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Knowledge and Attitudes of University Workers towards HIV and AIDS in Zimbabwe

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Abstract: *HIV and AIDS are major problems in Zimbabwe. They are affecting families, workplaces, communities and the whole country. Literature shows that HIV and AIDS affect the workplace because of absenteeism, stigmatisation, deaths and disruption of workplace programmes. Universities as workplace and academic institutions are negatively affected by HIV and AIDS. The aim of this study was to find out knowledge and attitudes of University workers towards HIV and AIDS. This was a cross-sectional descriptive study done at a University in Zimbabwe. A convenience sampling method was used to obtain a sample from a total population of four hundred workers. The main research instruments were questionnaires and interviews. For questionnaires one hundred and twenty (120) respondents were sampled and twelve (12) respondents were interviewed. Data was presented in the form of tables, figures and pie charts before analysis, interpretation and discussion. The study revealed that workers had basic general knowledge on HIV and AIDS. University workers' sources of information on HIV and AIDS were mainly television, family members, workshops, short courses and newspapers. Findings also revealed that workers were aware of HIV prevention measures but did not always practice risk reduction behavior. The management of University was not doing much to implement HIV and AIDS programmes for its workers. The BUSE management in consultation with its stakeholders must implement HIV and AIDS workplace policy. Lives of workers living with HIV and AIDS would be improved by comprehensive HIV and AIDS management strategies. It is recommended that the University should subsidise medical treatment for staff members at the Student Health Clinic and offer voluntary counselling and testing services for HIV. More research is needed to establish and evaluate HIV and AIDS Programmes at the workplace as well as care and support towards employees infected and affected with HIV and AIDS.*

Key words: University workers, HIV and AIDS, Attitude, Knowledge
Research Area: Public Health
Paper Type: Research Paper

1. INTRODUCTION

The study sought to find out knowledge and attitudes of University workers towards HIV and AIDS at Bindura University of Science Education (BUSE). The first publication on AIDS appeared in 1981 and within a few years cases of the epidemic were being reported with

increasing rate in almost every part of the world. The first case of HIV and AIDS in Zimbabwe was identified in 1985 and it was declared a national disaster in 2002 ([1]). Although HIV prevalence has dropped to 13.7%, the pandemic remains a challenge and Zimbabwe is at the epicenter in Southern Africa (Zimbabwe National Statistics Agency and ICF International ([2]).

HIV attacks and slowly destroys the immune system by entering and destroying important cells that control and support the immune response system. These important cells are called the CD4 or T4 cells. After a long period of infection, between three to seven years enough of the immune cells would have been destroyed to lead to immune deficiency ([3]). The issue of HIV and AIDS is a developmental one that extends beyond medical and epidemiological concerns, and this has major implications for the response to the epidemic ([4]). Studies were carried out in other organizations but no such study was carried out at this University.

The loss of staff due to HIV and AIDS poses a burden ([5]) on the Human Resources Department as it would be constantly recruiting and training new staff hence the researchers sought to assess the knowledge and attitudes of University workers towards HIV and AIDS. Thus ([5]) identifies the burden of HIV and AIDS on institutions as loss of productivity due to illness, absenteeism, low morale and loss of skilled workers. The University suffers direct financial costs in replacing critical staff with skills, knowledge and experience ([6]). It affects primarily the young to middle aged adults on whom both family and national economy survival depend on ([7]); ([8]). The recruitment process of both academic and academic support staff is critical in that University management seeks to recruit highly qualified and experienced personnel. Thus HIV and AIDS are a threat to institutions ([5]). The University recruits academic staff with at least a postgraduate degree and for the academic support staff highest qualifications are expected.

The study was to find out knowledge and attitudes of University workers towards HIV and AIDS at the University. It also recognized that the burden of fighting HIV and AIDS cannot rest only with our national Government, but it is the responsibility of every member of the community. The study would make meaningful contributions to the shaping of workplace HIV and AIDS policies in institutions. It could provide a framework of information and action that guides the university workers to develop an adequate response to HIV and AIDS. It was also hoped that the findings of the study would equip university workers on knowledge and instill positive attitudes towards the epidemic. If workers are more conscious of the epidemic there can be reduction in cases of HIV and AIDS at the workplace. Hence the study also helps to bring awareness to workers. The study therefore hopes to contribute to the existing body of knowledge and helps stimulate further research on HIV and AIDS among university workers, an area that has been ignored. Universities in the country must be involved in the fight against HIV and AIDS because the epidemic affects the core business: teaching, research, university and community service.

2. RESEARCH QUESTIONS

The study sought to answer the following questions:

a) What are the workers' sources of information on HIV and AIDS?

b) How much do workers at BUSE know about HIV and AIDS?

c) How do workers at BUSE relate to colleagues living with HIV and AIDS?

d) What are the workers' perceptions on risks of infection with HIV and AIDS?

e) What are the workers' views on protective measures against HIV and AIDS?

f) What has the university done about HIV and AIDS Workplace Policy?

3. METHODS

Study site: The University is located in Mashonaland Central Province about 88 km north east of the capital city. Bindura is the administrative capital of the province surrounded by mines, commercial and communal farming areas. At the time of the study it had a complement of four hundred (400) full-time employees and two thousand (2000) full-time undergraduate and postgraduate students.

Population and sample: The population consisted of academic and academic support staff at the university. Statistics obtained from Human Resources Department at the time of the study, revealed that the university had a total of four hundred (400) permanent full-time staff comprising of one hundred and fifty (150) academic and two hundred and fifty (250) academic support staff.

A sample of 30% of the population was used. The number of respondents for the study was 120. A ratio of three academic staff to five academic support staff (3:5) was used for the study. The reason behind incorporating both categories of staff was to have in depth information on their knowledge and attitudes towards HIV and AIDS.

4. RESEARCH INSTRUMENTS

This was across-sectional study at a University. The researcher used questionnaires and semi-structured interviews to collect data for the study. Self-administered questionnaires were used as it gave respondents' privacy to state their views without the interference of the researcher. The questionnaire included questions about demographic information, knowledge and attitudes towards HIV and AIDS. Both open ended and closed questions were used. Open-ended questions allowed respondents to air their views without restrictions. Face to face interviews using structured questions were also used to collect data to have an in-depth understanding of the issues under study.

5. DATA COLLECTION PROCEDURES

Researchers sought permission from University management through the Registrar to carry out the study. The management was assured by the researchers that data would be treated with confidentiality and used for academic purposes only. Questionnaires were distributed to members of staff directly using convenience sampling and completed questionnaires were immediately collected the same day. Interviews were carried out individually with respondents who did not complete questionnaires.

Participants were assured of confidentiality throughout the process. No names were used on questionnaires and interviews. This was done to prevent possible physical or psychological trauma through stigmatisation and discrimination of respondents.

Bio data

Table 1 below shows background information of respondents by sex, marital status and age.

Table 1 Background Information (N = 80)

I. Sex	II. Characteristic	**Frequency**	**Percentage (%)**
	Females	42	53
	Males	38	47

	A. Total	*80*	*100*
B. Marital **Status**	Single	22	28
	Married	40	50
	Divorced	13	16
	Other	5	6
	Total	*80*	*100*
Age	18 – 24	3	4
	25 – 30	17	21
	31 – 35	28	35
	36 – 40	17	21
	41 – 45	10	12
	46 – 50	2	3
	Above 51	3	4
	Total	*80*	*100*

The majority of respondents 42(53%) were females. Most respondents 40(50%) were married. The highest number of respondents 28(35%) was in the 31 – 35 years age range.

Qualifications and Employment:

Table 2 below shows qualifications, employment and working experience of respondents.

Table 2 Qualifications, Type of Employment and Experience (N = 80)

	V. CHARACTERISTIC	**Frequency**	**Percentage (%)**
III. IV. HIGHEST QUALIFICATIONS	'O' Level	3	4
	'A' Level	5	6
	Undergraduate Degree	32	40
	Postgraduate Degree	10	13
	Higher National Diploma	15	18
	Diploma	13	16
	Certificate	2	3
	Total	**80**	**100**
Type of Employment	Academic Staff	30	37
	Academic Support Staff	50	63
	Total	*80*	*100*
Experience	Less than 5 years	15	18
	5 – 10 years	50	63
	10 years +	15	19
	1) Total	*80*	*100*

Less than half of the respondents 32(40%) of respondents had undergraduate degrees. The majority of respondents 50(63%) were academic support staff members. Most of the respondents 50 (63%) had served the University between five and ten years.

Sources of Information on HIV and AIDS

Respondents were asked to identify five of their most important sources of HIV and AIDS information. Figure 1 below shows responses from respondents.

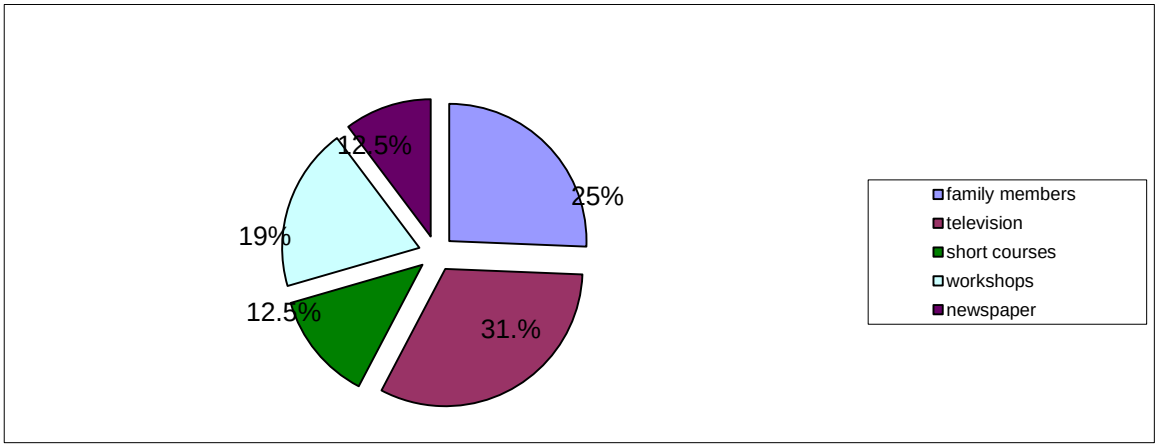

Figure 1 Sources of information on HIV and AIDS

Most respondents 35(43.5%) got information on HIV and AIDS from media (television and newspaper). University workers also learn from each other as shown by learning from family members (20%) and workshops (15%).

One female respondent was quoted during an interview saying, "I *prefer television because I watch it in the comfort of my home than going to clinics seeking information on HIV and AIDS".*

Another respondent was quoted saying "*I was privileged to attend a short course on HIV: Support and Care for the Infected and it was beneficial".*

Knowledge on HIV and AIDS

Table 3 below shows respondents' knowledge on HIV and AIDS.

Table 3: Workers' Knowledge on HIV and AIDS (N = 80)

B. Question	**Performance**	**Count**	**Percentage (%)**
1. AIDS is a sexually transmitted disease.	Correct Incorrect	80 0	100 -
2. Write the abbreviation HIV in full.	Correct Incorrect	12 68	15 85
3. Write the abbreviation AIDS in full.	Correct Incorrect	68 12	85 15
4. The virus that causes AIDS was discovered in which year?	Correct Incorrect	55 25	69 31
5. The virus that causes AIDS survives mainly in blood.	Correct Incorrect	75 5	94 6

6. In Zimbabwe HIV and AIDS was detected in which year?	Correct Incorrect	68 12	85 15
7. In Zimbabwe HIV transmission is mainly through	Correct Incorrect	78 2	97 3
8. Is there a cure for HIV and AIDS?	Correct Incorrect	80 0	100 -
9. Is it possible to identify people infected with HIV without a test being carried?	Correct Incorrect	72 8	90 10
10. Sexual partners infected with HIV die at the same time.	Correct Incorrect	49 31	61 39
Mean	**Correct** **Incorrect**	**64** **16**	**79.6** **20.4**

All the respondents 80(100%) knew that AIDS is a sexually transmitted disease and that there is no cure for AIDS. Most respondents 68(85%) knew when HIV and AIDS was detected in Zimbabwe and the full abbreviation of AIDS. However, 68(85%) did not know the full abbreviation of HIV. The majority of the respondents 55(69%) knew the year when the virus that causes AIDS was detected. Most respondents 75(94%) knew that the virus that causes AIDS survives mainly in blood. The majority of respondents 78(97%) knew that in Zimbabwe HIV transmission is mainly through sexual intercourse. Most respondents 72 (90%) said it was not possible to identify people infected with HIV without a test being carried out. The majority of respondents 49(61%) believed that sexual partners infected with HIV would not die at the same time.

Generally respondents know about HIV and AIDS although some failed to correctly answer some questions regarded as simple and basic such as that of the abbreviation of HIV.

A male lecturer said that; *"People are knowledgeable about HIV and AIDS but they lack practice of safer sex".*

A female employee said, *"Yes AIDS is a sexually transmitted disease but can also be transmitted through blood transfusion".*

Overall Performance Rate on Knowledge

The respondents' performance was rated from weak to excellent as shown on Table 4 below.

Table 4 Overall Performance Rate on Workers' Knowledge (N = 80)

Performance	**No**	**%**
90 – 100 Excellent	35	44
80 – 90 Good	20	25
70 – 80 Satisfactory	5	6
60 – 70 Average	12	15

Below 60 Weak	8	10

The majority of the respondents 55(69%) performed well rating from good to excellent which shows that they had basic knowledge of HIV and AIDS. Only 8(10%) were rated weak. The mean for correct answers was 79.6%.

Attitudes towards HIV and AIDS

Table 5 shows respondents' attitudes towards HIV and AIDS.

(1) Table 5: Workers' Attitudes towards HIV and AIDS (N = 80)

C. Statement	**Yes** *a)*		**No**		**Not Sure**	
	No.	**%**	**No.**	**%)**		
1. People with HIV and AIDS are to blame.	6	7.5	68	85	6	7.5
2. A person may be infected when sharing utensils with people living with HIV and AIDS.	31	39	49	61	0	-
3 Married people may be infected with HIV.	31	39	39	48	10	13

Most respondents 68(85%) said that people with HIV and AIDS are not to blame. Forty nine respondents (61%) said that a person could not be infected when sharing utensils with people living with HIV and AIDS. Less than half of the respondents 39(48%) said that married people could not be infected with HIV.

In an interview one respondent was quoted, *"I don't think sharing of utensils can expose someone to infection".*

Attitudes towards Preventive Measures

Table 6 below shows respondents' attitudes towards preventive measures against HIV and AIDS.

Table 6: Workers' Attitudes towards Preventive Measures (N = 80)

D. Question	**Yes** *a)*		**No**		**Not Sure**	
			No.	**%**	**No.**	**%**
1. Are you sexually active?	71	89	9	11	-	-
2. If sexually active, do you use condoms?	27	34	53	66	-	-
3. Have you ever gone for voluntary HIV testing?	35	44	45	56	-	-
4. Have you ever gone for voluntary HIV counselling?	38	48	42	52	-	-
5. Can condoms be used in marriage?	25	31	40	50	15	19
6. Does BUSE make condoms available for its workers?	55	69	15	19	10	12
7. Is it necessary for couples to get tested for HIV and AIDS before marriage?	72	90	4	5	4	5

The majority of respondents 71(89%) indicated they were sexually active. Most respondents 55(66%) said they do not use condoms. More than half of the respondents 45(56%) have not gone for voluntary HIV testing. Slightly more than half of the respondents 42(52%) said they had not gone for voluntary HIV counselling.

During an interview a male respondent said that, *"I would rather not know my status"*.

All the respondents 80(100%) agreed that HIV could not be prevented through polygamy. Half of the respondents 40(50%) disagreed on using condoms in marriage.

A lecturer was quoted saying, "*handishandise condom nemukadzi wandaka bvisira mari"* (I cannot use a condom with a wife whom I paid lobola (bride price) for).

A female respondent said, '*as a wife I have no power to decide whether to use a condom or not. Even suggesting the use of condom might bring a lot of problems.'*

The majority of respondents 55(69%) agreed that the University offers condoms to its workers. However, respondents proposed that it would be better if condoms were placed in staff restrooms for easy accessibility than in students' toilets and Student Health Clinic.

One junior employee interviewed said *"Yes condoms are distributed but the packaging has no instructions on how to use them"*

Respondents interviewed also pointed out that male condoms were the only ones available at the University. A female respondent pointed out, *'Only male condoms are available.'*

The majority of respondents 72(90%) believed that couples should be tested for HIV and AIDS before marriage.

HIV and AIDS Workplace Policy

Table 7 below shows workers' attitudes towards an HIV and AIDS Workplace Policy.

Table 7: Workers' Attitudes Towards Workplace Policy(N = 80)

E. Question	**Yes** *a)*		**No**		**Not Sure**	
	No.	**%**	**No.**	**%**	**No.**	**%**
1. Does BUSE offer assistance to its workers infected with HIV and AIDS?	0	-	78	97	2	3
2. Is there a monetary budget for HIV and AIDS Programmes at BUSE?	5	6	65	81	10	13
3. Is HIV testing a pre-requisite for employment at BUSE?	0	0	80	100	0	-
4. Does BUSE have an HIV and AIDS policy?	0	-	71	89	9	11
5. Do you think a policy is necessary at BUSE?	78	98	0	-	2	2

The majority of the respondents 78(97%) said that BUSE does not offer assistance to workers infected with HIV. Most respondents 65(81%) also pointed out that there was no monetary budget for HIV and AIDS programmes. All respondents 80(100%) indicated that it was not a pre-requisite to be tested for HIV before employment. The majority of respondents 71(89%) indicated that there was no HIV and AIDS policy at BUSE. Almost all the respondents 78(98%) felt that there was need to have an HIV and AIDS Workplace Policy.

During an interview one secretary said, "*There is no policy at the university that is why the management is not offering any assistance to its infected workers".*

Respondents suggested the following for inclusion in the HIV and AIDS policy: discrimination and stigmatisation, care and support, condom use, acquisition of ARVs and subsidised medical fees at the Student Health Clinic.

6. DISCUSSION

The study revealed that University workers used a variety of sources to learn about HIV and AIDS ranging from the family to workshops. The most important source for University workers was the media which is similar to other studies ([9]); ([10]). But what is disappointing is that university workers did not regard books or the Department of Health Sciences as major sources of HIV and AIDS knowledge. This means that the workers at University are not taking advantage of their workplace to learn more about HIV and AIDS. They learn about HIV and AIDS in the same way as other members of society.

The study revealed that most university workers knowledge about HIV and AIDS range from weak to excellent. The results concur with the work of ([11]) who found out that health workers showed "very good knowledge of routes of transmission". It is pleasing to note that the majority of them scored above satisfactory on basic knowledge about HIV and AIDS. But what is worrisome is that at university, a centre of knowledge has some people whose knowledge is weak. This finding is similar to studies by ([12]), ([11]) and ([13]) which show that some health care workers did not have adequate knowledge about HIV and AIDS.

Regarding attitudes on HIV and AIDS, a mixture of attitudes were shown by the University workers. Most workers revealed that they had a positive attitude towards people infected as shown by their belief that infected persons were not to blame; they did not have problems in sharing utensils with infected people as the majority knew this was not a mode of transmission. The results are similar to those of ([14]), ([15]) and ([16]) which indicate that most respondents had positive attitude towards HIV infected people. However a few respondents showed a negative attitude as they still believed sharing utensils can transmit the virus which concurs with the work of ([17]), ([18]) and ([15]) whose studies indicate some respondents still had discriminatory attitudes to people living with AIDS or are HIV infected.

On attitude towards preventive measures the attitude was varied depending on a particular preventive measure. Most of the respondents were sexually active but showed a negative attitude in the use of condoms. This was probably because most of the respondents were married and believed that condoms in marriage should not be used. From a male respondent it was because they had paid lobola while for women respondents it was because they had no power to do so. The result concerning women and use of condoms are similar to a study by ([19]) whose study showed that women had limited control over their sex partners regarding the use of condoms. Similarly ([20]) say that it was men's decision that condoms are used or not used. Such beliefs and practices are negative to HIV and AIDS prevention. This result indicates the patriarchal nature of the Zimbabwean society where women do not make own decisions on various issues including health without consulting their male partners. For the male respondents payment of lobola appears to be more important than the issue of HIV and AIDS prevention. This is disturbing for university workers who should be more enlightened than other members of society about this health problem and should take the lead in ensuring that all necessary measures are used to prevent possible infection.

Respondents indicated that male condoms were available at the university. But what is worrisome is that at the time of the study female condoms were not available. Failure by the university to make female condoms available is rather discriminatory and not gender sensitive. This was also found by ([21]) who said female condom availability was poor in all sectors which limited its use. Thus the low uptake of female condoms put women at risk of sexually transmitted infections, like HIV, and unintended pregnancy ([22]). It means female workers cannot make their own decisions to use condoms. They have to rely on the willingness of their partners to take care of their health problems. This is not fair and does not help in the fight

against the epidemic because partners may not be willing to use a condom which puts the female workers at risk of HIV infection.

More than half of the respondents have not gone for voluntary counselling and HIV testing which indicates a negative attitude towards prevention. But what is pleasing is that slightly over forty percent have gone for counselling and HIV testing which is positive attitude. The results are similar to a study by ([23]) which showed that 53% of the participants have not been tested. A study by ([24]) showed that nearly half of the respondents had never had voluntary counselling and testing.

Most of the respondents believed it was necessary for couples to get tested for HIV and AIDS before marriage. Although the belief is a positive measure in preventing HIV and AIDS it does not assist much if they do not practise what they believe in. In the fight against HIV and AIDS it is important for one to practise one's beliefs. In this study while most believed that it was necessary to be tested for HIV, most were actually not tested. This concurs with ([24]) which showed that most married individuals were not aware of their sero-status. Voluntary counselling and testing was low among men because of the HIV and AIDS stigma ([25]).

University workers had negative attitudes towards the University's response to the HIV and AIDS problem. This was indicated by the following findings: that infected workers were not given assistance; that there was no monetary budget for HIV and AIDS programme for workers; the university did not have an HIV and AIDS policy. The only positive finding was that the university did not make testing for HIV a pre-requisite for employment which shows that the university does not discriminate those infected. But what was disturbing were the negatives because as institutions, universities are affected by HIV and AIDS. For example ([26]) said that universities are financially and socially affected by HIV and AIDS. Kelly says teaching and research are affected negatively through illness and loss of experienced staff. Productivity is also reduced due to absenteeism. This means that universities should be doing a lot in the fight against HIV and AIDS at the workplace.

7. CONCLUSION

Most university workers know the basic ideas about HIV and AIDS. But some of the workers lack adequate information. The methods used to acquire knowledge about HIV and AIDS by university workers are similar to how other people learn about the virus and the disease. This means workers at the university are not taking advantage of the department of Health Sciences which teaches students about HIV and AIDS. Even the use of textbooks on HIV and AIDS is not peculiar. University workers displayed both positive and negative attitudes towards HIV and AIDS. University workers also allege that the university administration was not doing enough about HIV and AIDS for them. This study recommends that the university mount workshops frequently to equip the workforce with current information on HIV and AIDS at the workplace. The Department of Health Sciences should actively be involved in educating workers about HIV and AIDS. In addition the management of the University should implement an HIV and AIDS Workplace Policy so that workers infected or affected are helped. Further research is needed to evaluate HIV and AIDS Programmes at the workplace, as well as care and support services for employees infected and affected with HIV and AIDS.

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