Effective or not?
Case Study Evaluation of a HIV/AIDS Workplace Program Policy at a Swedish Owned Company in Botswana

Frida Bergström & Nathalie Liljeqvist
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Supervisor Peter Gill
Abstract

The specific aim of this paper was to see to what extent a specific HIV/AIDS Workplace Program Policy at a Swedish owned company in Botswana has come to the employees’ attention. The specific objectives of the study was to measure the knowledge about HIV/AIDS, attitudes concerning HIV/AIDS and self-reported sexual behavior among employees and through that examine the effectiveness of the case company’s HIV/AIDS Workplace Program Policy. And to examine the “how” and “why” the HIV/AIDS Workplace Program Policy is effective or not to the company management. It is an evaluative single-case study with a holistic design with multiple sources of evidence; six interviews, 14 questionnaires and 5 field observations have been done at the case company. It was found that it exist a high level of knowledge about HIV/AIDS among the employees at the company, we haven’t find any remarkable sign of hostile attitudes towards HIV infected individuals and most of the respondent estimated there sexual behavior as a low risk when it comes to get a HIV infection. We did found that the objectives listed in the HIV/AIDS Workplace Program Policy haven’t reached the employee’s attention. This will be further analysed in this chapter focusing on three important themes; (I) communication, (II) resource scarcity and (III) a universal curriculum. Drawing upon the theoretical framework and the multiple sources of evidence these themes appears to be influencing the effectives of the case company’s HIV/AIDS Workplace Program Policy.

Key words; HIV/AIDS Workplace Program Policy, Single-case study, Evaluation, SWHAP, CareWorks Botswana, HIV/AIDS.
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<th>Full Form</th>
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<tr>
<td>ACHAP</td>
<td>African Comprehensive HIV/AIDS Partnerships</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ARV</td>
<td>Antiretroviral Therapy</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IPT</td>
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<td>NACA</td>
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1. Introduction

Botswana has one of the highest prevalence of HIV/AIDS in the world. With a population of 1,9 million, 300 000 people is living with HIV today with a large number of unrecorded cases (WHO). People are afraid to get the HIV test, which is based in a variety of factors (UNAIDS, 2007), one of the factors are HIV/AIDS related stigma and discrimination of HIV positive individuals and their family members. It is an exciting and growing problem in the country, which a consequence leads to further spread of the HIV virus (Letamo, 2003). In order to fight the HIV/AIDS epidemic it is necessary to identify possible solution to HIV/AIDS related stigma and discrimination (UNAIDS, 2007), therefore has the Government of Botswana sent out a recommendation that all companies in the country should have a HIV/AIDS Workplace Program Policy in order to fight the HIV/AIDS related stigma and discrimination (Botswana National Strategic Framework).

A number of studies revels a lack of evaluation of HIV/AIDS Programs in Sub-Saharan Africa (Kirby, D. B. Laris, B. A. Rolleri, L.A. 2006), Botswana has one of the highest prevalence of HIV/AIDS in the world and countless of programs and interventions have been implemented in the country’s various sectors in order to reduce the ravage of the epidemic (WHO). The SWHAP is an organization that provides HIV/AIDS Workplace Programs at Swedish related workplaces in Sub-Saharan Africa, an initiative taken by The International Council of Swedish Industry and Swedish Industrial and Metalworkers and financed by SIDA (swhap.org). Since the SWHAP´s concept is implemented in a number of Swedish owned companies in Botswana, an evaluation of a case company’s HIV/AIDS Workplace Program Policy efficiency is of interest. Just because a company has taking on a HIV/AIDS Workplace Program Policy does not necessarily mean that it works in practice. For the policy to have any relevance, it its important that the employees are aware of their rights and do participate in the workshops and lectures that provides at the company.
1.2. Research Aim

The aim of this paper is to see to what extent a specific HIV/AIDS Workplace Program Policy in a sample company has come to employees’ attention, and through that explore whether the policy is effective or not.

Has the company's HIV/AIDS Workplace Program Policy resulted in any significant changes in:

- Employees' knowledge about HIV/AIDS?
- Employees' attitudes concerning HIV/AIDS?
- Employees' self-reported sexual behaviour and intentionality in regard to their willingness to participate in reducing the spread of the HIV virus?

1.2.1 Specific Objectives of the Study

- Ensure knowledge about HIV/AIDS, attitudes concerning HIV/AIDS and self-reported sexual behavior among employees and through that examine the effectiveness of the case company’s HIV/AIDS Workplace Program Policy.
- Identify to what extent the HIV/AIDS Workplace Program Policy has reached the employees at the case company.
- Examine “How” and “Why” the HIV/AIDS Workplace Program Policy is effective or not to the company management.

1.2.2 Research Questions

- What is the current state of knowledge about HIV/AIDS among employees at chosen case company?
- What is the pattern of sexual risk-behaviours among employees at the company, that is, their current status?
- What are the implications for company management of the results of this evaluation?
2. Important Concepts

In this following chapter we will briefly define important concepts to help the reader understand the thesis. These include: HIV/AIDS awareness, HIV/AIDS Workplace Program Policy, Swedish Workplace HIV/AIDS Program (SWHAP) and CareWorks Botswana.

2.1 HIV/AIDS Awareness

When a person get infected by HIV, step-by-step the human immunodeficiency virus (HIV) attacks the cells of the body’s immune system and lowers the immune system. Symptoms that can befall some new infected persons in early stage of the disease are soothing coughs; fever, sore throat, rashing and swollen lymph nodes, while some new infected do not notice any major symptoms (rfsu.se). A person infected with HIV are 50 times as likely to suffer from the lung disease tuberculosis (TB) (lakareutangranser.se). TB is an infectious disease and an airborne infection, the risk of infection is greatest in continuous and close contact. Hence TB has become one of the leading causes of death among people living with HIV/AIDS (smittskyddsinstitutet.se).

Just because a person is infected by the HIV virus doesn’t mean that AIDS will hit him/her the next day (smittskyddsinstitutet.se). There are people who have lived with HIV for twenty years without yet received AIDS (hiv-sverige.se). There are multiple cofactors involved in HIV transmission; it can passes on through unprotected sexual contact, sharing needles and syringes, through blood transfusions and by PMTCT. PMTCT is when the mother passes the virus on to her child during labour, pregnancy or while breast-feeding (who.int). With time the infected body gets trouble handling infections and gets more vulnerable to infections because the immune system doesn’t work normally. When the immune system is very low the infected body doesn’t have the strength to fight infections, it is when AIDS, the final stage of HIV becomes a fact. By using condom throughout the intercourse, being faithful in your marriage, use plastic gloves if you come in contact with blood (for example in your profession) and abstain from sex are examples of how to avoid contracting HIV.
HIV does not infect through social contact, a kiss or drinking from the same cup as an HIV infected person will not give you HIV (rfsl.se). There are effective treatments which means that an HIV infected person can live a “Normal” life if the ARV’s are inserted at the right time, yet there is no cure or something that can remove the virus from the body (ibid.).

2.2 HIV/AIDS Workplace Program Policy

A policy is a document setting out a department’s or organization’s position on a particular issue (Grant, Strode, Smart 2002). Grant et al. (2002) defines a workplace program as an intervention to address a specific issue, in this case to prevent HIV related stigma, discrimination and further HIV infection at the workplace. The policy also defines as an organizations total effort to reduce the impact of the HIV/AIDS epidemic at the company (Goss & Smith 1995). It can involve professional counseling and advice on all aspects of HIV/AIDS, educational session, nutritional advice, information on ARV, PMTCT, IPT, Cd4¹ laboratory testing, distribution of condoms, assistance with enrollment in VCT and ARV, linkages to support program. Who also includes framework for conduct peer education programs among employees, the company often provides a HIV/AIDS- coordinator² among the employees (whap.org).

2.3 Swedish Workplace HIV/AIDS Program (SWHAP)

The HIV/AIDS Workplace Program Policy presented in this paper is worked out of SWHAP, which was established to assist and enhance knowledge on how to handle HIV/AIDS at Swedish related workplaces in Sub-Saharan Africa (SIDA.se). An initiative taken by The International Council of Swedish Industry and Swedish Industrial and Metalworkers.

¹ “HIV is a retrovirus, meaning it needs cells from a “host” in order to make more copies of itself (replication). In the case of HIV, CD4 cells are the host cells that aid HIV in replication. HIV attaches to the CD4 cells, allowing the virus to enter and infect the CD4 cells, damaging them in the process. The fewer functioning CD4 cells, the weaker the immune system and therefore the more vulnerable a person is to infections and illnesses” http://aids.about.com/od/newlydiagnosed/qt/cd4.htm.

² The person who coordinates the issues related to HIV/AIDS, as well as a link between the company, the occupational health and the SWHAP.
The SWHAP assists and inspire companies to create or intensify program activities against HIV/AIDS. They also work towards developing cooperation between already participating companies. The SWHAP is financed by SIDA and supports about 50 workplaces to take a hold of HIV/AIDS (swhap.org). They assist companies by giving them foundation and support on how to achieve a good workplace when it comes to the situation about HIV/AIDS. To carry out the Workplace Program Policy for specific company, each workplace forms a committee including representatives from both management, employees and in some cases even the employees’ families. How the policy and activities take form depends on what will befit the company, through that the committee and SWHAP comes up with proposals of activities suitable for the specific workplace. To be founded and supported by SWHAP the company have to make sure that their HIV/AIDS policy guarantee confidentiality of the employees HIV status and that it provide non- discrimination of HIV positive employees. The company also have to make sure to maintain a list of services that it (according to the SWHAP guidelines) should provide for their staff.

The objectives of SWHAP clears the details further on how they can support employers and employees and on how the policy will take shape (swhap.org). These objectives are to:

- Support employers and employees at Swedish related workplaces to fight HIV and AIDS.
- Make the workplace the national spearhead of workplace related HIV and AIDS activities.
- Associate and initiate engagement worldwide.
- Arouse that management and employees working together in the fight against HIV and AIDS.
- Already existing HIV/AIDS Workplace Program Policy’s should be supported with vigorous resources so that individual companies should be stimulated to increase similiar HIV/AIDS activitites (ibid.).
2.3.1 SWHAP in Other Companies

Here follow some examples of companies in Sub-Saharan Africa were SWHAP has been implemented:

The Swedish Workplace HIV/AIDS program has been implemented at several Swedish owned companies in Sub-Saharan Africa, with the intention to help them develop or implement an HIV/AIDS Workplace Program Policy. Their belief is that there is much to gain with a systematized response to the AIDS epidemic and that starts with the companies’ engagement. Experiences from the program have overall been good, for example VOLVO in South Africa reports that the program is successful and they see the SWHAP as a way to work in the right direction in the fight against HIV/AIDS at the workplace (swhap.org).

Further, Sandvik in Zimbabwe thanks SWHAP for helping them get started with counseling, testing and the ARV’s, which is important since many people wont go testing or have access to medication. Another company who has taken on the SWHAP is Atlas Copco, South Africa. Before their involvement with SWHAP they worked with another HIV/AIDS Workplace Program and had formed a policy according to other guidelines. Since they have started cooperation with SWHAP they can clearly see that they have saved and better the life’s of many employees, this with a lower cost than before. The key to building up a successful program is management leadership and trust (swhap.org). According to vice president at Atlas Copco the advantage with the SWHAP is that it is an outside organization, which assures the employees’ confidentiality. Further the employees get information which make them aware and dare to test which results in awareness of their status. For many companies the costs and savings are in focus (ibid).

Annually SWHAP organizes a conference to which every company who has taking on the SWHAP program is invited. The main reason for this conference is that companies should be inspired, exchange experience with each other and be encourage sustaining the fight against HIV/AIDS (swhap.org).
2.4 CareWorks Botswana

In many organizations responsibility for dealing with issues related to HIV/AIDS is lodged by a occupational health (Goss & Smith 1995). At the case company for this paper the practical implementation of the SWHAP carries out by a private professional healthcare company named CareWorks Botswana. They administer healthcare specializing in all sights of HIV/AIDS management. For example they assist companies when it comes to solutions for education related to health and VCT. In this context CareWorks Botswana supports and help companies in their response to the challenge- HIV/AIDS. CareWorks Botswana runs by doctors, pharmacists, psychologists, accountants and lawyers, who are committed to providing creative and flexible solutions throughout the companies. The primary objectives are to stop transmission by protecting those who are negative and keep HIV/AIDS positive people productive (careworks.co.za).
3. Background Botswana

To get an overall picture of the underlined influence in Botswana following chapter provide information about Botswana’s national policy in order to fight the HIV/AIDS epidemic, a definition of HIV related stigma and discrimination, research of HIV/AIDS awareness in Botswana and studies about evaluation of HIV/AIDS Workplace Program policy is presented.

3.1 National Policy

Botswana is the African continent’s most stable and democratic country according to the United Nations (2009). It is a republic governed by President Seretse Khama Ian Khama and has held free democratic election since its independence from Britain in 1966 (WHO). With a population of approximately 1.9 million people (Central Statistics office Botswana) it has become one of the richest countries, with a GDP of 12,311 million (current US dollars)\(^3\), in Sub-Saharan Africa.

Botswana’s main sources of incomes are diamonds, tourism, and cattle (Allen & Heald 2004). There is one thing that threatens to reverse Botswana’s political and socio-economic gains. The country has one of the highest prevalence of HIV/AIDS in the world; the first case of AIDS was reported in 1985 (NACA). Of a population of 1.9 million, 300 000 people is living with HIV according to WHO. The virus mainly transmitted through heterosexual intercourse (Letamo, 2003) and the highest prevalence rate is among adult’s aged 15 to 40, which is 23, 9 % (ibid.). This means that families lose their most “Useful” member to AIDS, with implications for household income levels and food production (Hope, 1997).

The HIV/AIDS epidemic has resulted in a national crisis for Botswana. National productivity has decreased, the Government of Botswana’s ability to sustain human development and to deliver essential services has been weakened (www.achap.org), there is an estimated 110 000 orphans to AIDS aged 0 to 17 living in Botswana at the moment (WHO).

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\(^3\) Worldbank
Therefore, Government of Botswana has adopted a long-term vision to have no new HIV infections by 2016 (ibid.). African Comprehensive HIV/AIDS Partnership (ACHAP), founded in 2000, is a result of collaboration between the Government in Botswana, the Merck company Foundation, the Bill & Melinda Gates Foundation and the pharmaceutical company Merck, Scharp & Dohme (WHO) dedicated to enhancing and supporting Botswana’s national response to HIV/AIDS by offering free ARV and testing. The public health-care system is free for all citizens of Botswana, but there is only 75 % of the population that has access to it (ibid.). Access to health-care is largely located in the cities; according to Bagwasi (2006) the role of language has a major impact when it comes to health care and the spread of HIV virus in Botswana. English is the official language and Setswana is the national language, in addition there are 21 other languages in Botswana, most of those languages are represented in smaller villages. Almost all information about HIV/AIDS on how to prevent it and public service announcements is written on English or Setswana (Bagwasi, 2006), which excludes a large part of Botswana’s population from access to education, financial resources and political information (ibid.). Botswana’s literacy rate has not been measured since 1985, according to the latest report there is an estimated 230 000 illiterates in the country (Bhola, 1985).

In order to fight the HIV/AIDS epidemic it is necessary to identify possible solutions to HIV related stigma and discrimination, therefore the Government of Botswana sent out a recommendation that all companies in the country should have an HIV/AIDS Workplace Program Policy in order to fight against HIV related stigma and discrimination (Botswana’s National Strategic Framework). It is important to be aware of what is meant by these concepts, describe how they are manifested, and investigate the connection between them (UNAIDS, 2007).

3.1.1 Definition: HIV related stigma

“Stigma generally refers to a negatively perceived defining characteristic, either tangible or intangible, and is divided into felt or perceived stigma and enacted stigma.
Felt stigma refers to real or imagined fear of social attitudes and potential discrimination arising from a particular undesirable attribute, disease (such as HIV), or association with a particular group. Enacted stigma, on the other, refers to the real experience of discrimination.” (Letamo, 2003) Prevalence of, and factors associated with, HIV/AIDS related stigma and discriminatory attitudes in Botswana, page 349).

HIV related stigma and discrimination maintain to be a visible problem all over the world, creating main barriers to preventing new cases of infection, providing adequate care and alleviating impact (UNAIDS, 2005). It is daily realities for those who are living with HIV/AIDS and especially citizens belonging to groups particularly exposed to HIV infection like sex workers, homosexual men (ibid.), refugees and women (Herek, Capitanio, Widaman, 2003). Those group members often stay away from, postpones, seeking help because of the concern of being exposed in public, embarrassed, and/or treat differently by health workers (UNAIDS, 2005).

It is significant to prevent discrimination and stigma as it cause further expand of the HIV virus (Letamo, 2003), HIV related stigma and discrimination damage prevention efforts by making people frightened to find out their HIV status, to request more information about how to decrease their possibility of exposure to HIV, and to change their sexual behaviors since it increase suspicion about being infected (UNAIDS, 2007). The concern of discrimination and stigma furthermore discourages HIV positive people from telling their family members and sexual partners about their HIV infection (Herek et al. 2003). Stigmatization of HIV positive individuals may also stop people living with HIV from seeking medical care and other human rights, such as school and work (UNAIDS, 2005). A humiliate thought can have a strong psychological influence over how citizens with HIV see themselves; making them defenseless to guilt and depression (ibid.).

Stigmatization connected with HIV/AIDS is underpinned by many factors, including false impression about how HIV is transmitted, lack of sympathetic of the illness, foolish media reporting on HIV/AIDS (UNAIDS, 2007), religious beliefs, political issues (Herek & Capitanio 1998), laws set by the Government - in Botswana for example homosexuality is illegal which increase stigmatization (Herek, Capitanio,
Widaman, 2003), no access to treatment and discrimination and fears concerning to a number of sensitive issues including sexuality, homosexuality, drug use, disease and death (UNAIDS, 2007).

### 3.1.2 Definition: Discrimination

“Discrimination can be described as the enactment of stigma. In turn, discrimination encourages and reinforces stigma” (UNAIDS: HIV related stigma, discrimination and human rights violations, page 11).

It is important to fight discrimination against HIV positive individuals and their families. According to UNAIDS report HIV related stigma, discrimination and human rights (2005) violation absence of discrimination empowers individuals to act, to organize their resources, and to respond together to the HIV epidemic. When an illness is stigmatized, policies can help to defend HIV positive and their families from common prejudice or endorse discrimination against them (Herek et al. 2003).

According to the Swedish State Department report on human rights in Botswana (2007), there is no open discrimination in the workplace on the basis of sex, color, religious stance, political opinion or the like. The Constitution prohibits discrimination on such grounds. But either constitution or other laws prohibiting private individuals to discriminate on such grounds (ibid).

Discrimination against HIV positive people at workplace can take forms as: refusal of employment based in HIV status, leaving out HIV positive individuals when it comes to pension schemes of medical benefits and required HIV testing (UNAIDS, 2005). Botswana has followed the established line in HIV intervention with importance on confidentiality, voluntarism, encouragement and gentle persuasion (Allen & Heald 2004).
3.2 HIV/AIDS Awareness in Botswana

The people of Botswana has a high level of knowledge about HIV/AIDS (Allen & Heald 2004). HIV related stigma is often rooted in social and cultural attitudes; the place of residence and level of education is significantly associated with negative attitudes towards HIV infected individuals (Letamo, 2003).

There is a great gender different when it comes to impact of sexual behaviors in the relationship and attitudes towards HIV infected individuals (Marandu & Chamme 2004.). Women are more vulnerable, both physical and psychological, than men when it comes to get the HIV/AIDS (Marandu et al. 2004) since there is a cultural acceptance of male dominance and sexual violence, informal mistresses and polygamy (Norr, Tlou, Moeti, 2004).

It exist a lack of knowledge in how the virus transmitted, some people think that mosquitoes passes the virus on, some that using the same toilet as an HIV infected person transmit it or that sharing a meal with an infected person can infect you (Marandu et al. 2004.).

There is a number of studies with a purpose to identified attitudes attach to condom use, attitudes towards condom use for prevention of HIV in Botswana is one of the larges studies available at the moment, they identified resounds like; people don’t use condom because they believe that the HIV virus is so small that it could slip through the condom anyhow, people think that the condom itself cause cancer, some don’t use it because it falls of or breaks during sexual intercourse, some individuals believed that the HIV virus has been planted in the condom as a sort of warfare (Marandu et al. 2004). The most common attitude according to Marandu et al. (2004) is that the condom destroys the pleasure of sexual intercourse and that it is to embarrassing to bring up with your sexual partner. To suggest condom use can even brings out thoughts that the one that suggested it might be promiscuous, and therefore HIV positive (ibid.).
Results from the study *Using adult education principles for HIV/AIDS awareness intervention strategies in Botswana* (2004) showed that people believe that the condom is imported from west and therefore associate with a white man, since no Batswana has being included in the process of making a condom they don’t see a reason to use it. Preece & Gabo (2004) take that question to another level and indicate that the colour of the condom has a great impact on condom use; it is clearly suppose to be used by white men. Allen & Heald (2004) funds that the provoked attitudes coming from local healers, church groups, parents and chiefs has a major impact on why a large part of people in Botswana don’t use condoms, they also thinks that the former presidents negative attitude towards the condoms, played a big part in the communal acceptance of sexual behavioural change.

Attitudes toward stigmatized groups is extremely hard to change, there is strong motives that can combat the negativity thoughts to more positive attitude but in the cost of social and cultural beliefs (Batson, Polycarpou, Harmon-Jones, Imhoff, Mitchener, Bendar; Klein, 1997). In Botswana there is an inbuilt disagreement to talk honestly about sex, according to Allen & Heald (2004) of respect for your family, which limit interaction across generation and sexual divides. Herek & Capitano (1998) means, through a psychological point of view, that some negative attitudes related to HIV/AIDS are rooted because they derive psychological benefit from doing so. HIV/AIDS information often emphasizes high statistics of infection that make people feel this is a hopeless cause (Preece & Gabo 2004).

A study by Letamo (2003) have found more tolerant attitudes towards HIV positive family members than other HIV positive individuals, it appeared to be promoted by the fact that they have been and continue to care for their ill loved ones. Same study showed a pattern of more tolerant attitudes towards HIV infected individuals among women than men, according to the actor’s analysis since the burden of caring for sick relatives is the women’s responsibility. Studies by Herek & Capitano (1997) shows that people that lived within an area that hasn’t been so exposed with HIV/AIDS had more negative attitudes toward HIV positive people.

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4 A resident of Botswana (Preece & Gabo 2004).
The conclusion of their study was that those persons who have had personal contact with a person with HIV/AIDS has significantly better attitudes towards them and therefore a lower grade of HIV related stigma.

3.3 Evaluation of HIV/AIDS Workplace Program

There is a lot of different evaluation studies on HIV/AIDS programs, evaluation that are research asked and sponsor asked (further explanation in chapter 4.1.3). A summary of common results is that most HIV/AIDS programs have had too much one way communication, lack of education based on scientific sources, no strategies, objectives or policy documents, no knowledge in how to implement a program, they don’t include gender or human rights perspective, poor or no cooperation between different HIV/AIDS Workplace Programs, lack of program evaluation and lack of individualized curriculum. It also includes a theory of post-colonial impact when it comes to HIV/AIDS Workplace Programs. This chapter also includes a study that argues for the effectiveness of peer educators.

Few HIV/AIDS programs do any type of evaluation by themselves, which is a common problem, for example, a study by Kirby et al. (2006) reviled that, few described their respective HIV/AIDS programs effectively some had problems with implementation and a unknown number had measurement problems; many were statistically underpowered and few measures impact of on STDs. Generally all of these programs failed in evaluation, and the ones that were published always had a positive outcome, they never tell what not to do (Kirby et al. 2006). Therefore new companies HIV/AIDS Workplace Programs never learn from each other and keep on doing the same mistakes over and over again.

Allen & Heald (2004) confirm that the society’s mobilization has a big part when it comes to prevent HIV/AIDS, the fact that a lot of African HIV/AIDS Workplace Programs don’t share experiences can delay the process of eliminate the HIV/AIDS epidemic. HIV/AIDS Workplace Programs needs to be strengthened to reach more people with national information, communication and education in the question of HIV/AIDS (Letamo, 2003). Letamo´s (2003) findings showed that programs aimed to promote HIV related stigma and discrimination may be more effective if the human rights of those with HIV/AIDS are promoted and respected.
The communal concerns about stigma provide an environment for interpret their attitudes toward HIV surveillance policies. Preece & Gabo (2004) discuss the problem of one-way message in HIV/AIDS education and information. The information often comes through the radio, posters or in large dissemination meetings and it often includes statistics or scientific information about the horrible symptoms of the disease and highlights the lack of cure. The education is also a one-way communication; education strategies need to take account of, active participants, adult education theory that promotes the active involvement of learners in raising a curriculum for there special needs (ibid.). All information create a gap for reflection, the authors argued that a process of ongoing reflection, discussing and support is exactly what is needed regarding education when it comes to HIV/AIDS education, strategies though the pedagogical approach needs to take account of context. (Preece & Gabo 2004). Preece & Gabos (2004) study further discuss peer educators, it is a cheap and simple alternative to fight against HIV/AIDS related stigma.

Goss & Smith (1995) discuss the importance of HIV/AIDS Workplace program when it comes to workers who spend long periods travelling or working away from home. They also argue for the relevance of organizations size when it comes to the meaning of HIV/AIDS Workplace Program Policies. For instance, smaller companies are less likely to have “Professional” personnel departments in the case of HIV/AIDS, that implicates that a written policy is important in smaller organizations (ibid.). The fact that smaller companies have a minor amount of employees, employees with excellence skills, and therefore more likely to lose important staff members to the disease, is the importance of having an HIV/AIDS Workplace Program Policy of higher value (ibid.).

According to the conclusions from the study Educational research within postcolonial Africa: a critique of HIV/AIDS research in Botswana is the fact that the country used to be a British protectorate of major impact when it comes to fighting HIV/AIDS, Chilisa (2005) means that knowledge on the epidemic based on western ways of knowing competes indigenous peoples knowledge which leads to a slow progress in decrease the HIV/AIDS epidemic. That paper also highlights that mainstream research in African societies continues to ignore, suppresses and marginalizes other
knowledge systems and ways of knowing. It can be a matter of life as demonstrated by the HIV/AIDS Workplace Programs (Chilisa, 2005).
4. Program Evaluation Strategies

Since this is an evaluated case study concepts about evaluation will be further discussed in: Program Evaluation Strategies, Different Evaluation Methods and Case Study Evaluation.

There are as many definitions of evaluation as there are evaluation methods. Jerkedal (1999) defines evaluation in terms of: describe and evaluate a program, define, acquire and use information decision-making and measure the effectiveness of a program. SIDA adhere to a definition developed by The Expert Group of Aid evaluation in the OECD:

"An evaluation is a measurement, as systematic and objective as possible of an on-going or completed project, program or policy, its design, implementation and results. The aim is to determine the relevance and fulfillment of objectives, development of efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors" (Lewin, E. Evaluation manual for SIDA, 1994, page 7).

The evaluation strategy depends on the purpose of the evaluation. Jerkedal (1999) describes four different purposes and related strategies:

- Get informed decisions for an implemented program should continue to be implemented in its` present form, be further developed or be closed (summative evaluation).
- Provide an ongoing program support and assistance (formative evaluation).
- Predict a programs` success (prognostic evaluation).
- See if a program is implemented after company goals (evaluation of implementation).
4.1 Different Evaluation Methods

Evaluation model should be a purpose of the evaluation, so that it clearly states what it is to be investigated and why (Jerkedal, 1999). Another important component of an evaluation model is the focus/objects, when indicates what should be evaluated. This is essential to provide relevance and evaluation direction. Listed below are four common methods of evaluation:

1. **Measurement of attitudes (views of) a program:**
   To measure views on and attitudes to various programs and policies are the most common evaluation model. It used a variety of techniques, methods and instruments to get answers to various questions about a program. Most common is that program managers formulate the questions he wants answers to (Jerkedal, 1999).

2. **Cost-/revenue-/benefit analysis:**
   An evaluation method originated in the business world, where you measure costs against incomes to relate it to the economic benefit (ibid.).

3. **Goal-related evaluation:**
   Evaluation describes and assesses the extent to which the program is achieving its goals (ibid.).

4. **Process-oriented evaluation:**
   This notice and interpret the evaluator program. This model can thus provide an understanding of why a result, the outcome was as it were (ibid.).

4.2 Case Study Evaluation

According to Patton (1980) does the traditional case study not belong to evaluation, it is a research. Before 1970, research case studies were similar to evaluation case studies, but now the classification is different. Grosshands report for U.S.
Government Accountability Office (1990) argued for that evaluation and research has different case study elements and claims that an evaluations study question is sponsor asked, compare to a research which is researcher asked. The researcher search for a specific interest, while an evaluator search for representatively. The researchers design is trends at one site and the evaluators design is comparison of many sites. There is also a question of price limit for the evaluation, if it is a research it is usually inexpensive and time-consuming, while an evaluation can be very expensive and time-consuming (Grosshands, 1990). Data collection is also different; a research is often quantitative with a long time span, with informants and observations as sources. The evaluation in the other hand is often quantitative and qualitative with a short time span, using informants, documents and administrative data as sources (ibid.).

An ordinary evaluation is often done by one of the employees, while a researcher is more independent, which can impact the reporting (ibid.). A researchers reporting is descriptive, narrative, detailed building of coherent story, evaluators are more conclusion- oriented (ibid). According to Grosshands (1990) a case study is a in between solution. It is offering a low-risk supplement of information that could be measured more reliably and to a relatively cheap price than with large-scale studies.

There are a significant number of case study evaluations that is done by both evaluators (sponsor asked) and researchers (research asked). The impact of HIV/AIDS on Land: Case studies from Kenya, Lesotho and South Africa (2002) are an example of a research that is sponsor asked (FAO5). It is a case study evaluation build on documents and analysis of laws and rules with a purpose to evaluate key issues nearby the impact of HIV/AIDS when it comes to land issues and livelihood strategies. While the research, The politics of action on AIDS: a case study of Uganda (2004) is an example of a case study evaluation that is research asked. The case study evaluation is made with analysis of documents, statements and interviews with politics, staff of the Government in Uganda and religious leaders in order to analyses complexities of presidential action and social organizations.

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5 Food and Agricultural Organization
5. Case Company

The case sample of this paper is a small Swedish company based in Gaborone\(^6\), Botswana, with a total of 17 employees three of those working in the management. Men are the over-represented sex at the company. The case company was chosen since it has taken on the SWHAP and from this worked out a HIV/AIDS Workplace Program Policy, which is the policy this paper aims to explore its effectiveness. It was chosen with the hope of bringing researchers a good and informative picture of the HIV/AIDS Workplace Program Policy efficiency, which might not be possible in the same degree at a larger company especially when time pressure was a fact. The company selected has adopted the Swedish HIV/AIDS Workplace Program presented by the organization SWHAP in collaboration with the occupational health company CareWorks Botswana. This to work out a needs-adapted HIV/AIDS workplace policy for this specific company. Chosen case is appropriate for this paper because it is a Swedish company in a country where HIV/AIDS is a widespread issue.

There are a number of Swedish Enterprises with ownership in Botswana companies who was present for this paper, for example; ABB (electrical Engineering, Energy), Auto-Sueco (Volvo Truck sales, services & parts), Volvo Botswana (Volvo vehicle sales & servicing (motor cars), Eltel Networks Botswana (distributing electricity), Ericsson Botswana (telecoms Solutions Provider), Essbee Services (Financial Advisor, HIV/AIDS programs), JAMAIN Barrington (Media Producer/Radio-Audio, Agents for Video and book publishers, Leadership Team building, Strategic Planning, Facilitation, Senior Management Skills), Know How Magnum (Project Management, organizational intervention, Real Estate), Sanitas (Horticulture, Production systems development & Catering), Sandstrom Consulting (ICT & HR Consultancy Services), Scania Botswana (Selling of Buses and trucks & servicing), The Project House (Real Estate).

\(^6\) The Capital of Botswana
5.1 Case Company HIV/AIDS Workplace Program Policy

To be supported and founded by the SWHAP and to be able to take part of what comes with it, there is a minimum package with a list of services the company should provide for their staff. Which include that the company has to create a budget line for HIV/AIDS, provide admission to counseling services for all employees, assume a campaign and link staff to VCT services by establishes institutional partnerships with VCT service providers, ensure condom accessibility, and a long with that promote their use, ensure the staffs awareness of all relevant HIV/AIDS Workplace Program Policy’s and simplify linkages with programs to enlarge access (careworks.co.za). The company should also develope and put into action a Behavior Change information communication with all staff to support national programs. Even gather and distribute regular information on nonattendance, mortality and morbidity and than submit reports to management and to NACA. At last the company has to do their best when it comes to make sure that the HIV/AIDS Workplace Program Policy are in place and imposed (ibid).
6. Method

This chapter will further describe the type of design and approach used within this paper, along with detailed description of each method within the case study. The case study design will be presented along with its advantages and disadvantages, ethical consideration during the process and the researchers role in the process. Because multiple sources of data collection were used in this paper, each method will be presented individually below, containing the sampling, conducting and analysis procedure for each data collection method.

Single Case Study

Case study design can be either a single-case study or a multiple-case study. A single-case study includes one single case and a multiple-case study can include two or more cases. A Single-case study are preferred in circumstances were a case represent a well-formulated theory, in unique cases or when the case includes phenomena that are inaccessible to scientific (Yin, 2009).

Holistic Design

A holistic research design defined one level of analysis and the research design often included an abstract level of case analysis without any obvious measures of data (Yin, 2009). The holistic research design is beneficial when the related theory that is fundamental to the case study is of a holistic nature or if you cant identify any logical subunits (ibid.).

6.1 Research Design

The research design of this paper is based on the research questions and specific objectives, if the research question includes a “How” or “Why” question, case studies are preferred (Yin, 2009). It is also recommended if the investigators control is limited and the phenomenon focus is on a real-life context (ibid.). This paper represents a single-case study design, which means that there is only one case that has been taken under investigation.
Multiple-case studies are too preferred when it comes to evaluations of programs, since it is hard to do any generalizing with a single-case study (Yin, 2009), but the time limits and the size of this paper made us pick a single-case study as research design. Yin (2009) argues that the single-case study can be an appropriate design when it comes to evaluate a representative or typical case, in this case a HIV/AIDS Workplace Program Policy presented by SWHAP. In that case other researchers can do similar research of the same concept but at another company (ibid.). A holistic design has been used in this single-case study, which is recommended when it comes to examine an organization's global nature (ibid.).

6.2 Case Study Strategy

A case study focuses on an existing case within a real-life environment (Yin, 2009). The purpose is to locate the conditions of a place, program or a situation. The single case study relies on several different data collection methods, which will provide more sources of evidence about chosen case. According to Yin (2009) there are questions that can be set before operating the case study and to assist the research design: What question to study? What data are relevant for that question? What data should be collected and how should the results be analyzed (ibid.)? A small Swedish workplace based in Botswana represents the ground for this paper, chosen because it has after the recommendation from the government of Botswana taken on a HIV/AIDS Workplace Program Policy produced by SWHAP. According to the aim with a case study it will allow an insight to the case company and the people and actions within it (Cohen et al. 2007).

Within this paper respondent's experiences of the HIV/AIDS Workplace Program Policy is in focus and how these experiences are interpreted. Merriam (1994) categorize four kinds of case studies, the ethnographic case study is one of them, and also the approach chosen for this paper. The ethnographic approach is strategies that are selected for the data collection. It deals with analysis and interpretation of social things and clarifies the behaviour in a foreign environment, it seeks to understand what to study from the inside (Nylén, 2005).
6.2.1 Advantages and Disadvantages of a Case Study

The case study is based on the researcher's previous experiences when interpreting collected data. In this paper the case study approach is preferable to that it involves the use of multiple sources of data (Yin, 2009). To be able to get the whole impression, chosen case needs to be observed from different angles. This paper focuses on ensuring the effectiveness of the policy in its real context- the whole impression is therefore more interesting than small parts (Cohen et al. 2007). Another reason for chosen this approach is because according to Cohen et al. (2007) it is an appropriate method when one is studying or evaluating programs- in this case the case company’s HIV/AIDS Workplace Program Policy. Further recommends Merriam (1994) case study design when researcher wants to get an understanding of the human actions and interactions in the environment they are studied in, Yin (2009) confirm that and recommend case studies when “How” or “Why” questions is to be answered. The weaknesses by using a case study often lies with researchers, since the may be personal and selective when it comes to interpret impressions. It is important for the researcher to be cautions in generalizing observations made, for it may affect and question the credibility (Cohen et al. 2007). It can also be hard to get full access to chosen case. How the researcher act in all moments have a significant role in how respondents perceived the situation and thus also on the data obtained (ibid.). Read more about the researcher’s role in the collection of data in chapter 6.3. Another challenge for researchers is to make readers aware of the reality experienced by the researchers (Nylén, 2005). It is also important to be aware of that the reader may not always have ability to distinguish between the facts and the information interpreted by the researchers. When data is collected it is up to the researcher to decide what is appropriate and useful for the paper, therefore there is always a risk that significant data fails (Merriam, 1994).

6.2.2 Multiple Source of Evidence

The research design is based on a single case study used a multiple sources of qualitative and quantitative data. The use of multiple sources of data will provide a broader angle of the case, provide more in- depth knowledge and enhance the reliability of the study (Yin, 2009).
It will also increase the chances to get a good overall picture of the selected case (Cohen et al. 2007). Within the single case study three different methods were used to collect data; Focused interviews with six respondents’, a questionnaire based on a KAB- Survey\(^7\) of the majority of employees at the company completed with five field observations. In addition to those five visits to the company a pilot field observation were made to another company aimed to give the researchers a chance to practice and feel confident in the role of observer.

**6.2.3 Ethical Considerations in a Case Study**

Below presents ethical considerations that is taken into account, in genereal and for each source of data collection within the case study.

In a case study it is all about being objective, honest and careful during all moments. Ethical rules that should be taken into account when using case study focuses on the relationship with those studied. It is about educate and ensure the participants of their rights about confidentiality and how the result of the paper will be reported (Cohen et al. 2007). In accordance to that respondents at the case company were informed before the interview about the purpose of the study, where results will be published and that their participation was absolutely voluntarily (ibid.). They were also told that they did not have to answer a question if they didn’t want to, that they did not have to continue the interview if they felt uncomfortable and that the researchers would not question their decision. Respondents were informed about that the interview would be recorded by a tape-recorder (which no one minded) and that no person not directly involved in the study would know which person who said what. Interviews have been conducted with ethical concerns and the integrity of the respondents has always been respected (vr.se). When retelling data from interviews we decided to name the respondents after numbers, to ensure confidentiality.

\(^7\) Name of a survey designed to examine respondents Knowledge, Attitude Behaviour of a topic.
Since it was the HIV/AIDS-coordinator who located the respondents for the interview the researchers can not guarantee anonymity, the interviews were taking place at the actual workplace, in a special room, but still, the other employees had the chance to see which ones who were interviewed.

When it comes to the ethical considerations of questionnaires, they were distributed to respondents in an unsealed envelope together with an accompanying letter (Appendix A), which contained a short presentation about the aim of the study. It also contained information about their confidentiality, anonymity, non-traceability and there rights to withdraw at any state and information about where the results will be published (vr.se). When using questionnaires as a data collection method it is important to remember that the respondents are subjects not objects, no one could be coerced into completing a questionnaire (Cohen et al. 2007).

Ethical considerations within observations concern respondents anonymity and sense of security by our presence. Since the company’s name was not mentioned in this paper, things that were observed could not be linked to any individual (Cohen et al. 2007). The respondents were aware of our presence, but did not know we were there also to observe. As an observer, you are a disturbing element in respondents everyday lives, you are infringing on a private area. This need not to be meant negatively, but as an observer should be aware of this (ibid).

6.3 Researchers

The choice of the case company has been taken on own initiative from researchers, which in turn is independent. Within the case study the researcher has little control over actions, it is important to be aware that there is interference in the work environment and the observer’s presence may be perceived as an intrusion. This can affect people in that environment, also their behaviour. How observers choose to do entre of the company, the clothes worn and the presentation play a large role in how respondents will react and feel safe with the observer’s presence (Cohen et al. 2007).
This was something researchers of this case study had in mind and also learned from the pilot field observation, before each visit at the company preparations were made, also representative clothing and structure on how observations would be recorded and remembered (ibid.). Before interviews were conducted a recorder were hired and questions were prepared and trained by the researches.

6.3.1 Pilot studies in Case Study

The questionnaire was pilot before it was distributed to respondents at the case company. According to Cohen et al. (2007) questionnaires have problems relating to question construction and wording. Therefore before operating the questionnaire to intended target group the pilot study were set to assess if the questions were understandable and workable. It comprised four local respondents, three men and one woman (these persons were not involved in the main study). Respondents in the pilot study were asked to give feed-back on their general picture of the questionnaire, comment the design, language, readability level, and to estimate ambiguities or difficult wording (ibid.). The response was in general good, respondents found the questionnaire understandable but one question seemed to be unclear to all of them, the question was worded: “Since you first had sex how many partners would you say you have had”? It wasn’t clear to the respondent what kind of “Partner” researchers referred to. Than the question were specified to “Sexual Partner” which was the kind of partner that was really intended.

To make a pilot study before the main study is according to Van Teijlingen and Hundley (2001) an important part when it comes to gain a good study design, it will increase the probability of success in the main study. The pilot study can also generate important functions and provide valuable insights for the researches (ibid.). A pilot field observation was also conducted within this paper, it is preferable since it to be a good observer in field required training. By practising observation allows the researcher to get better at writing field notes which were important in this case because it was the first time researchers used field observation as method (Cohen et al. 2007). Because of this a pilot visit were conducted which aimed to train investigators in order to observe.
Through the pilot visit researchers practice on to keep filed notes and how to record and interpret observations. This were important since the researcher is the main instrument in a case study and the number of bias can be avoid if the researcher is aware of its role (ibid.).

6.4 Formal Interview as Data Collection Technique

The interview is according to Yin (2009) the most central source of information in a case study. When in comes to focused interviews which is present in this paper it means that the person is interviewed for a short time, the interview is opened but will need some set of question, for example an interview guide (ibid.). A focused interview is a qualitative research technique that involves conducting intensive individual interviews (Boyce & Neale 2006). Focused interviews were used next to the questionnaire, as it provide valuable detailed information and since our research is taking place at a smaller company focused interviews, with a small number of respondent, is recommended by Boyce & Neale (2006). It also provide a more tranquil atmosphere, which might lead to a more comfortable situation for the respondent through a conversation about their HIV/AIDS Workplace Program Policy, opposed to filling out a questionnaire (Cohen et al. 2007). The benefit of focused interviews is that they offer more detailed information than other data collection methods and they are practical when you want comprehensive information about person’s behaviours and thoughts (ibid.). The main reason of interviewing is to understand the lived experiences of individuals, the meaning and the qualities of the respondent’s experiences (Marschan & Welch 2004). Focused interviews were used to get detailed information about de employers thoughts, explore the respondent’s perspectives when it comes to the meaning of a HIV/AIDS Workplace Program Policy, advantages and disadvantages with a HIV/AIDS Workplace Program Policy, expectations and experience of the HIV/AIDS Workplace Program Policy and what kind of impact the HIV/AIDS Workplace Program Policy has to the employee, through an interview guide (Appendix B).
6.4.1 Sampling Formal Interviews

Employees at the case company were randomly picked out for the focused interviews. Interviews are recommended when it comes to get through to the respondents feelings and actions that cannot be observed (Merriam, 1994). Interviews were conducted to give the investigator an opportunity to take another persons perspective, which is significant in this case. The HIV/AIDS-coordinator at the company helped researchers to get in touch with respondents, the sampling was done after convenience and purpose, which involves choosing respondents after their possession; management and the HIV/AIDS- coordinator were excluded since the research aim involves employees thoughts and experience of the HIV/AIDS Workplace Program Policy, managers and the HIV/AIDS- coordinator has a greater experience of the HIV/AIDS Workplace Program Policy since their were the ones who were involved in the implementation process. Employees with limited English skills were also excluded, since interviews relay on linguistic skills; we also worked to get a representative gender, age and education level sample. This means that a total of seven employees were excluded. From a company with 17 employees the sampling size was six individuals. At the case company, out of office work is common, so respondent that participated in this paper was chosen on availability at the time and the fact that researchers had easy access to them.

Out of six respondents there were four males and two females, age group between 25 – 45 all of them had an educational level of third level qualification. When it comes to gender, age and education we have what Cohen et al. (2007) calls a probability sample, since it represent the setting of the company staff according to the manager’s register of employees.

6.4.2 Interview Guide Design

To get more data that could answer the research questions and the specific objectives of this paper, six interviews were conducted. With a interview guide (Appendix B). A lot of questions in the interview guide are designed to get the same answer, from questions with different query formulations.
Since there were no previous evaluations of the HIV/AIDS Workplace Program Policy at the case company, we asked a question about the respondent’s previous knowledge about HIV/AIDS in order to know if the HIV/AIDS Workplace Program Policy has made any difference. To see if there knowledge has increased because of their participation in the company’s HIV/AIDS Workplace Program Policy following questions were asked; if they would say that it have had any benefits for he/she as an employee and if they believed that the policy have had an impact on there one knowledge about HIV/AIDS, attitudes towards HIV infected individuals and sexual behaviour.

To get further knowledge concerning the question if the employees at the case company are aware of the HIV/AIDS Workplace Program Policy a question about the respondent’s experiences of the policy was asked, is they could tell us how they first got in contact with the policy and were he/she first found out about the policy. In order to obtain knowledge concerning the employees attitudes to the HIV/AIDS Workplace Program Policy following questions were asked; one question about the respondents ideas about why the case company would have a need for an HIV/AIDS Program Policy were asked in order to investigate different, maybe hostile attitudes towards the HIV/AIDS Program Policy. As well as a question what the respondents think about the outcome of the program policy. And a question about the respondent’s expectation of the HIV/AIDS Workplace Program Policy, to see if they are positive or negative attitudes towards it. A supplementary question about what they would like to change in the program was asked in order to see what the respondents might find ineffective.

6.4.3 Conducting Formal Interviews

Qualitative research interviews looks for qualitative knowledge expressed in words regarding the interviewee’s conceptions (Kvale, 1997). Interviews were controlled with an interview guide (Appendix B), to avoid yes/no and leading questions, avoid the interviewers from jumping from one topic to another, it makes it easier for the interviewers to summarizing after every question, it prepared us to repeat questions easier at the respondents request and manage to keep our personal opinion in check, but it still giving space for flexibility in the questions (Cohen et al. 2007).
Interviews were conducted at actual workplace in a closed room to avoid interruptions from outside and minimizing distractions; the room was located in the middle of the workplace area that resulted in some disturbing noises from outside. Each interview lasted between 25 and 50 minutes, all interviews were recorded with the consent of respondent.

The interview was held around a round table, having coffee and tea during the interview. According to Cohen et al. (2007) it is important to provide a comfortable environment for the respondent and appear interested in what they are saying to provide the most detailed data from the interviewee. To avoid misunderstandings or misinterpretations we summarised the interviewee’s statement, asked for further explanation and repeated questions throughout the interviews.

6.4.4 Analysis Procedure of Formal Interviews

Since we worked during time pressure, the analysis and data collection have been worked out parallel, which is a time-productive alternative in conducting case studies (Merriam, 1994). Each interview was recorded, in consultation with respondent and transcribed by the researchers the same day. Each interview has also been printed in hard copy and on-going notes in the form of comments and checklists have been made, the goal was to find specific information and to stimulate critical thinking as a researcher during the analysis phase. Merriam (1994) argues that each observation and interview should be demonstrated of what the previous given, to find specific patterns and to see what you should look for in the following interview.

Our single-case study has a holistic design, which led to that the final analysis includes data from interviews, questionnaires and observations together. We started the analysis by examining the research aim and research question, and reminded ourselves of who this paper is written for in order to decide design of this paper (Merriam, 1994). We printed all interviews, the compilation of questionnaires and all notes from the field observations when the data collection where finish, to read through the information a several times and keep notes, to identify information services and start to categorize.
To develop categories means that we must look for events that recur in the data (ibid.). We identified following themes; (I) Communication, (II) Resource Scarcity, (III) Universal Curriculum, those will be further analyzed in chapter 9.

6.5 Questionnaire as Data Collection Technique

To sue the state of knowledge when it comes to HIV/AIDS among the stuff a questionnaire were handed out to gather information about the general knowledge among employees in regard to HIV/AIDS. A questionnaire will provide primary data by purpose of gathering information from respondents. There is several range of types of questionnaires, the questions in this questionnaire are designed for a KAB- survey, which intends to examine respondent’s knowledge, attitude and behaviour around the topic. The questionnaire includes closed questions with high structured response alternatives. The topic of this paper includes a sensitive topic - sexual behaviour, then a questionnaire is to be preferred since it won’t exhibit respondents from being influenced by the interviewees, which according to Dahmström (2005) is an advantage when asking sensitive questions.

According to Cohen et al. (2007) there are a few things that affect every stage of the use of a questionnaire, for example it is important to keep in mind that the it will always be an encroachment into the life of the respondent. Further Cohen et al. (2007) discuss the importance of the appearance of the questionnaire; it should look simple, interesting and inviting.

6.5.1 Design of Questionnaire

When it comes to measuring attitudes, values and to identify knowledge in particular area of concern a questionnaire is preferable (Dahmström, 2005). A well-designed questionnaire is critical to the outcome of the investigation; it could provide answers to the research questions and with sufficient quality. Dahmström (2005) argues of the need to first clarify the objective of the survey and its questions, and defines measurable variables exercise, as well as the respondent’s right to participation and confidentiality. An overall condition is that respondent knows that the answers are protected by unauthorized and will not be submitted or used against him.
It is therefore important to inform about legal rules and ethical standards for the protection (ibid.). Finally, information about how respondent can take part of the final results from the questionnaires and contact information to researchers in the event of questions or other commitments is presented in an accompanying letter (Appendix A).

The questionnaire was entitled Knowledge, Attitude and Behavior Survey, with question based on a KAB- survey design from the SWHAP. Since we have never done a survey with a questionnaire before in this way, the KAB- survey model from SWHAP helped us formulating questions so that they would establish participant’s knowledge about HIV/AIDS and their perception of the HIV/AIDS Workplace Program Policy (Appendix C). Some modifications and additions were added from researchers so that it would fit this papers issues. A change that was made was the addition of the HIV/AIDS symbol, which was placed in the left corner at each page. This because it’s a nice gesture and that it symbolizes those living with HIV or is sick from AIDS (hivportalen.se). A general rule of questionnaire design is to use an accurate, simple and easily understandable language. Everyone should be able to perceive the matter content, even those with poor language skills (Dahmström, 2005); therefore the questionnaire in this paper is designed with as simple English as possible.

A question where the answer choices is to be ranked has excluded, the questionnaire is designed with solid answers and there is always an alternative answers for uncertainties such as "I am not sure" or "Other". Making questions as neutral as possible has made an avoiding of leading questions and it contains not any "Proceed to next question" options. Abbreviations are excluded, since Dahmström (2005) argue for that all abbreviations should be specified in a questionnaire in order to avoid misunderstandings. When it comes to the sequence of the questions the questionnaire begins with the most neutral, non-controversial and "Harmless" questions, starting with gender and age, which is recommended and then continue with more sensitive questions (ibid.). The questions are designed to be undersized, without asides and parenthetical expressions. It is important that the questions don’t feel too wide and takes a long time to answer (ibid.), hence, the questionnaire limited number of issues and their priority is their connection to the research questions.
We have also, after Damhströms (2005) recommendation avoided the possible answers such as "Sometimes" and "Often" and instead stated with answers such as "One or two times" or "Three– four times" etc. When it comes to the design of the questionnaire, it is important that it is easy to read, understandably and it should not be any ambiguity about the subject matter (ibid.). All sections in the questionnaire begins with a general introduction to the study and, if needed, general instructions for filling in the answers (ibid).

When it comes to questionnaires concerning attitude questions Dahmström (2005) recommends to use a discussion or focus group to pilot the questionnaire, in case of incomprehensible language or difficult questions. The questionnaire was pilot on four individuals this led to some rewording and addition of questions. For example was an addition of a question on the respondent’s native language. This was necessary so that the questionnaire will suit present paper and to cover and elicit appropriate data. (Cohen et al. 2007).

6.5.2 Sampling Frame of Questionnaire

Sampling frames for the questionnaire were employees at a small Swedish company in Botswana. The purpose of the questionnaire was to sue the state of knowledge when it comes to HIV/AIDS among the stuff. The selection of target group is small and not randomized chosen. Questionnaires were handed out to all employees at the company, including the management. Each employee received a questionnaire in an unsealed envelope together with an accompanying letter (Appendix A) informing the respondents about the purpose of the study and the ensuring of non-traceability and anonymity (read more about that in ethical considerations). A total of 17 questionnaires were handed out, then it was found that three of the employees were illiterate, which consequent a further lost of three questionnaires. In the end a total of 14 completed questionnaires were obtained, which means a shortfal of 17 %. When respondents filled out the questionnaire they were asked to seal the envelope and leave it to the HIV/AIDS - coordinator at the company who then handed them over to us.
6.5.3 Analysis Procedure of Questionnaire

As the numbers of questionnaire were few we compiled them manually in Microsoft Excel. We counted up the answers; thus, many qualitative researchers consider to be overly quantitative (Merriam, 1994). We have also noted relationships between different variables; is there any relationship between high involvement in the case company's workshops and knowledge about HIV/AIDS? It aims to develop hypotheses that may explain represented else (ibid.).

6.6 Field Observations

Observation were done throughout five field visits, non-participatory observations is that there has been practiced in this study. Our especially aim was to observe the working environment in general, things concerning the policy and the various roles that SWHAP, CareWorks Botswana and the case company has. Notes were taken concerning working environment, what can appear on the policy and various roles that SWHAP, Care Works Botswana and the case company has?

We were two observers who made the observations, which is good because four eyes can observe more than two (Lewin, 1994). Field observations increase the opportunity to discover relationships and other situation that may not appear during an interview. A total of five field visits were made to the company within four weeks, (excluding the pilot visit done at another company). Observations allow for a further overview of the company and staff (Merriam, 1994). Beyond that, observations were made in particular on how the cohesion of the company seemed, how the working atmosphere was and how the employees behaved towards each other.
6.6.1 Exploratory in Field

Pilot Field Observation

Beyond the five observations made at the case company for this paper, a pilot observation were made to another company aimed to give a chance to practice and feel confident in the role of observer. That this was done elsewhere than at the company that this paper was designed was to give researchers a chance to practice their observation without affecting the data collection. The pilot observation gave an introduction in what it is like to be an observer.

Field Observation at Case Company

At each visit to the company observing were practiced, with a goal to receive as much information possible to be able to obtain the best interpretation of collected data (Cohen et al. 2007). Sampling for field observations consisted of five visits to the company. After each visit to the company notes were taken from observations made during the visit. The observations gave a broader picture of the company; they gave an overall picture of the business environment and relationships between staff and between staff and management. The first impressions were good and welcoming, the atmosphere was calm and inspiring, the impression of thoughtfulness and spirit of community was obtained. These impressions are based on observations of how the staff talked to each other, how management spoke with staff and the atmosphere when all were gathered. Details from observations will be presented further in chapter 7.3.

6.6.2 Analysis Procedure of Field Observations

All field observations have been documented and printed on paper and notes, observations and checklists have been made, after Merriam (1994) testimonials. Each observation has been certified by the previous; in order to see what we should focus on the next observation, but also to see clear patterns.
7. Results

This chapter contains results from multiple sources of evidence. Formal interviews, questionnaires and field observations.

7.1 Results Formal Interviews

In this chapter results from formal interviews conducted at the case company will be detailed, a total of six interviews. We will present respondents after number. Results are presented after an interview guide (Appendix B). Employees at the company did not have any special expectations on the HIV/AIDS Workplace Program Policy, thus they are very pleased with the program in general. The chapter will also include other significant observations made during the case study.

The experience of the HIV/AIDS Workplace Program Policy was tantamount among all respondents. Workshops, sessions every third month, and VCT for all employees. Respondent 1, told us that he/she was a peer educator, but that the peer educator system didn’t work at the company.

“The people from CareWorks Botswana asked me if I would like to be a peer educator… I have been to training, but it does not work so well here. I don’t think that the guys dare talk to me here at work, they probably rather talk with someone at home, or with each other” (Respondent 1).

On question number two in the interview guide, if they had any ideas about why their company would have a need for an HIV/AIDS Workplace Program Policy, the majority of respondent replied that they haven’t thought about it, two respondents have never worked at a company with a HIV/AIDS Workplace Program Policy before so the concept was new for them. Respondent 1, said that it was because all the other companies has one, and that it is important to have one since it signals that management cares about their employees. Respondent 2, believed that the workplace is a good place to talk about HIV/AIDS since everyone needs to work for living.
“Because we have a big problem with HIV/AIDS in our country, and we don’t want anyone else get infected…” (Respondent 5).

On the third question, about the respondent’s expectations at the company, the majority replied that they didn’t have any expectation, and that they haven’t thought about it that much.

“I have never worked at a company with a HIV/AIDS Workplace Program Policy so I don’t know what to expect… I don’t want to change anything in it, it is good” (Respondent 6).

“The program is over my expectations; I didn’t think that we would get the opportunity to VCT… I would like to see a opportunity to get tested at home with you family, since it can be embarrassing to get tested in front of your coworkers, it is better to have it at home because then your partner can get tested to” (Respondent 3).

One respondent would like to know more about health in general, like nutrition, “People don’t understand that it is important to eat a lot of different food, not the same everyday, it is better if you are HIV infected as well” (Respondent 2).

Another respondent would like to know more about the fact that you don’t have to be HIV positive just because your partner is, and how you can handle that situation if that is the case.

All respondents believed that the HIV/AIDS Workplace Program Policy have had an impact on themselves. They have learned more about HIV/AIDS; more detailed information, how it can transmit and that it is possible to live an ordinary life with the disease.

“In school we just learn that there was a virus called HIV, that there is no cure. And that the disease will kill you if you have sex… They told us to condomise but they never said why” (Respondent 4).
One respondent sad that it has had an impact on his thought about HIV positive individuals, a new understanding. The VCT have also had a great impact:

“Oh, yes, I wouldn’t have got my HIV test if it weren’t for this program, I would never visit an ordinary clinic, it is to embarrassing” (Respondent 4).

All respondent except for one have received information about HIV/AIDS elsewhere in the recent past. At school, on previous workplace, on cattle meetings[^8^], and on the radio and TV.

“They talks about it on the radio sometimes but I don’t use to listen” (Respondent 5).

On the question if the respondent believed that he/she has changed through their contact with the program it was just positive statements. Their level of knowledge is higher now, about how you avoid getting infected, and how it is to live with HIV, “You can live a normal life you now, and it doesn’t mean that it is the end of the world” (Respondent 1).

“I have a other view now, I am aware of my HIV status and it makes me proud, it makes me want to become a model for others, especially my kids. I don’t run after girls like a maniac anymore” (Respondent 6).

“Safe sex is important, it is better to prevent than to treat a sick person, I want to learn my children this, everyone should get the opportunity to these kinds of sessions, it is better than the cattle meetings since it is a better environment to have a discussion, it can be more private here with a smaller group that in the cattle meeting, it might come people from other villages and then people don’t want to get exposed” (Respondent 2).

[^8^]: Gathering in villages, often with religious connection. During these meetings, takes decisions that must prevail within the village also “trial” is held.
Respondents reviled that the HIV/AIDS Workplace Program Policy has been at the company since the beginning.

“I remember that the people from CareWorks Botswana were here and had meetings with the management, they told us that we are going to have one session about HIV/AIDS per month, but know we have changed that to one session every third month instead, then we have three different topics each session instead… That is better; we don’t have the time to gain the hole workforce ones a month” (Respondent 5).

7.2 Results from Questionnaires

Results from the questionnaires are presented below in flowing text, as recommended by Backman (1998); broken down by each section.

Section A: Demographic Attributes

A total of 14 questionnaires were submitted, ten of the respondents were men and four were women. Four respondents were between 26-30 years old, five were between 31-40, and four between 41-50, one respondent were older than 50 years old. When it comes to educational level five respondents went to secondary school and the rest nine had a third level of education. All respondents have been employed at the company during one to five years. Ten respondents had a semi-skilled profile at the company, three were in management and one was categorized as a specialist/middle management. Eleven respondents have Setswana as their native language, two had English as their native language, and one respondent had neither English or Setswana as their native language. Ten respondents were married or lived together with a partner; the rest four had a steady relationship but weren’t living together. A total of twelve respondents were aware of their HIV status, the rest two would like to find out someday.
Section B: Knowledge Test

The correct answers and the respondent’s answers to the questions will be further presented. Question 9, Tuberculosis (TB) can be cured if a person is infected with HIV? The right answer is that this statement is true, 13 of the employees answered the question right, and one respondent wasn’t sure. Question 10, the presence of sexually transmitted infections makes it easier for HIV to infect a person? The right answer is that this statement is true, and all of the 14 respondents answered the question right. Question 11, there is a difference between HIV infection and AIDS? This statement is true and all of the 14 respondents answered the question right. Question 12, an HIV infected mother will always infects her baby with the AIDS virus (HIV)? This statement is false, 13 of the respondents answered the question right, one respondent answered that this statement was true. Question 13, AIDS is the final stage of HIV infection? This statement is true and all of the 14 respondents answered the question right. Question 14, contract with salvia, sweat, urine or digestive fluids can infect a person with HIV? This statement is false, 13 of the respondents answered this question right, one respondent answered that this statement is true. Question 15; is a person likely to get HIV by working with a person who has HIV infection or AIDS? This statement is false and all of the 14 respondents answered this question right. Question 16, the safest protection against HIV infection is to abstain from sex or to have a mutually faithful relationship? This statement is true and all of the 14 respondents answered the question right. Question 17, blood, sexual fluids and breast milk contain (carry) HIV? This statement is true and all of the 14 respondents answered the question right.

Section C:

When it comes to the respondents own estimating of their own risk of being infected with HIV (question 18) nine of the respondents felt that there was a little or no risk, four felt that there was some risk and one respondent thought it was a fairly big risk to be infected with HIV. The reasons for chosen alternative could be specified further by respondents, for example those who felt that they had little or no risk to be infected specified the answer to that they were having a live-in partner, that they were using condoms and also tested regulary, “If I am faithful I belive my partner is
also faithful to me”. The respondent who answered that there was some risk, specified the answer and explained that there is some risk because “My partner is staying away from me so I am not sure if he is faithful, but we use condom everytime we meet but to my knowledge condom is not 100 % sure which mean he can infect me”. Other statements that occurred were that the only way to get infected is through contact with injured persons who might have an HIV infection if I also have an open wound. Another respondent minimize the risk of getting infected by use condom before each act, and always have condoms available, “No Condoms, No Sex”. One respondent wrote that; since he was married he doesn’t think that his wife is sleeping with someone else. “But there is always a risk, the partner could have another partner in another town”, another respondent explain. At last one respondent think that it is a big risk since he don’t use condoms, and the sentence ends with “I’m planning to start with that”.

Section D: Workplace Program Policy at the Case Company:

About the sessions that were held at the company (question 19) there is one respondent that haven’t attend one of them, five respondents have attended one-three, two have attended four- seven, three have attended eight- eleven, one respondent have attended 12- 15 sessions and two respondents are not sure how many sessions he/she has attended to. Question 20, asks how many months ago the last HIV/AIDS information session were conducted at the company, eight respondents answered more than three months ago, four, answered less than three months ago and two respondents weren’t sure how many months ago the last session were conducted. Eleven respondents were aware of the HIV/AIDS policy that the company has taken on, one didn’t think that there was a policy at all and two weren’t sure whether there was a policy or not (question 21). 12 respondents understood the general content of any HIV/AIDS policy at the company (question 22), two weren’t sure that there was a policy at the company. All of the respondents did know which person at the company to turn to it they were in need of more information about HIV infection or AIDS (question 23). Nine respondents were aware of the HIV/AIDS committee or special task team at the company (question 24), three of them weren’t sure about it and two respondents were not aware of whether there was a committee or special task team at the company.
Section E:

When it comes to sex partners five respondents have had four-six sex partners, two have had seven- ten sex partners and seven have had eleven or more sex partners since they first had sex (question 25). All of the respondents were having a steady sex partner at the moment, either a spouse or a steady boy/girlfriend (question 26). Seven respondents were always using condoms when having sex with their steady sex partner (question 27), one used condom most of the times but not always, and six respondents seldom or never used condom when having sex with their steady sex partner. All respondents were aware of their partners HIV status (question 28). Seven respondents have had two or three casual sex partners (question 29), four have had four or more casual sex partners and seven respondents haven’t had casual sex partners at all. Eleven respondents used condom every time they have had sex with others, other than their present partner, three used condom almost every time (question 30). When and if respondents have had sex with others, eight of them always tried to find out the partners HIV status (question 31), five have been aware of their partners status a lot of times, but never asked about it, one respondent have been aware of it sometimes, but never really asked about it.

7.3 Results in Field

The pilot observation is excluded here in this reproduce because this visit was not made at the same case company that designs this paper. The aim of the pilot observation was to train and prepare ourselves for observations because that may be important when it comes to our skills at observation. But the pilot observation visit will not have any significant meaning for the result presented from the case company.
7.3.1 Reproduce from Field Visits

7.3.1.1 Field Visit One

At the first visit we met the head of the company, then a tour was made and a short presentation of the staff who was in place. This visit was when we got the first impression of the company in its whole context. Notably it was cozy and intimate atmosphere that prevailed. When walked into the company we were met by a cheerful receptionist who served tea and showed us to the head of the company. The conversation held with the boss was in Swedish, this meeting gave an insight into how it looks like at the company and who does what. We were introduced to the company’s HIV/AIDS- coordinator and asked her for records on how they have been working with the company’s HIV/AIDS policy so far. We noted that the papers were not quite in order, and that HIV/AIDS- coordinator seemed very busy. This was understandable since she has another service in addition to the one as an HIV/AIDS- coordinator.

7.3.1.2 Field Visit Two

At the second visit records were obtained containing information on how the company previously worked with the HIV/AIDS Workplace Policy Program. Notably for this visit were the information sheet on the wall in the entrance (written in English), which inform about services that are available for the employees. According to the list of services lined with assistance from SWHAP and CareWorks Botswana the case company for this paper has developed following points considered important when it comes to dealing with HIV/AIDS:

- Personal counseling on all aspects of HIV/AIDS
- Referral service to the most applicable facility
- Nutritional advice
- Information on ARV, PMTCT, IPT, cd4 and laboratory testing
- Linkages to all support program
- Assistance with enrolment in VCT and ARV
The information sheet also included the number to the call centre to which the employees can call anytime concerning the topic. At the bottom of the information sheet reads: “This Company conforms to Botswana’s National Strategic Framework”. We got the impression that this shows that the company is aware to take a hold of HIV/AIDS, by having several information sheets is a way to show that the company takes this seriously. Further it came to our knowledge that the manual of the company’s policy stands, are useable for all staff at the reception.

7.3.1.3 Field Visit Three

This visit began at the company and then ended in a lunch between us and the head of the company, the lunch were held outside the company. Interesting conversations were held; attitudes towards HIV/AIDS appeared along with the way of leading. The impression given was that there needed to be done at the company within the HIV/AIDS issue would be implemented with no preconceptions or prejudices that could work towards this were noted. He told us that the problem he saw with the implementation of the policy is at higher level, and that it is easy for someone else to set up positions for a policy without him having tried it in practice. It mostly has to allocate time which in turn becomes a cost issue.

7.3.1.4 Field Visit Four

At this visit the questionnaires were handed out, this was associated with a small briefing for the staff ending with HIV testing carried out by CareWorks Botswana. Upon arrival there was staff from the occupational health, CareWorks Botswana on site. They would hold short information and meanwhile HIV testing the staff. Within the staff speaks various languages, and information was given in both Setswana and English which means that not all information reaches everyone in the same way. This visit was an excellent opportunity for us to see how the staff worked together and how they behaved towards another. Even now we felt a strong cohesion and good atmosphere among those who were there. During the same visit when almost all staff was on hand three interviews were conducted.
7.3.1.5 Field Visit Five

At the fifth visit, three remained interviews were made as smoothly as the first ones. This was our last visit to the company and the opportunity to say goodbye to everyone and thank for the cooperation and openness. During this visit we collected the questionnaires. After this visit was yet another lunch with the head and project manager then revealed further views on whether Botswana’s leadership manages HIV/AIDS issue. The head told us about his idea on the HIV/AIDS issue, according to him the problem is the cooperation, which he believes is due to the old political system in which no one shared their information and knowledge because knowledge is power. Further he told us about the lack of cooperation and the difficulty of taking decisions which he felt and experienced. “A bad decision is a good decision, precisely because it is a decision”. We then received gifts from the head, which was a nice gesture.

Other Significant Observations Made During the Case Study

While the case study was conducted, was given opportunities to many interesting meetings on selected case. It is impossible to retell everything that was observed excluded from the visits to the company. There are two special events that should be mentioned when they are considered important for the outcome. A spontaneous visit was made to CareWorks Botswana. The visit resulted in deeper understanding of how the practical work goes to when it comes to lectures and HIV testing of staff. Even CareWorks Botswana role as an intermediary between companies and SWHAP.

Another significant experience from the data collection process was when we took part in SWHAP’s annual conference in Johannesburg. This after a personal invitation from the program coordinator. During the conference was awarded a prize to the company that has been most successful in their work with their HIV/AIDS policy. The successful companies were those that received the most attention during the conference. It was for us a unique opportunity to take advantage of the companies work on the HIV/AIDS Workplace Program Policies in the past year. As well as it was an introduction to current topic (HIV/AIDS).
8. Analysis – Effective or not?

The results from the empirical data showed that it exist a high level of knowledge about HIV/AIDS among the respondents at the company, we haven’t find any remarkable sign of hostile attitudes towards HIV infected individuals and most of the respondent estimated there sexual behavior as a low risk when it comes to get a HIV infection, a further discussion about this phenomena will be discussed in chapter 9.2 Result discussion. We did found that the objectives listed in the HIV/AIDS Workplace Program Policy haven’t reached out to the employee’s attention. This will be further analysed in this chapter focusing on three important themes; (I) Communication, (II) Resource Scarcity and (III) Universal Curriculum. Drawing upon the theoretical framework and the multiple sources of evidence these themes appears to be influencing the effectives of the case company’s HIV/AIDS Workplace Program Policy.

8.1 Communication

Letamo (2003) argues for that HIV/AIDS Programs needs to be strengthening to reach more people through information, communication and education. Thus, we found that the HIV/AIDS Workplace Program Policy is designed in a way that is not available for all employees. The policy is written on English, the information poster on the wall is written on English and all the information that handles out during the workshops/sessions is on English. Bagwasi (2006) claims that the role of language has a major impact when it comes to reducing HIV in Botswana since almost all information about HIV/AIDS is written on English, this is also the case of this company. Eleven of the 14 respondents from the surveys reviled that they had Setswana as native language. We also discovered an issue in the role of spoken words, since there were some employees that spoke only Setswana, and some employees that spoke only English. This resulted in a workshop/session containing both English and Setswana.

Another issue concerning the HIV/AIDS Workplace Program Policy manual is the fact that there is an estimate 230 000 illiterates in Botswana (Bhola 1985),
the case company have three illiterates among the employees, how do they get the information about the rights of HIV positive individuals? The HIV/AIDS Workplace Program Policy does not reach out to all of the employees, which should be a high priority in the implementation of a policy. How effective is a policy that does not reach out to everyone?

Another issue concerning the communication at the case company is the case of peer educators. There are trained peer educators at the case company. Thus, five of the six respondents from the formal interviews didn’t mention them. One of the respondents were a trained peer educator but he/she meant that the obligations were unclear, the communication with CareWorks Botswana was bad, and that her/his coworkers didn’t seem to have a interest to talk to the peer educator. This is a shame since peer educators is a effective and cheap alternative in order to reduce the spread of HIV (Preece & Gabo 2004).

8.2 Resource Scarcity

All the information creates a gap for reflection, the author argued that a process of ongoing reflection, discussing and support is exactly what is needed regarding education, strategies thorough the pedagogical approach needs to take account of context (Preece & Gabo 2004). It is clear that this company don’t have enough time to spear for this HIV/AIDS Workplace Program Policy as needed to be effective to it fullest. The company is supposed to have a workshop/session monthly, but at this time it is one workshop/session every third month. The fact that the case company is of small scale is of great importance when it comes to this issue. Smaller companies are less likely to have “Professional” personnel departments in the case of HIV/AIDS (Goss & Smith 1995). The HIV/AIDS- coordinator at the case company had another employment at the company is something that influence the effectiveness of the HIV/AIDS Workplace Program Policy. Since the HIV/AIDS- coordinator is the primary communication link between the case company, SWHAP and CareWorks Botswana, there should be more time set aside for this work to facilitate and streamline the policy process. Through observations, it was significant that the coordinator did not have the time needed for both of her duties. For example, the HIV/AIDS- coordinator don’t have the time to follow up there work; according to Kirby et al. (2006)
there are a few programs that are evaluated, the focus of attention or those who are evaluated are the programs that have a positive outcome. The case company didn’t seem to keep any record of what has been done at the case company, either the HIV/AIDS-coordinator at the case company, the case company staff manager or people from CareWorks Botswana could answer how many sessions or what all of the sessions where about. This can connects to Kirby et al. (2006) study that means that the most common problem in HIV/AIDS Workplace Program Policy is that they don’t have any strategies, objectives or policy documents, no knowledge in how to implement a program, they don’t include gender or human rights perspective, poor or no cooperation between different HIV/AIDS programs, lack of program evaluation and lack of individualized curriculum.

8.3 Universal Curriculum

There is no universal solution to the HIV/AIDS epidemic, every HIV/AIDS Workplace Program need to take account of context (Preece et al. 2004). Preece & Gabo (2004) discuss the problem with one-way message in HIV/AIDS education and information. According to the respondents to this case study, they have never been asked to submit their views on how the program will be designed or which topic that should be taken up during the workshop/sessions. Preece & Gabo (2004) claims that to enhance efficiency and avoid one-way communication they suggest that the education strategies need to take account of; active participants, adult education theory that promotes the active involvement of learners in raising a curriculum for there special needs (ibid.). Results from the case study indicated on that every employee at the company had different previous experience and knowledge of HIV/AIDS. One employee said that he want to learn more about basics fact around HIV/AIDS, another employee would like to know more about PMTCT and a third more about nutrition and health in general. This reflects in respondents answers when it comes to their expectations of the programs, some had great expectations since they had a good HIV/AIDS Workplace Program Policy at their last company, and some one didn’t have any expectations at all.
All of the respondents in this case have started their employment during the same period of time, but what happens if a new staff member is recruited to the case company? How will this employee get the same information as the other ones?

9. Discussion

Following chapter discusses methodological issues within the multiple sources of data used in this paper. Since three different sources of data were used, all with different types of issues they will be presented individually.

9.1 Method Discussion

In all methods of data collection in this case study, the fact that we as researchers are from another country and culture and that we have another first language than the respondents, may have influenced the interpretations of situations and statements. We are aware that there may be some misinterpretations because of this. Nevertheless we believe that we have managed to get an overall picture of the case company. That we were two girls who came to a male-dominated workplace to look into a sensitive topic is also something that should be considered in this context. It was also the first time we did a case study, with all that implies. That this data collection was carried out in another country in which we never been in should also be borne in mind.

9.1.1 Methodological Issues with Formal Interviews

Results from focused interviews cannot lead to any generalization, since random sampling methods are not used and small samples are chosen (Cohen et al. 2007). The fact that we were recording the interview might have an impact on the result, although they agreed to, it may have subconsciously influenced our respondents (ibid.). Focused interviews are time-intensive; it takes time to conduct, transcribe and analyze the interviews (Cohen et al. 2007). Since we were two interviewers we could divide the work, but Marschan & Welch (2004) means that it its better to be two interviewers than to dive it, since interviews obtained by different interviewers, using the same interview guide, may be difficult because of the interviewer’s different
focus. Cohen et al. (2007) argues for the advantages and disadvantages of being two interviewers. The advantages are that we are two persons who are observing, and this allowed for reflecting different things. Thus, we can discuss the interview afterwards and complement each other, which lead to a reliable retelling. The disadvantage of being two interviewers is that our roles may be unclear for the respondent, which can lead to confusion, uncertainty, or that respondent feel intimidated.

As previously stated, English is the interviewers and respondent’s second language it is a major methodological issue when it comes to focused interviews; even though the English skills are good it is likely to encounter a variety accent and dialects, it increases chances of misunderstandings and different language skills between the respondent and the researcher may place them in a superior-inferior relationship (Marschan & Welch 2004). But an interview offers an opportunity to acquire clarifying potential misunderstandings and discussing language related problems (ibid.). Moreover, utilizing a second language may have its advantages. As Marschan & Welch (2004) argue, expressions tend to be simpler and the overall communication is likely to be more straightforward and direct when a second language is employed.

An interview guide were used to cover the topic and issues, which has its strengths and weaknesses, the strength according to Cohen et al. (2007) is that it makes the interview conversational and situational, it systematises data and increase the comprehensiveness for each respondent. The weakness is that interviewer flexibility and wording questions and in sequencing can result in significantly different responses, which complicate the comparability of responses, and important issues may be inadvertently omitted (ibid).

Reliability in qualitative research often concerns terms like: dependability, honesty, ‘Check Ability’ and ‘Conformability’ (Cohen et al. 2007). Kvale (1997) describes the reliability in qualitative research as a fit between what researcher’s record as data and what actually occurs in the real situation that is being researched, a degree of comprehensiveness and accuracy of coverage. It can be difficult to achieve a satisfactory reliability for qualitative interviews, since the answers of the questions is depending on the respondents thoughts at the time, this leads to that the probably of
the interview not will give identical answers on different occasions, which according to Marschan & Welch (2004) impairs comparability. Two interviewers, or more, in on study affects the research reliability, according to Kvale (1997) two interviewers who are studying the same setting may come up with different findings, Kvale (1997) suggest that there may be as many dissimilar interpretations of the qualitative data as there is interviewers when it comes to interviewing. But according to Cohen et al. (2007) being two interviewers has it advantage, the interview can be discussed afterwards and researchers can complement each other, which leads to a reliable retelling. One way of controlling reliability is to have a structure interview; an interview guide has been used (Appendix B), the fact that we used the same sequence of words and questions for each respondent (Kvale, 1997). In the same book Kvale (1997) argues fore the opposite, command the wording is no guarantee of commanding the interview.

Marchan & Welch (2004) recommend a pilot interview in the pre-interview to eliminate linguistically incorrect and culturally sensitive questions, and enhance the reliability. There was no pilot interview in this research, due to time constraints. But researchers practise pronunciation on each other. Kvale (1997) argues that in order to reliably work with the accounts of the interviewees, spoken words should be transformed to a written text to study. Therefore all interviews were transcribed.

9.1.2 Methological Issues with Questionnaires

Using questionnaires is benefiting when it comes to explore sensitive topics which sexual behavior is, respondents might find it embarrassing to talk about their sexuality and sexual behavior with an outsider (Dahmström, 2005). Asking respondents to share experiences of sexual behavior can lead to respondents over reporting or under reporting. Although filling in questionnaire often means lack of face-to-face contact between researcher and respondent, issues of sensitivity and threat cannot be avoided (Cohen et al. 2007).

We have found a couple of bias concerning the design of the questionnaire, this concern two questions. First question 30, in section E.
“Have you had casual sex partners?” the reported answer to that was; four have had four or more casual sex partners and seven respondents haven’t had casual sex partners at all.

We can’t use the answer to this question in any result or analysis, since we don’t know when they had a casual sex partner. Do I have a casual sex partner now or in the past? It is not clear what is meant. Since all of the respondents answered that they were in a steady relationship, were four of them unfaithful to their partner? The same applied in question 31 “When you have had sex with others, other than your present partner, try to estimate how often you used condoms?”. Eleven respondents used condom every time they have sex with others, other than their present partner, three used condom almost every time. Again, are they unfaithful or do they answer the question with the view that the question applied to the time before they had a relationship?

9.1.3 Methodological Issues with Field Observation

An observation provides important information that can complement the other sources of data collected in the case study. But it is time-consuming and place high demands on those who observe (Backman, 1998). It can also be hard for observers to get full access to chosen case, which indirectly affects the outcome of the observations. There are high demands on an observer, the largest bias within the method lies with the observer himself (ibid.). To avoid this as much as possible a pilot field observation were conducted as reported above. How the observer act in all moments therefore have a significant role in how respondents perceived the situation and thus also on the data obtained (Cohen et al. 2007). Cohen et al. (2007) further discuss that it is difficult to control the observation which can be minimized if, before the observation clarifies what counts as significant for the issues within the study. Previously the benefits of being two observers were raised, but there are also drawbacks to this. The use of two observer’s means that the same situation can be interpreted quite differently, which further can result in inconsistent outcomes (ibid.).
9.2 Result Discussion

This chapter discusses the findings through the empirical data of this paper and the connection to the research presented in the theoretical framework in order to answer the questions asked in the research aim, if the HIV/AIDS Workplace Program Policy has resulted in any significant changes in; employees’ knowledge about HIV/AIDS, the employees’ attitudes concerning HIV/AIDS, and the employees’ self-reported sexual behavior and intentionality in regard to their willingness to participate in reducing the spread of the HIV virus. Since there was no previous documentations or evaluation on the case companies HIV/AIDS Workplace Program Policy by either CareWorks Botswana or SWHAP, it is hard to define any improvements among the employees based on their participation at the case company’s HIV/AIDS Workplace Program Policy.

The first research question to be answered is; what is the current state of knowledge about HIV/AIDS among employees at the chosen company? According to findings from the questionnaires knowledge section B, the knowledge about HIV/AIDS among the employees were high. Which agree with Allen & Healds (2004) study which conclusion led to that the citizens of Botswana has a high knowledge level on HIV/AIDS. The fact that the case study was made in Gaborone, Botswana’s main capital could have an impact when it comes to the result of this paper. Letamo (2003) claims that HIV related stigma is often rooted in social and cultural attitudes; the place of residence and level of education is significantly associated with negative attitudes towards HIV infected individuals, had this paper got another result if the data was collected in a small village in, for example, north of Botswana? Further Letamo (2003) claims that the negative attitudes towards HIV positive individuals are a result of lacking knowledge about HIV/AIDS. Thus, there were one respondent that though that you can’t avoid mother to child transmission and that contract with salvia, sweat, urine or digestive fluids can infect a person with HIV. Which consistent with Marandu et al. (2004) report that it exist ignorance about how the virus is transmitted in Botswana. According to UNAIDS (2007) report, ignorance about how the HIV virus transmits is one reason to HIV related stigma. Ignorance of the subject may be due to false impression about how HIV is transmitted, foolish media reporting (UNAIDS,
2007) and lack of education based on scientific sources (Preece & Gabo 2004). The fact that this case company’s HIV/AIDS Workplace Program Policy includes workshops/sessions is of relevance when it comes to this problem, since Letamo (2003) claims that HIV/AIDS programs need to be strengthened to reach more people with national information, communication and education in the question of HIV/AIDS.

We didn’t record any hostile attitudes connected to HIV/AIDS at the case company. A field observation reviled that the teacher, from CareWorks Botswana, who held the workshops and sessions at the case company were HIV positive, which all employees were aware of. When someone who himself is HIV positive or living with AIDS have lectures this according to Herek & Capitano (1997) seems to influence the recipients because those persons who have personal contact with a person infected by HIV or a person living with AIDS has significantly better attitudes towards them and therefore a lower grade of HIV-related stigma. This may contribute to the knowledge level of the company is so high that it appears to be, precisely because the employees receives information from a person who speaks out of personal experience.

When it comes to the employees' attitudes concerning HIV/AIDS, we found, trough the surveys section B; that no one of the 14 respondents believed that you can get the HIV infection by working with a HIV infected employee. This can according to Letamos (2003) study be a result of the high knowledge level at the case company. Thus, we did record an negative attitude, trough the interviews and field observations, a unwillingness to talk about sex and HIV, on the interview question; have you any ideas about why the case company would have a need for an HIV/AIDS Workplace Program Policy? There was only one of the respondents that answered that it because they have a high level of HIV infected citizens in the country. This consistent with Allen & Healds (2004) study that means that there in an in build disagreement to talk honestly about sex in Botswana. Herek & Capitano (1998) means, through a psychological point of view that some negative attitudes related to HIV/AIDS are rooted because they derive psychological benefit from doing so. HIV/AIDS information often emphasizes high statistics of infection that make people feel this is a hopeless cause (Preece & Gabo 2004).
Marandu et al. (2004) claims that there is a great gender difference when it comes to attitudes towards HIV infected individuals, that men are supposed to have more hostile attitudes towards HIV infected individuals than women, but results from the questionnaire within this paper reviled a low rate of HIV related stigma, thus, the majority of the employee’s were of male sex, 11 of 14 employees that participated in the survey were men.

The second research question to be answered is; what is the pattern of sexual risk-behaviors among employees at the company, that is, their current status? The survey reviled that ten respondents were married or lived together with a partner; the rest four had a steady relationship but weren’t living together. When it comes to the respondents own estimating of their own risk of being infected with HIV (question 18) nine of the respondents felt that there was a little or no risk, for example those who felt that they had a little or no risk to be infected specified the answer to that they were having a live-in partner, they did not connect themselves to polygamy, as opposed to Norr, Tlou and Moeti (2004) study that reviled that there is a cultural acceptance of male dominance and sexual violence, informal mistresses and polygamy. The respondents that estimated there risk as little or no risk, also reviled that they were using condoms every time, they believed on the condoms effect, opposites to Marandu et al. (2004) study on identified attitudes attach to condom use, they identified resounds like; people don’t use condom because they believe that the HIV virus is so small that it could slip through the condom anyhow, people think that the condom itself cause cancer, some don’t use it because it falls of or breaks during sexual intercourse, and some individuals believed that the HIV virus has been planted in the condom as a sort of warfare. The most common attitude according to Marandu et al. (2004) is that the condom destroys the pleasure of sexual intercourse and that it is to embarrassing to bring up with your sexual partner. Four respondents felt that there was some risk and one respondent thought it was a fairly big risk to be infected with HIV. The respondent who answered that there was some risk, specified the answer and explained that there is some risk because “My partner is staying away from me so I am not sure if he is faithful”, this can be connected to Gross & Smiths (2005) statement that a HIV/AIDS Program is important when it comes to
people who work in another town away from their love-ones. One respondent wrote that; since he was married he doesn’t think that his wife is sleeping with someone else. “But there is always a risk, the partner could have another partner in another town”, The same respondent writes; “but we use condom every time we meet but to my knowledge condom is not 100 % sure which mean he can infect me”, so there is some misconception about the condoms effect, but we cant answerer what the reason for that is.
10. Suggestions for Further Research

Although the results gained from this paper are not generalized, they do serve to provide the grounds for a number of important questions and highlight the impotents of HIV/AIDS Workplace Program Policy evaluation.

Since this case company never evaluated their HIV/AIDS Workplace Program Policy, there is a need for a more detailed study, which can further specify what is working well and what works less, then concretely demonstrate what can be improved. As it is matter of time, it would also be of interest to see what it costs a company time and money to implement and operate in accordance with the policy.
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Appendix (A) Accompanying Letter

Fa ose utlwe sekgowa, kopa thuso mo go XXX go go tolokelela.

Dear respondent,

HIV/AIDS WORKPLACE PROGRAM POLICY AT XXX

We are conducting a small research project to see to what extent the HIV/AIDS Workplace Program policy at XXX has come to your attention.

We would please ask you to respond to the questionnaire as one of XXX employees who has been part of HIV/AIDS Workplace Program Policy. The aim of the questionnaire is assess the impact of the Workplace Program on HIV/AIDS and to try to estimate its strengths and weaknesses.

The questionnaire should take no more than **fifteen minutes** to complete. The questionnaire is designed with rating scales and also asks for your comments and some personal details. To ensure non-traceability and anonymity please do not need to write your name. We wish to assure complete non-tracebility.

When completed our survey will be published as a degree essay, and will be available at the University of Gefle’s website (www.hig.se), Sweden and also on the university homepage for “Minor Field Study”.

We hope you will complete the questionnaire, seal the anvelope and please return it to XXX by October 28th.

If you have any questions or if you want to discuss any aspects of the study, please dont hesitate to contact us (see contact details below).

We very much hope that you will feel able to participate. May we thank you in advance for your valuable cooperation.

Yours sincerely,

Signed

**Frida Bergström**  
Telephone: xxxxx  
E-mail: xxxxx@xxxxx

**Nathalie Liljeqvist**  
Telephone: xxxxx  
E-mail: xxxxx@xxxxx

Supervisor  
Xxxxx x xxxx  
University of Gefle, Sweden  
Telephone: xxxxx  
E-mail: xxxxx@xxxxx
Appendix (B) Interview Guide

1. First of all we’d like you to tell us a little bit about your experiences of the HIV/AIDS Program Policy in your workplace?

2. Have you any ideas about why your workplace would have a need for an HIV/AIDS Program Policy?

3. Would you say that you had any special expectations of the HIV/AIDS Program Policy in your workplace?

   - If you had a chance of changing or even adding something, what might that be?

4. Would you say that the HIV/AIDS Program Policy, as you understand it, has any benefits for you as an employee?

5. Have you any thoughts about how HIV/AIDS Program Policy has turned out?

   - Is it what you more or less expected?

6. Have you received any other information about HIV/AIDS elsewhere in the recent past?

   - When, Where, How…

7. Tell us a little about how you may or may not have changed through your contact with the HIV/AIDS Program?

8. Can you remember how you first found out about the HIV/AIDS policy program in your workplace?

   - Were you yourself involved in the process in any way?

   - What do you think about how the program was put into operation, about how it was organized about how it has turned out?
INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

- Do not write your name, surname or any other personal names or numbers on the questionnaire.
- The questionnaire will not take longer than 15 minutes to complete.
- There is only 1 [one] answer per question, except for the questions in Section F.

PLEASE NOTE THE FOLLOWING EXAMPLE:

My answers are completely confidential AND anonymous

☐ No  ☒ Yes

SECTION A: DEMOGRAPHIC ATTRIBUTES

Your answers to questions 01 to 08 will be used to develop general aggregate profiles and will not be used to identify you as an individual. Also note that answers on to certain questions will be used to determine accuracy of responses [when applicable].

01 GENDER

☐ Male  ☐ Female

02 AGE-GROUP PROFILE

☐ Between 18 – 21  ☐ Between 22 - 25  ☐ Between 26 – 30

☐ Between 31 – 40  ☐ Between 41 - 50  ☐ Older than 50

03 EDUCATION

☐ Primary School  ☐ Secondary School  ☐ Third level qualification

Other [Please specify]:

69
## LENGTH OF EMPLOYMENT IN COMPANY

- [ ] Shorter than a year
- [ ] Between 1 - 5 years
- [ ] Between 6 - 10 years
- [ ] 11 years or more
- [ ] I am not sure

## DESIGNATION [JOB DESCRIPTION/LEVEL] PROFILE IN COMPANY

- [ ] Senior management
- [ ] Specialist / middle management
- [ ] Other [Please specify]:
- [ ] Semi-skilled
- [ ] Unskilled
- [ ] Other [Please specify]:

## NATIVE LANGUAGE

- [ ] English
- [ ] Setswana
- [ ] Other [Please specify]:

## MARITAL STATUS

- [ ] Married/Living together
- [ ] Never married
- [ ] Divorced/Separated
- [ ] Single/sexually active
- [ ] Singel/not sexually active
- [ ] Widowed
- [ ] Steady relationship but not living together
- [ ] Other [Please specify]:

## ARE YOU AWARE OF YOUR HIV STATUS

- [ ] No, and I do not want to know
- [ ] Yes, I know my HIV status
- [ ] I would like to find out as soon as possible
- [ ] I would like to find out someday
- [ ] Other [Please specify]:

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### SECTION B:

#### 10 Tuberculosis (TB) can be cured if a person is infected with HIV

- [ ] This statement is true
- [ ] This statement is false
- [ ] I am not sure

#### 11 The presence of Sexually Transmitted Infections makes it easier for HIV to infect a person

- [ ] This statement is true
- [ ] This statement is false
- [ ] I am not sure
12 There is a difference between HIV-infection and AIDS

☐ This statement is true  ☐ This statement is false  ☐ I am not sure

13 An HIV-infected mother will always infect her baby with the AIDS virus [HIV]

☐ This statement is true  ☐ This statement is false  ☐ I am not sure

14 AIDS is the final stage of HIV-infection

☐ This statement is true  ☐ This statement is false  ☐ I am not sure

15 Contact with saliva, sweat, urine or digestive fluids can infect a person with HIV

☐ This statement is true  ☐ This statement is false  ☐ I am not sure

16 Is a person likely to get HIV by working with a person who has HIV-infection or AIDS?

☐ Yes, highly likely ☐ No, highly unlikely  ☐ I am not sure

17 The safest protection against HIV-infection is to abstain from sex or to have a mutually faithful relationship

☐ This statement is true  ☐ This statement is false  ☐ I am not sure

18 Blood, sexual fluids and breast milk contain [carry] HIV

☐ This statement is true  ☐ This statement is false  ☐ I am not sure

SECTION C:

19 Try to estimate your own risk of being infected with HIV?

☐ Little or no risk  ☐ Some risk  ☐ A fairly big risk  ☐ I am not sure

Please explain your answer to question 19 above.
SECTION D: WORKPLACE PROGRAM AT XXXX XXXX

20 Sessions about HIV/AIDS have been offered as part of the program. How many have you attended?

☐ None  ☐ 1-3  ☐ 4-7  ☐ I am not sure

☐ 8-11  ☐ 12-15  ☐ I am not sure

21 How many months ago was the last HIV and AIDS information session/s conducted at XXXX XXXX?

☐ Less than 3 months ago  ☐ More than 3 months ago  ☐ I am not sure

22 Are you aware of a special HIV/AIDS Program Policy at XXXX XXXX?

☐ Yes, I think so  ☐ No, I don’t think they have a policy  ☐ I am not sure

23 Do you understand the general content of any HIV and AIDS Policy at XXXX XXXX?

☐ Yes, to a large extent  ☐ No, not really  ☐ I am not sure they have a policy

24 Do you know who in XXXX XXXX to go to if you need to know more about HIV-infection, or AIDS?

☐ Yes  ☐ No  ☐ I am not sure

25 Are you aware of an HIV and AIDS Committee or Special Task Team at XXXX XXXX?

☐ Yes  ☐ No  ☐ I am not sure
SECTION E:

Some of the following questions may be extremely sensitive and personal. Please remember that we are in the process of developing a profile of all the employee/s to help them to develop appropriate HIV and AIDS Intervention Programs. There are no correct or wrong, appropriate or inappropriate answers to these questions.

26  Since you first had sex how many partners would you say you have had?

- [ ] 1-3
- [ ] 4-6
- [ ] 7 – 10
- [ ] 11 or more

27  Do you have a steady sex partner, either a spouse or a steady boy/girlfriend?

- [ ] Yes
- [ ] No

28  How often do you use a condom when having sex with your steady sex partner?

- [ ] Always
- [ ] Most times, but not always
- [ ] Sometime, but not always
- [ ] I am not sure
- [ ] I do not have a steady sex partner
- [ ] Seldom or never

29  Do you know your steady sex partner’s HIV status?

- [ ] Yes
- [ ] No
- [ ] I do not have a steady sex partner

30  Have you had casual sex partners?

- [ ] Yes, one
- [ ] Yes, two or three
- [ ] Yes, four or more
- [ ] No

31  When you have had sex with others, other than your present partner, try to estimate how often you used condoms?

- [ ] Everytime
- [ ] Almost everytime
- [ ] Sometimes, but not always
- [ ] I sometime took chances
- [ ] There were a lot of times when I didn’t use
- [ ] I am not sure
31  When you have had sex with others, have you been aware of their HIV status?

☐ There were a lot of times when I didn’t use condoms

☐ I always try to find out

☐ Sometimes, I have not asked

☐ Two or three times I did not ask

☐ A lot of times I have not asked

☐ Once I did not ask

☐ Most of the time I don’t care

THANK YOU FOR YOUR PARTICIPATION