

LOWER HIV PREVALENCE AND INCREASED RISK BEHAVIOURS AMONG GAUTENG PROVINCIAL GOVERNMENT EMPLOYEES – A POLICY BRIEF

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Introduction

The Human Sciences Research Council (HSRC) conducted a survey of HIV prevalence and HIV risk behaviours among Gauteng Provincial Government (GPG) employees using a second-generation behavioural surveillance survey methodology. An extensive programme of education and preparation of employees in all departments preceded the survey. This phase included workshops and meetings with departments, unions, workplace task teams, and the GPG Multisectoral AIDS Unit. Letters to heads of departments and units, posters and information brochures explained the purpose of the study. The aim of this consultation phase was to obtain leadership buy-in, union support and the involvement of GPG employees. It was essential that the employees

perceived the survey to be in their best interests and were encouraged to participate.

The GP government had 153 462 employees working in about 6 000 units across departments. According to the Personal and Salary Information System (PERSAL), the Department of Education, with 2 844 units, had the largest number of units. The target sample size was 3 500 individuals (Gauteng Provincial Government, 2010). Sample size estimation was guided by the need to measure change in the HIV prevalence rate over time in each of the main reporting domains, namely sex, age, race and department. The sample size distribution was stratified by department. A sample of 183 units was selected for the survey and all employees in selected units were invited to participate in the survey.

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The anonymous HIV prevalence survey was done using dried blood spots specimens. HIV test results were linked to the anonymous questionnaire on risk behaviours. The HSRC employed various strategies to increase the response rate. Interviews were completed and blood specimens were collected for HIV testing from eligible participants in the same session.

HIV prevalence was 13% with lower levels among employees who had post-matric (Grade 12) qualifications or were permanently employed. Married male and female employees had the lowest prevalence of 7%. Although 6% of males reported concurrent partnerships in the past 12 months compared to 1% of females, women who reported having had more than one partner in the past 12 months, had a significantly higher prevalence of 36%. More than half (57%) of participants aged 30 years or younger reported condom use the first time they had sexual intercourse. Females were more likely to have used a condom at first sex than males. HIV testing was above 80%.

We have made policy and programmatic recommendations that are aimed at strengthening HIV prevention, treatment, care and support efforts among employees working for the province.

Background

Gauteng province is the economic hub of South Africa with the largest provincial population. During the period 2002 to 2009, the population of Gauteng grew slightly faster than for the country as a whole. The increase in population in the province is largely due to in-migration of people from rural areas as well as people from other countries seeking economic opportunities in the urban areas (Gauteng Provincial Government, 2010).

Regarding the burden of HIV epidemic, Gauteng is experiencing the second most severe HIV epidemic after KwaZulu-Natal. An estimated 1.4 million people (15% of the population) and one in every five adults in South Africa who were HIV positive in 2008 were living in Gauteng (Department of Health and Social Development, 2010). The epidemic has reached a mature phase, with AIDS deaths and new infections levelling off. Since 2005, Gauteng has seen stabilisation of HIV prevalence among the population aged 15 to 49 years, from 16% in 2005 to 15% in 2008 (Shisana et al., 2009). There has been a decreasing trend in the number of infants born with HIV, halving from 10 500 in 2001 to approximately 5 000 infants in 2009 (National Department of Health, 2011).

As a major employer (with more than 150 000 employees) and tasked with carrying out crucial service delivery activities, the GPG was concerned about the impact of HIV and AIDS on its functioning. Therefore a study was conceptualised to provide evidence-based information regarding HIV prevalence and the profile of behavioural risks among GPG employees. These results will inform the planning of additional risk reduction interventions and other planning activities.

Key research findings

A total of 3 679 GPG employees were eligible to participate in the survey. Of these, 69% agreed to be interviewed. Of those not interviewed, the majority were absent from work (21%) while 10% refused to participate in the study. The HIV testing response rate, based on those who were eligible was 66%. This was 95% of all those who agreed to be interviewed.

The majority of the respondents were female (72%) and/or African (86%), while 60% were married and almost two-thirds

(65%) had a post-matric (Grade 12) qualification. A considerable proportion (53%) had worked for the GPG for longer than 10 years. The majority of GP government employees owned their dwellings (72%).

GPG employees' risk of exposure to HIV

The overall HIV prevalence among GPG employees was 13%, which was slightly lower than the 2008 provincial HIV prevalence estimate of 15% for the 15 to 49 year age group. Prevalence among female GPG employees (13%) was slightly higher than among males (11%), although this difference was not significant. The results of this survey indicate that the HIV prevalence among GPG employees peaked at ages 31 to 40 (22%) for both males and females. This can be attributed in part to antiretroviral therapy (ART) increasing the longevity of people living with HIV. The pattern of HIV prevalence by level of education, race, migration, and marital status mirrors previously reported national trends. HIV prevalence was highest among females who had never married. For both males and females, those who relocated to take up a position had higher HIV prevalence than those who did not relocate. Younger women (30 years of age or younger) were twice as likely to be HIV positive, although at much lower rates than previously reported for this age category. Married employees had lower HIV prevalence compared to their unmarried counterparts.

Behavioural risk factors for HIV among GPG employees

Number of partners and condom use: Males reported slightly more lifetime partners than females. Five per cent (5%) of males reported concurrent partnerships in the past 12 months compared to 1% of females reporting concurrent partnerships. In this population, less than 3% reported

having been forced to have sex in the past 12 months. Overall 35% of the respondents reported condom use with partner one. Condom use rate was high with partner two (71%) and slightly lower among those who also reported having sex with partner three (68%). Among respondents aged 30 or younger HIV prevalence was lower among those who reported condom use the first time they had sex (5%) compared to those who did not use a condom at sexual debut (10%). These results were consistent for both males and females. Condom use was higher among those who reported multiple sexual partnerships, as well as with secondary partners. This increase in condom use was observed among both men and women in all age groups.

Male circumcision: The rate of self-reported male circumcision among male GPG employees is much higher (67%) than the national average, with over one-third (36%) having been circumcised traditionally. When HIV prevalence was compared between circumcised and uncircumcised males, there was no significant difference between them.

Alcohol use: Over half (52%) of the participants reported having never consumed an alcoholic beverage. While there was no difference found in HIV prevalence with increasing frequency of alcohol intake, 26% of the respondents indicated getting drunk in the past month, with rates of 44% among males and only 15% among females.

HIV knowledge: The GPG has significantly strengthened AIDS-in-the-workplace programmes over the past couple of years, with increased access to useful information having led to high levels of knowledge on HIV prevention. Female employees were slightly more likely (75%) than males (67%) to talk about HIV and AIDS with peer educators or colleagues trained on

The results of this survey indicate that the HIV prevalence among GPG employees peaked at ages 31 to 40 (22.3%) for both males and females. This can be attributed in part to antiretroviral therapy (ART) increasing the longevity of people living with HIV.

Among respondents aged 30 or younger HIV prevalence was lower among those who reported condom use the first time they had sex (5.4%) compared to those who did not use a condom at sexual debut (9.8%).

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HIV and AIDS. Nearly one third (33%) of the respondents of both sexes indicated that they had seen posters, information sheets and information booklets about any aspects of HIV and AIDS. When asked what they had learned from them, about one quarter (25%) of these respondents indicated that they had learned about how HIV is transmitted, how to protect themselves from HIV infection, and the importance of HIV testing.

HIV testing: HIV counselling and testing (HCT) is an important entry point to a comprehensive continuum of care. HIV testing among GPG workers was very high, at over 79%. The majority of the respondents had tested less than a year preceding the study, followed by those who had tested between 1 to 2 years before. Among those who had tested, more than 95% had received their HIV test results. Even more commendable were the levels of awareness of the HIV testing programme offered by the GPG and awareness of the testing campaign (nearly 80%), although only half of these respondents indicated having used them. Respondents favoured the use of the counselling services offered by the GPG, particularly the face-to-face personal counselling and on-site clinics. The levels of awareness of the different counselling services offered by the GPG were similar, but roughly half (53%) of the respondents indicated having used the personal (face-to-face) counselling followed by on-site clinics and trauma counselling (Parker et al., 2007). The levels of satisfaction were similarly high across the different services.

Policy implications

The main provincial policies and strategies driving HIV prevention in Gauteng and targeting employees and adults include the *National Strategic Plan on HIV, STIs and TB, 2012–2016* (NSP) and the revised HIV prevention provincial strategic plan (PSP). The province also

implements national policies and new guidelines for HIV prevention.

HIV testing as a screening and diagnostic test is regarded as one of the key interventions in the provincial response to HIV and AIDS. The Department of Health's *HCT Policy guidelines, 2010* obligate health care providers to offer HCT to all patients visiting a health facility for any ailment, within a legal and human rights framework. The implementation of rapid HIV testing has led to the adoption of new approaches to HCT, such as client- and provider-initiated counselling and testing, and innovative approaches for HCT in workplaces (Haile et al., 2007). Gauteng had a massive HCT campaign for all public servants with a target of 3.3 million people tested by June 2011. In addition to HCT, government employees had an opportunity to test for hypertension, diabetes and cholesterol. By December 2011, 3.1 million people had tested for HIV in Gauteng public health facilities. This made the province the leader in terms of the number of people who had tested at that stage (Setswe et al., 2011).

At the time of the study, South Africa had begun to address male circumcision at both policy and programme level. The South African National AIDS Council (SANAC) had drafted male medical circumcision guidelines in line with the World Health Organisation (WHO) and UNAIDS recommendations. These guidelines aim to further the NSP's prevention goal through the provision of safe, accessible, and voluntary male circumcision. The draft guidelines suggest a dual strategy that promotes and institutionalises both neonatal and young adult circumcision (Connolly et al., 2008). Gauteng has seen an increased demand for male medical circumcision (MMC) since the launch of the HCT campaign in 2010. According to the department's report, 94 151 males were circumcised at 64 sites

(including 41 clinics and 2 hospitals) in provincial public health facilities during the 2012/13 financial year.

The *South African ARV treatment guidelines 2013*, support the ART policy and apply to employees who test positive for HIV. The goals of this treatment policy are to save lives and improve the quality of life of people living with HIV; decentralise service delivery to preventive health care facilities and reach all people, including workers; integrate services for HIV and wellness programmes at workplaces; diagnose HIV earlier; prevent HIV disease progression; avert AIDS-related deaths; retain patients on lifelong therapy; prevent new infections among children, adolescents and adults; and mitigate the impact of HIV and AIDS. Gauteng's HIV treatment programme is flourishing, and the province has more than doubled the number of adults on antiretroviral (ARV) medication in a single year (Fraser-Hurt et al., 2011). This number increased again from 600 284 people who accessed ART from 265 sites at the end of March 2012 to 722 682 people at the end of March 2013 at 364 sites in the province.

Conclusion and recommendations

A high response rate characterised this study carried out among GPG employees. The study found lower HIV prevalence rates among GPG employees compared to the national average. However, the rates are still high and warrant the continued acceleration of work-based HIV prevention efforts.

The following policy and programmatic recommendations are aimed at strengthening HIV prevention, treatment, care and support efforts in the province:

1. Encourage HIV counselling and testing among employees and use this programme as an entry point

to prevention, treatment, care and support programmes.

2. Strengthen HIV and AIDS education programmes to reach all employees.
3. Scale up interventions that have worked well and improve the quality of service delivery, and strengthen implementation of proven new interventions.
4. Prioritise workplace programmes among employees in the province as a way to reduce the number of new HIV infections (Maharaj et al., 2004). Focus on face-to-face behaviour change education (peer education or small groups), especially with regard to reducing the number of sex partners. Prioritise life skills and peer education programmes among learners in schools (Albarracín et al., 2005).
5. Increase implementation of strategies to reduce the social factors driving HIV infection and strengthen the contributions of communities in addressing HIV and AIDS through training, support and coordination (Jewkes et al., 2002; Kalichman et al., 2007; Parry et al., 2010).
6. Increase access to safe male medical circumcision services in response to increased demand (Simbayi et al., 2012).
7. Develop reliable systems to measure progress and evaluate results.

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