HIV and AIDS workplace interventions; Gaps between policy and practice at the College of Medicine.

D Soko[1], E Umar[2],T Noniwa[3], A Lakudzala[4]

1. Department of Pathology, College of Medicine,University of Malawi.
2. Department of Community Health, College of Medicine,University of Malawi.
3. Ministry of Health, Queen Elizabeth Central Hospital.
4. Ministry of Health, Zomba.

Correspondence: Douglas Soko, Department of Pathology, College of Medicine, P/Bag 360, Blantyre 3. E-mail: dsoko@medcol.mw;douglassoko@gmail.com

Abstract

Introduction

This study set out to identify gaps between policy and practice of HIV and AIDS workplace interventions in the University of Malawi, in particular College of Medicine in line with the UNIMA HIV and AIDS policy.

Objectives

The main objective was to establish whether the HIV and AIDS workplace interventions at College of Medicine were in line and guided by the University of Malawi HIV and AIDS policy.

Methods

This was a cross sectional qualitative study. A random sample of 25students and 15 members of staff were interviewed using in-depth interviews. Interviews were tape-recorded and data was analyzed using thematic content analysis.

Results

There are a number of activities relating to HIV and AIDS in place while others are still in the pipeline, however the majority of respondents did not know about the UNIMA HIV and AIDS policy or any HIV and AIDS activities that are guided by the policy. This is due to lack of interest on their part or lack of knowledge on the existence of the workplace programme.

Conclusion

The COM HIV and AIDS committee should strive to fast track key programme areas such as VCT centre and clinic and coordination of different activities to increase programme visibility and patronage.

Introduction

The management of HIV and AIDS in the workplace needs a workplace policy which is a written commitment on the part of management to a set of principles and procedures as an essential step in the management of HIV and AIDS and its impact.[1] The International Labor Organization code of practice on HIV and AIDS and the world of work promotes the development of work place based HIV and AIDS programmes to facilitate the protection of employee rights and the delivery of HIV and AIDS prevention programmes, care, treatment and support.[2] The epidemic has many implications for the workplace because of its disproportionate effect on the most productive segment of the labour force.[3] Hence, the workplace is considered as an ideal setting for addressing HIV.[1,3]

College of Medicine is a workplace where both students and staff spend most of their time in the year hence the need for a viable workplace policy and interventions.

The University of Malawi HIV and AIDS policy was launched in 2003 with the aim of contributing to the national response towards HIV and AIDS pandemic in Malawi.[4] Following the launch, in 2007, UNIMA conducted an HIV and AIDS baseline survey to assess the impact of HIV and AIDS on the operations of UNIMA. Among other things, the survey reported that HIV infection is fuelled by risky behaviors by university community members. Students are engaged in early onset of sexual intercourse; the Malawi National Statistical Office and ORC Macro (2005) estimated that in the age groups 15 - 19 and 20 - 24 years, 3.7% and 13.2% of females, and 0.4% and 3.9% of males respectively were infected with HIV.[5] This is the age group where most students of the University of Malawi belong. It was also reported in the survey that a good proportion of staff and sexually active students were having sex with multiple partners; in many cases without condoms. It was also reported that half of the UNIMA population had not tested for HIV and a significant number had misconceptions about HIV/AIDS.[6]

HIV and AIDS have a negative impact on the operations of UNIMA. There is loss of productivity amongst staff due to AIDS related sicknesses, attending to sick spouses and funerals. Loss of institutional memory in that it takes long to train specialized members of staff which could derail teaching if these people are infected by HIV and die of AIDS related diseases.[6,7] Students are equally affected due to their own sicknesses, lecturers missing lectures due to HIV and AIDS related sicknesses, attending sick spouses and funerals.

Since the inception and adoption of UNIMA HIV and AIDS policy in 2003 and follow-up baseline HIV and AIDS study in 2007, changes have taken place in individual institutions under UNIMA and in particular, the College of Medicine as regards the management of HIV and AIDS. New members of staff have joined in, student numbers have doubled or even tripled. New programmes have been introduced such as MLT, Pharmacy and Physiotherapy. Some non core functions of the college have been privatized such as catering, security and cleaning.

Main Objective

The main objective was to establish whether the HIV and AIDS workplace interventions at College of Medicine were in line and guided by the University of Malawi HIV and AIDS policy.

Methodology

The study design was descriptive cross-sectional. This study design was applicable because the study was dealing with a current situation and was not comparing two groups. Data was collected using qualitative methods. We used a qualitative method because of the explorative nature of the issues and need to obtain in-depth understanding of the situation.[8] Through a rigorous literature search; we had modified and adopted a set of indicators used in the United Nations system[9] to monitor the implementation and impact of HIV and AIDS workplace policies and programmes. In this survey we used these sets of indicators to evaluate College of Medicine HIV and AIDS workplace programme.

Results

Total of 25 students and 15 members of staff were interviewed. Of the 25 students 16 were male and 11 were female. 11 were MBBS students, 6 MLS, 6 pharmacy and 2 physiotherapy students. 4 of the students were active in HIV and AIDS activities while 13 were members of certain

Christian organizations. Of the members of staff, 8 were CTS and 7 were A&A. 4 of the A&A were in the management and were active in HIV and AIDS committee. Through the responses we got from members of staff and students, we drew out three main themes:

Programme content

We sought to find out what programmes are in place and those that are not in place in relation to the policy. It was learnt that College of Medicine has had an active multidisciplinary committee on HIV and AIDS since 2004. Some of the activities this committee runs are staff meetings on HIV and AIDS, writing proposals to organizations such as National Aids Commission to fund particular activities and also disbursement of funds. There have been recommendations through this committee to the University of Malawi senate to develop a life skills course that also tackles issues of HIV and AIDS which is being taught at foundation year. The students have College of Medicine AIDS Counseling and Testing (COMACTS) which is responsible for student as well as community outreach activities on HIV and AIDS. Through COMACTS, students are targeted with messages on HIV and AIDS as well as distribution of condoms. Programmes that are pending to be established are a clinic and VCT centre and an HIV information centre in the new library.

Programme implementation

HIV and AIDS policy

We sought the views of students and staff on what they knew about the HIV and AIDS policy and their involvement in HIV and AIDS programmes on campus. The results showed that majority of COM ordinary students and staffs are not aware of the existence of the UNIMA HIV and AIDS policy. It was also noted that one's knowledge of HIV and AIDS policy depended on how active they are either in the HIV/ AIDS committee or student clubs such as COMACTS and how long they have been with COM. The members of staff who had been with COM for more than five years and was present when the policy was being launched; had a chance of patronizing it earlier on, were aware of the policy. Others within the A&A grouping are in leadership position within the institutional hierarchy as well as in the HIV and AIDS committee and were involved in the policy formulation and implementation. The student's awareness of the policy depended on how active they were in organizations such as COMACTS and the students union.

Voluntary Counseling and Testing (VCT)

VCT has been recognized in the UNIMA HIV and AIDS policy as one of the essential components in the fight against HIV and AIDS as an entry point to access treatment and care We sought the views of students and staff on VCT; whether they knew their status, how the absence of VCT at COM has affected them and the model of VCT service provision they preferred. We found out that all the constituent colleges of UNIMA except College of Medicine offer this service as part of the whole continuum of healthcare through college clinics. However, the absence of a clinic at COM has not deterred students and staff from being tested for HIV as more than half of students and staff responded that they knew their HIV status. Most respondents did not want to have an onsite VCT centre because of issues of confidentiality but preferred it to be in combination of clinic or wellness centre as this member of staff said: "*We debated about it(having an onsite VCT) but there were also issues that people would raise, which I do concur partly, that if you have just a standalone VCT the labeling, if you see somebody going in there then people would already label you." (Staff)*

Access to Condoms

The study sought the views of students and staff on the availability of male and female condoms on campus and their perceived risk of contracting of HIV. Students through COMACTS and students unions supply condoms on a frequent basis; however male Students have more access to condoms than female students do. In the male hostel condoms are distributed at the toilet and in bathrooms and in some rooms as this student said: *"Actually my room is also an access point for condoms."(Male Student).*

Female students do not have access to female condoms:

"We don't have condoms in our hostels and I have never seen a female condom. I do not know how it looks like" (female student).

On the other hand, staff except for those working in the clinical area does not easily access condoms on campus because they are not distributed in the teaching area.

It is simple to provide condoms in toilets around campus, but it's not being done and i think it's on the same assumption that we are dealing with medical students, and they know the dangers of having sex without condoms which is not always true. I haven't seen condoms in the teaching area for long (staff)."

More than half of the respondents said that they are at risk of HIV infection mainly due to the nature of being in the medical field and not because of indulging in sexual activities. Few said they are not at risk of HIV infection.

"I'm at risk not because of sexual activities but because of the nature of our work but I still feel that the risk is minimal." (Student).

Access to HIV And AIDS Information

As regards to access to HIV and AIDS information this study wanted to seek views from students and staff on how they access HIV and AIDS information on campus, what are their preferred methods of accessing the information and on COM environment if it facilitates access to HIV and AIDS information?

Most students said that the main method of accessing HIV and AIDS information is through medcol server as said by this student: *"Every student goes on medcol server almost daily; this would be an opportunity to complement what we know on HIV and AIDS with messages posted on the intranet."(Student)*

Some members of staff felt that the environment at COM does not facilitate access to HIV and AIDS information due to lack of forums where issues as such as this could be discussed as alluded to by these members of staff:

"An Academic and faculty meeting discuss only academic and administrative matters maybe it is assumed that everybody attending is medical, but that is not the case because we also have nonmedical members of staff among us."(Staff)

"The problem is that there is no academic staff union at COM to champion such issues; I suggest a staff union could be the way forward." (staff)

Programme coordination and Visibility

Through the study we tried to find out the number of activities under the UNIMA HIV and AIDS policy the students and staff have patronized and if they knew that the activity they were patronizing was policy driven.

Results showed that activities to bring members of staff and

students together have been sparse. Students have been more active on their own as compared to staff .It has been difficult to bring together considerable numbers in each group to patronize an activity. Lack of staff union or organization further aggravates the problem of coordination as evidenced by this respondent: *"It has been difficult to get academicians together because of lack of interest and staff union to get them together."*

While students have been introduced to life skills as they join the college, staffs have felt of being left out as evidenced by most staff that joined the college of medicine after 2004 launch of HIV and AIDS policy did not know the existence of the policy.

It has been difficult to spell out if an activity is policy driven or not as suggested by this respondent: *"we have been offering ART clinic to the members of staff and their families since 2003 but I am not sure if this is part of the HIV and AIDS policy."(Staff)*

Most students interviewed mentioned that they belonged to or had heard about COMATS yet when asked about the policy they said they did not know anything.

Discussion

Although UNIMA HIV and AIDS policy has been adopted and implemented by the College of Medicine, more needs to be done in terms translating it to practice and increasing student and staff participation in HIV and AIDS related activities. Top management support (George 2000) is a prerequisite to drive such programmes forward. Management should be proactive in ensuring that employees that join the college are introduced to the workplace policy and programmes as part of their work orientation. HIV and AIDS activities should be done frequently and be documented to increase programme visibility. Forums, whether formal or informal, where HIV and AIDS issues could be discussed should be encouraged and exploited. The idea of unionizing issues of HIV and AIDS should be handled with care because in other studies unions have had marginal effects when dealing with issues of HIV and AIDS by prioritizing human resource issues over HIV and AIDS issues.[3]

The level of accessing of VCT service at COM is higher despite not having an onsite VCT. Corbett et al, (2006), reported that VCT at the workplace offers the potential for high uptake when offered on-site and linked to basic HIV care. The model of having an onsite VCT centre in combination with a clinic should be explored further at COM. However, special attention should be given to the development of programmes to fight HIV and AIDS stigma in the workplace if this model is to succeed.[10-14]

Condoms are an integral part of STD and HIV/AIDS prevention, and their use has increased significantly over the past decade. Correct use of them reduces the risk of HIV transmission by almost 100 %.[15] In this study although there was general agreement on the availability of condoms among the students, there is a concern on their use due to perceived risk of HIV infection. Most of the student respondents said that they are at risk of contracting HIV mainly due to the nature of their work in the medical field and not because of indulging in sexual activities so they wouldn't need condoms. In similar studies on condom use among University students, Lule and Guer (1991) found among Ugandan students that only a minority saw the condom as an effective preventive method against HIV/AIDS: most saw it as unsafe or an encouragement to promiscuity. Kenyan university students appear to have a negative attitude toward condoms in general and do not see them as a viable tool in fighting AIDS.[15] This study found out that female condoms are not distributed in the girls' hostel unlike their male counterparts. This is an area of concern because similar studies have reported low contraceptive and (condom) use among youth of the ages 15-24 of which most female students belong.[15-19]

Conclusion

The study suggests that COM has made strides in the implementation of the HIV and AIDS workplace policy and programmes but more needs to be done in terms of fast tracking key programme areas such as VCT centre and clinic. In the meantime programmes that are already in place should be given enough publicity to increase programme visibility and encourage employee/student participation. Frequent programme evaluation should be done to expose and iron out weak programme areas.

References

1.Vass R. The role of HIV and AIDS committees in effective work place governance of HIV and AIDS in the south African small and medium sized enterprise (SMEs), 2008. Journal of social aspects of HIV and AIDS. Vol.5. NO.1.pg 2-10.

2. ILO. Code of Practice on HIV/AIDS and the world of work, 2004. New York, 25-27.

3. Bakuwa R. Adoption of formal HIV and AIDS workplace policies: An analysis of industry/Sector variations. Journal of Social Aspects of HIV/AIDS, 2008. VOL. 7 NO. 4 December 2010.

4. University of Malawi. HIV/AIDS Policy document. November, 2003.

5. Ntata P, et al. Gender differences in university students' HIV/AIDS-related knowledge and sexual behaviours in Malawi: a pilot study, 2008. Journal of Social Aspects of HIV/AIDS VOL. 5 NO. 4. DECEMBER 2008 pg201-205.

6. Baseline Survey of HIV/AIDS in the University of Malawi: A consultancy report. April 2007.

7. Barnett, et al. The private sector responds to the epidemic: Debswana - a global benchmark, 2002. Best Practice Collection, UNAIDS/02.52E. UNAIDS, Geneva, Switzerland. ISBN 9291732176.

8. Funkquist A, Bodil E, Muula A.S. The vulnerability of orphans in Thyolo District, southern Malawi. Tanzania Health Research Bulletin Vol. 9, No. 2, May, 2007.

9. ILO UNAIDS IAAT. Indicators to monitor the implementation and the impact of HIV/AIDS workplace policies and programmes in the UN system. General Assembly Special Session on HIV/AIDS, New York, 25 – 27 June 2001. Pdf.

10. Corbett EL, Dauya E, Matambo R, Cheung YB, Makamure B, et al. Uptake of workplace HIV counselling and testing: A cluster-randomised trial in Zimbabwe, 2006. PLoS Med 3(7): e238. DOI: 10.1371/journal.pmed.0030238.

11. Francis F. They should know where they stand: attitudes to HIV Voluntary Counselling and Testing amongst a group of out-of-school youth, 2010. South African Journal of Education, Vol 30:327-342.

12. Daire J. Advocating for the Improvement of Adolescent VCT services in Malawi, 2007. Malawi Medical Journal; 19(3):118 – 122.

13. Horizons. HIV Voluntary Counselling and Testing among Youth Ages 14-21: Results from an exploratory study in Nairobi, Kenya, and Kampala and Masaka, Uganda, 2001. Washington, DC: Population Council.

14. Hutchinson PL & Mahlalela X. Utilization of Voluntary Counselling and Testing Services in the Eastern Cape, South Africa, 2006. AIDS Care, 18:446-455.

15. PELTZER K. Factors affecting condom use among South African university students. East African medical journal Vol. 77 No 1 January 2000, pg 47-50.

16. Lule, G. S. and Gruer, L.D. Sexual behaviour and use of condom among Ugandan students. AIDS CARE 1991; 3:11-19.

17. Campbell, T. How can psychological theory help promote condom use in sub-Saharan African developing countries. J.Roy. S. Hea 1997; 117: 186-191.

18. Harding, A. K., Anadu, E. C., Gray, L. A., & Champeau, D. A. Nigerian university student's knowledge, perceptions, and behaviours about HIV/AIDS: Are these students at risk? Journal of the Royal Society of Health, 119 (1), pg 23-31.

19. WHO. Condom promotion for AIDS prevention, 1995. Geneva: author.