.

For more information about this study, go to [www.popcouncil.org/pdfs/horizons/eskombslsum.pdf](http://www.popcouncil.org/pdfs/horizons/eskombslsum.pdf). To receive e-mail notice when future reports and summaries about this study are published, sign up at [www.popcouncil.org/horizons/signup.html](http://www.popcouncil.org/horizons/signup.html). 

This article was written by Sherry Hutchinson in conjunction with the study team, which includes Julie Pulerwitz, Horizons/Program for Appropriate Technology in Health; Eka Esu-Williams, Horizons/Population Council; and Robert Stewart, Development Research Africa.

## “GETTING YOUR HEART FREE”

*Openly HIV-positive, a young South African serves as a model to workers*

**M**azwi Mngadi, 24, first learned he was HIV-positive six years ago, a few months before he graduated from high school in Umlazi Township, KwaZulu Natal. Since then, he has faced one challenge after another, finding the courage to tell his family about his infection, dealing with stigmatization and fear, and protecting his health, in addition to tackling the difficult question everyone deals with at this age: What should I do with my life?

This dynamic young man now works on the Horizons intervention study at Eskom sites throughout KwaZulu Natal, serving as an HIV/AIDS workplace counselor, educator, and activities coordinator—and presenting a positive image as someone living openly with HIV/AIDS. He volunteers much of his free time to the Treatment Action Campaign and other South African HIV/AIDS activist organizations.

*Horizons Report: How did you make the decision to live openly with HIV infection?*

**Mazwi Mngadi:** At first, I was in shock when I learned I was HIV-positive, so my counselor recommended that I contact the National Association of People with AIDS (NAPWA) for support. Meeting the NAPWA

people was reassuring, because they were maintaining their health and didn't "look" HIV-positive—and many of them were open about their infection. I had seen so many friends and others die; they didn't try to get help because they were afraid to tell anyone what was wrong with them. I thought that maybe if I come out too, then I can help others. If you decide to tell someone, that's getting your heart

free, and you can face your infection and try to do something about it.

*HR: What kinds of support and services do you give to Eskom employees?*

**MM:** I lead educational sessions on HIV/AIDS with groups of workers and provide training for peer educators and for new trainers. I give out a lot of condoms and make sure that "condom cans" are kept full. I also offer counseling to individual workers and their families and partners, often in their homes. I've distributed a booklet about my own story at the dozens of Eskom plants and substations in KwaZulu Natal, so I'm well known within the work force. A lot of workers, even those who haven't been tested, are afraid to speak to me in public for fear of being identified as HIV-positive, but I circulate my phone number, so instead they phone me to talk about their concerns and get advice. These calls are strong evidence to me that my presence at Eskom makes a big difference.

*HR: How are you helping those workers who have found out that they are HIV-positive?*

**MM:** Just a few months ago we created a confidential support group for workers with HIV/AIDS that meets outside of Eskom, after work hours. So far, there are about six workers who participate, and we share our personal stories and our problems, and I usually invite a speaker to talk about such topics as nutrition and treatment of opportunistic infections. We also discuss what's happening around the country. One of the most common problems is being afraid to tell partners that they're HIV-infected.

*HR: It seems as if stigma and fear of stigma remain the biggest issues you must deal with.*

**MM:** It's the stigma attached to HIV infection that causes the denial that leads so many to refuse to deal with HIV—because admitting you're infected means that you've already died, socially. This is why I make an example of myself, so that workers will see that you can still live your life. If you give people time to talk out first their disbelief and then their fears, even the most resistant people will eventually change their minds and take the risk of HIV seriously. 

*Mazwi Mngadi*





*A peer educator at a construction site in Ho Chi Minh City leads an interactive HIV/AIDS education session.*

DR. VU NGOC BAO

## REACHING HIGHLY MOBILE WORKERS WITH HIV/AIDS PREVENTION PROGRAMS

*Vietnam-based study examines impact of peer education, motivating management*

In developing countries, highly mobile workers—truckers, traders, construction workers, domestic help—are among the populations in the work force that are most vulnerable to HIV infection, due to the social context of these jobs.

“Such workers are at increased risk of HIV because their mobility makes it hard to reach them with health information and services,” said Dr. Julie Pulerwitz of Horizons/PATH, a principal investigator for the study. “Since they work away from home, many also have multiple sexual partners.”

In Vietnam, HIV incidence—the rate of new infections—is rising as the virus moves into the general population. In 1994, officials from the Ho Chi Minh City Labor Union decided to target the city’s highly mobile workers, who make up about one-quarter of the city’s work force, with AIDS prevention activities. With financial support from the city’s AIDS Committee, the union initiated a project to increase HIV/AIDS knowledge and promote preventive behaviors in workplaces with many mobile workers.

Reaching workers in the construction industry was a major goal. The program used teams of volunteer

visiting health communicators (VHCs) to make the rounds of construction sites and distribute condoms and leaflets on HIV/AIDS prevention. While they were not allowed to enter the work sites for safety reasons, they were able to speak to small groups of workers or in one-on-one sessions during work breaks and after the work day ended. The VHCs—mostly female social work students in their early 20s—were easy to recruit and train, requiring little initial investment.

**“Peer educators...are themselves workers, [who] understand better what workers need and how best to communicate with them.”**

But the program soon found itself with a high dropout rate, since most VHCs left the program when they graduated.

“The number of dropouts was a weakness of the VHC program,” said Dr. Vu Ngoc Bao, a principal investigator for the study. “Since their first motivation was to improve skills to complement their social work studies, their commitment to the program was not that strong, and this affected the quality of communication activities.”

### **A Second Approach**

To explore other options, the union agreed to work in partnership with the Horizons Program, Population Council/Vietnam, the Ho Chi Minh City AIDS Committee, and Ho Chi Minh City National University on a study comparing the effectiveness and affordability of the existing VHC program with an alternative peer education program, using workers at the sites as health educators. Peer educators (PEs) have long proven effective in more stable workplaces, but the feasibility and effectiveness of peer education programs among a highly mobile construction work force had not been tested in Vietnam.

“In fact, there are few examples of well-designed operations research on HIV/AIDS in Vietnam, so, in addition to the importance of the findings of this particular study for Vietnam’s response to the epidemic, this research has also helped in the development of operations research within the country,” said Dr. Bao.

To select construction sites for the study, the research team conducted a mapping exercise of all sites with more than 50 workers in 19 of Ho Chi Minh City’s 22 districts. The research team then identified 23 sites, using criteria such as length of expected time to completion of the work and selection of only one site per construction company, and randomly assigned them to the PE or VHC groups.

Of the 12 identified for the PE intervention, six companies agreed to participate after hearing a formal presentation to management, as did the first six of the 11 contacted to receive the VHC intervention. After six months, all six of the VHC sites had closed, and six more sites were selected. Similarly, after six months, when PEs moved on to new sites—often with fellow workers—the companies managing those sites were asked to join the study.

The research included a formative phase to help develop the intervention activities, and an evaluation phase to assess the impact of the two programs. Workers, their families, and managers at nine construction sites participated in the formative research. Later, the research team gathered baseline data by interviewing 1,244 workers before the intervention began, then interviewed 1,256 workers six months later, and finally 574 workers twelve months after the start of the intervention. Eighty-five percent were males and 15 percent were females (in general, male and female workers were based at different sites). To assess the affordability of both types of programs, project staff, PEs, and VHCs maintained detailed records on all costs.

### **Intervention Activities**

The companies chose peer educators from among their workers, approximately one for every 20 workers on the site. The selection process focused on workers who were team leaders or key workers who were respected by their co-workers and who had at least a secondary school education, an interest in helping fellow workers, and good communication skills. According to interview data, workers who became PEs were usually better educated, had lived in the city longer, and were already functioning as sources of advice and information for co-workers.

PEs received an initial four-day training course, followed by refresher training in the fourth and eighth months of the intervention. The training enabled the PEs to discuss HIV/AIDS with co-workers and promote such preventive behaviors as abstinence, reducing the number of sexual partners, using condoms, and getting treated for sexually transmitted infections (STIs).

In their encounters with workers, PEs often conducted workshops using participatory approaches that they learned during training, including role playing, educational games, and drama and songs. PEs also held small interactive group sessions and informal one-on-one counseling, which was often requested by workers. These kinds of learning and counseling methods were new to many workers.

“Such interactive activities are not common in Vietnam, where educators tend to lecture to people,” said Dr. Pulerwitz. “The construction workers reported that they really liked this new format, but it takes training and practice to develop these new types of skills.”

In addition to distributing leaflets and condoms outside of work sites, VHCs—who also received initial and refresher training—spoke to small groups of workers, or with individual workers. Unlike the PE intervention, construction management was not actively involved in the VHC program, which was directed by the labor union. This may help explain why PEs reported receiving greater support from site managers than VHCs did.

Initially, PEs were less knowledgeable than VHCs about HIV/AIDS and appeared less comfortable discussing risky sexual behavior and other sensitive topics. After six months of training and experience, though, PEs had become as knowledgeable as VHCs and in fact more comfortable than VHCs about discussing sensitive issues.

### **Motivating Management**

An important goal of the research was to explore how best to promote the value of workplace HIV/AIDS programs to managers, particularly in a country with low HIV prevalence, where the threat of the epidemic may not be as evident as in regions where infection rates are high. To get feedback from managers on what motivated them to support such interventions, the research



DR. VU NGOC BAO

team interviewed 12 managers from the companies involved in the PE program.

They found that managers must be aware that their workers are at risk for HIV/AIDS. Some of the managers in the study appeared to be aware of such risks, and that in fact their employees' vulnerability is greater because, as migrant workers, they are often away from spouse, family, and community, and are more likely to abuse alcohol and visit sex workers. Other managers became fully aware of the risk to workers only after they had spoken with labor union officials or members of the research team.

“Some managers thought of HIV/AIDS as a ‘social evil,’ like drug abuse, that had no effect on workers who appeared to be healthy and productive,” said Duong Xuan Dinh, director of the Ho Chi Minh City Labor Union. “They thought it wasn’t necessary for them to participate in workplace HIV/AIDS programs because their companies didn’t appear to have any workers infected with HIV.”

Managers must also understand that the wellbeing of workers helps determine the success or failure of the company and that they—as “caretakers” of their businesses—have a responsibility to promote worker health. Managers who believe they have a responsibility to Vietnamese society as a whole are also more likely to participate in prevention activities.

Some managers expressed concern about the potential effect of stigmatization within the atmosphere of the workplace. They felt that uninformed workers could have negative attitudes

*A peer educator training session.*

about working with someone who is HIV-positive, and that the resulting fear and conflict could lead to declining productivity and teamwork.

“Participating in this program is first to prevent workers from getting AIDS, and second, to change attitudes of our employees toward people living with AIDS,” said the director of a state-run construction company that participated in the study. “People may not want to work with [HIV-infected co-workers]...and this really affects productivity.”

Finally, how managers are approached by prevention programs appears to be important to ultimately gaining agreement to participate. Busy construction managers appreciated the systematic approach that union leaders—well-known and trusted colleagues—took in introducing the workplace prevention program, which included a letter to the director, a follow-up call, and a formal presentation to company management. The presentation was tailored to answer the questions and concerns of management and addressed estimated costs to the company.

#### **Evaluating the Programs**

Researchers found that workers in both PE and VHC interventions became more knowledgeable about HIV and other STIs, and about where to buy condoms and how to use them. Confidence to insist on condom use also improved significantly in both groups.

But data analysis shows that the PE programs reached more workers. At six months follow-up, 73 percent of surveyed workers at PE sites compared to 57 percent at VHC sites

support from their managers in implementing peer education activities and having more time than VHCs to interact with workers.

“Another important reason is that PEs, who are themselves workers, understand better what workers need and how best to communicate with them,” said Dr. Bao. “They use the same terms that workers use, and the workers feel more comfortable sharing intimate and private issues with PEs, who are often friends.”

PEs also distributed more condoms. At 12 months, 78 percent of workers surveyed at PE sites had received condoms, compared to 65 percent of workers at VHC sites. Levels of confidence in obtaining and using condoms, as well as lack of embarrassment in asking for condoms, were greater at PE sites.

Several specific measures of knowledge—including knowledge about HIV/AIDS, where to get and how to use condoms, and STIs and life skills—increased more for workers at PE sites. So did adoption of values that support HIV risk reduction (for example, whether it’s acceptable for a woman to ask a man to use a condom).

These results, in addition to the finding that the PE approach was more affordable per worker reached, have built support among public health authorities for the peer education model for migrant construction workers in Ho Chi Minh City and elsewhere in the country. At a workshop in Ho Chi Minh City in December 2002, officials and researchers discussed how best to motivate management to consider peer education strategies for their workplace HIV/AIDS programs.

To read more about this study, go to [www.popcouncil.org/horizons/ressum/wrkplcprog-vietnam.html](http://www.popcouncil.org/horizons/ressum/wrkplcprog-vietnam.html). To receive e-mail notification when reports and other publications about this study become available, sign up at [www.popcouncil.org/horizons/signup.html](http://www.popcouncil.org/horizons/signup.html). 

**Knowledge about HIV/AIDS and where to get condoms increased more for workers at peer education sites.**

reported participation in group or one-on-one sessions. In addition, PEs had an overall broader reach among workers because the information they disseminated more likely diffused to non-participating workers as well.

The greater success PEs had at communicating with fellow workers—even those with whom they had not directly spoken—is due to several factors, including receiving greater

This article was written by Margaret J. Dadian in conjunction with the study team, which includes Vu Ngoc Bao of FHI (formerly with the Population Council/Vietnam); Le Truong Giang and Le Thuy Lan Thao of the Ho Chi Minh City AIDS Committee; Duong Xuan Dinh and Nguyen Thi Hue of the Ho Chi Minh City Labor Union; Julie Pulerwitz of Horizons/PATH; Ann Levin of Horizons/FHI; and Philip Guest of Population Council/Thailand.



TBCA

*During a workplace HIV/AIDS education session, Thai workers participate in a water exchange exercise to show how the virus spreads.*

## DOING THE RIGHT THING FOR EMPLOYEES

*In Thailand, study finds worker health is greatest incentive to adopt HIV/AIDS workplace policies*

Employers and company managers have an important role to play in creating work environments free from AIDS-related stigma and discrimination. Implementing HIV/AIDS policies in the workplace can curb unfair employment practices, such as compulsory HIV testing, and encourage employers to accommodate the needs of people living with HIV/AIDS.

In Thailand, a recently completed Horizons study examined the role of financial and other forms of incentives in encouraging companies to adopt workplace policies that reduce HIV/AIDS-related stigma and discrimination. The research was conducted

in partnership with American International Assurance (AIA), Thailand's largest insurance provider, the Thailand Business Coalition on AIDS (TBCA), and AusAID.

Researchers investigated company managers' responses to different recruitment incentives, including financial enticements and public recognition. For example, AIA offered its member companies reductions of 5 to 10 percent off their group life insurance premiums for employees if they agreed to implement the HIV/AIDS workplace policies identified by the initiative known as the AIDS-response Standard Organization (ASO) (see sidebar). As the initiative evolved, researchers introduced the additional incentive of a

certificate endorsed by the Ministry of Public Health and awarded at a high-profile public ceremony.

The research team assessed the HIV/AIDS programs and policies of each company that agreed to participate, which determined an evaluation score. TBCA then offered practical assistance to help each company improve its score, which most of the companies accepted. This included leaflets on HIV/AIDS prevention and where to seek help, videos and a mobile exhibition to show employees, condoms for distribution to employees, peer education training, advice, referrals to support groups, and assistance with writing company HIV/AIDS policies.

### **Obstacles to Participation**

Between August 2000 and May 2001, 857 companies in the Bangkok and Chiang Mai metropolitan areas were invited to join ASO. After publicizing the initiative at a press conference, TBCA staff provided company managers with information and nurtured relationships with them, including one-on-one meetings to explain and promote the advantages of ASO.

But six months after the start of the project, it became clear that recruiting companies was going to be more difficult than expected. Participation was then extended to companies without AIA life insurance policies that could thus not benefit from the insurance premium reductions but would receive the certificate honoring their actions. A total of 125 companies, including factories, hotels, and commercial and professional

## **ASO WORKPLACE POLICIES AND PROGRAMS**

To gain the basic 5 percent reduction and/or the certificate, the companies had to implement three key policies:

- No HIV/AIDS testing for applicants seeking employment.
- No HIV/AIDS testing for current employees.
- Allow employees known to be HIV-positive to continue working.

Further reductions of up to 10 percent were awarded to companies that demonstrated a comprehensive workplace HIV/AIDS program for employees by:

- Informing their employees of the company's HIV/AIDS policies.
- Maintaining the confidentiality of the HIV status of employees.
- Providing assistance to HIV-positive employees.
- Providing training and information on HIV/AIDS to employees, including the promotion and distribution of condoms.
- Becoming involved with HIV/AIDS activities in the wider community.

Some managers said that the process of joining was too complicated, or that the benefits of signing up would not be worth the financial and personnel resources required to comply with ASO. In some cases, an inappropriate decision-maker had been contacted. Researchers also discovered that some managers had declined to join because they suspected the incentive scheme was an AIA marketing ploy. This indicates that plans for future scale-up of this program must explain that the scheme is not linked to promotion of any particular insurance company.

### **Why Participate?**

An examination of the incentives offered to employers revealed some surprising results. Researchers found that neither the financial incentive nor the certificate had motivated most managers to sign on to the initiative. Only 11 percent of managers said that they had joined ASO for its financial benefits.

**The most important incentive for most companies was an altruistic one: the opportunity to act in the best interests of their employees.**

firms, signed up; of these, 42 companies (34 percent) held AIA group life insurance policies and were entitled to the insurance reduction.

To find out why more companies had not joined during the recruitment process, researchers sent out surveys to managers from all the companies that had either accepted or declined the invitation to join and received responses from 245 firms.

In fact, the actual amount of potential savings proved insufficient to act as an incentive, considering the time and effort required to implement the policies. With life insurance coverage costing employers an average premium of 250 *baht* (US\$5.85) per employee, the maximum reduction available was 25 *baht* (\$.60) per employee. AIA member companies joining ASO ranged from five to 1,600 employees, with possible annual premium reductions ranging from under \$2 to \$937.

“To be honest, it is only a small amount,” said the manager of a large company that did not join ASO. “It would be time consuming and complicated.”

Nor did the certificate provide sufficient motivation for even a single manager to participate in ASO.

“Our hotel has so many [certificates] that I do not know where to put them,” said the manager of a large company that joined ASO. “I am not interested in the certificate unless it came from someone really important.”

According to some respondents, one way to improve the appeal of the certificate could be to secure the sponsorship of the Thai royal family or of a prestigious patron, such as the United Nations or the International Labor Organization, to distinguish the certificate from many similar awards.

### Doing the Right Thing

For most of the companies surveyed, the most important incentive was an altruistic one: the opportunity to act in the best interests of their employees. Nearly 60 percent of the managers whose companies joined ASO explained that they participated because they felt a sense of responsibility to both their workers and to the wider community in which their companies operate.

“The incentive for private enterprises to be involved in the fight against AIDS is not simply about money or certificates, but about us giving our workers greater knowledge and providing them with additional training,” said one manager of a large company that joined ASO.

Another motivation to join the initiative was that it would allow companies to find out how their HIV/AIDS policies and programs compare to those of other companies, and, more fundamentally, better understand the disease and how their employees’ behavior puts them at risk.



TBCA

*Thai workers get hands-on experience during a condom use demonstration.*

“Managers are very concerned about whether they are doing the right thing for their workers in relation to HIV/AIDS and have many questions,” said Dr. Anthony Pramualratana, executive director of TBCA. “These managers are keen to listen to us, and once we provide them with information about the disease, they develop policies and programs to help their workers.”

TBCA has received funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria to expand ASO into workplaces in 25 provinces, in cooperation with local non-governmental organizations. A final report on the study will be available later in 2003.

**The actual amount of potential savings was insufficient to act as an incentive, considering the time and effort required to implement the policies.**

To read more about this study, go to [www.popcouncil.org/horizons/ressum/lnknginsurance\\_thailand.html](http://www.popcouncil.org/horizons/ressum/lnknginsurance_thailand.html). To receive e-mail notification when future reports or summaries on this study become available, sign up at [www.popcouncil.org/horizons/signup.html](http://www.popcouncil.org/horizons/signup.html). 

This article was written by Katie Schenk in collaboration with members of the research team, including Anthony Pramualratana, Surachai Panakitsuwan, Suparat Suksakulwat, and Sikarat Moonmeung of the Thailand Business Coalition on AIDS; Philip Guest of the Population Council/Thailand; Simon Baker of Horizons/PATH; and Patchara Rumakom and Srisuman Sartsara of Horizons/Population Council.

# STUDIES IN BRIEF

## **LUWERO and TORORO, UGANDA Succession Planning Helps HIV-Affected Families Prepare for the Future**

**I**n Uganda, roughly 1.7 million children have lost one or both parents to AIDS. They suffer emotionally and developmentally from grief and the loss of parental nurturing and are more likely to live in poverty. They often experience stigma and discrimination when the community learns that someone in the family is HIV-positive. Many of them lose access to education, medical care, and adequate nutrition. But although these setbacks for children start when a parent falls ill or is diagnosed as HIV-positive, most orphan support programs don't reach children until parents have already died.

An innovative alternative to traditional orphan support programs that has emerged in recent years is succession planning, which helps HIV-positive parents take steps to ensure the future wellbeing of their children. In addition to providing basic care and support services to HIV-affected families, succession planning programs also provide support and counseling for parents who seek to disclose their HIV status to their children and other family members, write a will, create a memory book, designate guardians, and undertake other important family tasks after they learn of their HIV infection.

To determine if succession planning is an acceptable, effective,

and feasible approach to assisting AIDS-affected children and their families, Horizons, Makerere University, and Plan/Uganda conducted operations research in the Luwero and Tororo districts of Uganda on both a traditional orphan support program and succession planning. In 1999, researchers collected a first round of data from 353 HIV-positive parents and 181 of their adolescent children (13 years and older). During a later round in 2001, 280 parents and 146 children were interviewed.

The investigators found that succession planning was successful in helping parents overcome barriers that they face in planning their children's futures, including the fear of communicating one's HIV status to children. At baseline, most parents agreed that older children should be told that a parent is HIV-positive. Despite this, less than half of the parents overall in the study had revealed their positive status to their children.

Parents tended to hesitate about revealing their HIV status for many reasons, including the belief that the information was too difficult or too upsetting to discuss, and fear that the children might tell others. Adolescent respondents tended to favor parental disclosure because they felt that children need to know the truth and could also learn how to avoid contracting HIV/AIDS by talking to parents. They also felt that children would have the opportunity to prepare themselves for the future, practically and emotionally, by discussing what will happen when parents die.

Results from the 2001 survey show that the percentage of parents who disclosed their HIV status to their children increased in both study groups. The increase was statistically significant in the succession planning group (51 percent to 75 percent), but not in the traditional orphan support group (40 percent to 59 percent). Researchers believe that the increase in the comparison area may reflect some spillover effect from the succession planning intervention through word of mouth, which may also have affected other outcomes.

The percentage of parents in the orphan support group who feared telling others in the

*A young Ugandan boy and his guardian. Her own children stand in the background.*



LAELIA GILBORN

community because of concerns about stigmatization rose significantly (from 55 to 80 percent). In contrast, such fears among parents in the succession planning group dropped slightly, from 64 percent to 62 percent.

“Succession planning may help keep fear of disclosure to the community in check because parents are getting support to disclose to their families,” said Laelia Gilborn of Horizons/Population Council, one of the study’s principal investigators.

Succession planning also appears to have prompted more parents to appoint guardians for their children. While the percentage of parents who initially appointed guardians rose significantly in both groups, by the end of the study parents in the succession planning group were significantly more likely than orphan support parents to have appointed a guardian.

The data reveal that the percentage of parents in the succession planning group rose from 56 percent to 81 percent, compared to an increase from 47 percent to 63 percent for those parents not exposed to succession planning.

The most challenging part of the succession planning program was encouraging parents to write wills. Although will writing doubled (9 percent to 20 percent) among the succession planning group and a similar increase occurred among the orphan support group, 80 percent of the parents in the study still had not written wills by 2001. Obstacles to will writing include fear (one local belief is that preparing a will is like inviting death), low literacy, the time and labor involved, the emotional toll of such a task, lack of property or executors, concerns about stigma, and poor health.

The researchers feel that both programmers and policymakers can do more to promote will writing and that community leaders and local officials need to be involved in enforcement of wills.

“The research shows that we must address discriminatory gender roles that inhibit will writing, such as the belief that women are not supposed to own property,” said Fred Bateganya of the Faculty of Sociology at Makerere University. “But most important is the need to discuss will writing at village meetings and on the national stage, to make leaders use their political capital in speaking out about the value of writing a will.”

Parents were more apt to write wills if they were able to discuss their fears and had trustworthy, supportive counselors with legal and writing

skills who spent an extensive amount of time with them. Parents who actually knew of cases in which a will succeeded in protecting family property said they were more likely to write their own.

Investigators conclude that succession planning helps parents plan for their children’s future, although there are program areas that need strengthening, such as increasing the involvement of standby guardians. More research also needs to be done to test community-wide approaches to promote will writing.

For more information about this study, contact Laelia Gilborn at [lgilborn@pcdc.org](mailto:lgilborn@pcdc.org). To read more about this study, go to [www.popcouncil.org/horizons/ressum/orphans/orphanssum.html](http://www.popcouncil.org/horizons/ressum/orphans/orphanssum.html). To receive e-mail notification when the final report of this study becomes available, sign up at [www.popcouncil.org/horizons/signup.html](http://www.popcouncil.org/horizons/signup.html).

*Sherry Hutchinson*

## **BRAZIL, CAMBODIA, GHANA, and LATVIA**

### **Testing a Tool to Strengthen RTI Control Programs**

The prevention of reproductive tract infections (RTIs) has become an urgent health priority in most of the world. Untreated or mistreated RTIs—which include sexually transmitted as well as endogenous and iatrogenic infections of the genital tract<sup>1</sup>—can lead to severe health consequences for both men and women. Recent evidence linking the presence of certain RTIs to increased risk of HIV transmission have added to the urgency to deal with the problem.

In response, many public health systems now want to add RTI management programs



LAELIA GILBORN

*A page from a memory book, which helps HIV-positive parents disclose their serostatus to children and provides emotional sustenance to children after parents die.*

or supplement the services they already offer. But creating a package of prevention and treatment interventions requires programming for enhanced symptom recognition, promotion of health-seeking behaviors, effective outreach programs, and improved clinical services, all tailored to local and national needs.

To aid program managers in low-resource settings who face these complex tasks, Horizons and the World Health Organization's Division of Reproductive Health and Research have developed the RTI Program Guidance Tool, which helps programmers implement a strategic planning process that identifies program priorities in service delivery. The tool is currently being field tested in Brazil, Cambodia, Ghana, and Latvia.

The multi-component tool first helps users identify and engage key stakeholders—including program managers, policymakers, public health advocates, social scientists, and service providers—who can contribute to collaborative, broad-based decision-making on RTI management. Next, stakeholders learn how to conduct a rapid assessment of the needs, shortcomings, and strengths of current programs. The tool also includes consensus-building techniques that stakeholders can use as they review the evidence from the rapid assessment and formulate a regional or national plan of action for strengthening RTI control interventions.

seeking behavior, and available resources. One of the more critical questions it can help address is whether a program should focus on provision of RTI services for at-risk populations or whether it's more effective to implement a widespread RTI treatment and prevention program for the general population.

In each country, the stakeholders developed a national or regional strategy that was clearly influenced by specific epidemiological, environmental, economic, and sociocultural factors, proving the tool's ability to facilitate priority setting and program design that are tailored to local needs. In drawing up blueprints for improving current services, stakeholders at all four sites cited policy change as critical to strengthening service delivery and identified operations research as necessary to inform program design.

"The tool avoids a 'cookie-cutter' approach in identifying locally appropriate and feasible solutions," said Johannes van Dam of Horizons. "These have included the development of a national drug treatment policy in Cambodia, creation of services specifically accessible to women in Ghana and Cambodia, and involvement of the private sector in order to promote standards of patient care in Brazil and Ghana."

The true test of the RTI Program Guidance Tool, however, will be whether the priorities and strategies identified by stakeholders are actually implemented, as well as the degree to which there is national "buy-in." An evaluation of the tool, conducted primarily through key informant interviews, has shown successful results in Latvia; a second evaluation is under way in Cambodia.

A final, user-friendly version of the RTI Program Guidance Tool and evaluation of the results from all four sites will be available for dissemination later this year. For more information, contact Johannes van Dam at [jvandam@pcdc.org](mailto:jvandam@pcdc.org). To receive e-mail notification when reports and other publications about this study become available, sign up at [www.popcouncil.org/horizons/signup.html](http://www.popcouncil.org/horizons/signup.html).

*Jessica Nicholaides*

<sup>1</sup>Common sexually transmitted infections are gonorrhea, chlamydia, syphilis, and trichomoniasis; examples of endogenous infections are bacterial vaginosis and yeast infections, such as candidiasis. Iatrogenic infections are caused by a medical procedure, for example, pelvic inflammatory disease as a consequence of IUD insertion in the presence of a genital infection.

**“The tool avoids a ‘cookie-cutter’ approach in identifying locally appropriate and feasible solutions.”**

“The real advantage of the RTI Programme Guidance Tool is that it puts decision-making in the hands of the managers responsible for the program, not external consultants,” said Kevin O’Reilly of the World Health Organization. “When those key individuals are the same decision-makers and the managers responsible for the success of the programs, the advantages are obvious.”

Among the factors the new tool helps programmers assess are local RTI prevalence and incidence, sociocultural norms of sexual behavior, men’s and women’s patterns of health-

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## Designing HIV/AIDS Intervention Studies: An Operations Research Handbook

Andrew A. Fisher and  
James R. Foreit

A clear and concise introduction to HIV/AIDS operations research. Reviews key concepts and methods essential for conducting field research studies and explains how to use findings to improve HIV/AIDS service delivery. Download from the web at [www.popcouncil.org/horizons/orhivaidshndbk.html](http://www.popcouncil.org/horizons/orhivaidshndbk.html) or contact [pubinfo@popcouncil.org](mailto:pubinfo@popcouncil.org) for a hard copy.

## Other Resources:

Horizons AIDSQuest:  
An HIV/AIDS Survey Library  
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## ListServ:

*On the Horizon* (OTH), a bi-monthly e-mail announcing the latest Horizons reports and summaries (sign up on the Horizons publications page on the web).

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