# Attitudes, Beliefs and knowledge of teecherz furniture male workers towards voluntary consoling and testing for HIV infection

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**ABSTRACT**

Scaling up Voluntary Counseling and Testing (VCT) and treatment is a key priority in our global response to the epidemic. In the context of a growing number of strategies designed to achieve this treatment optimization, there is an urgent need for alternate delivery systems to increase access to and utilization of HIV counseling and testing facilities, the first point in the treatment cascade. Data, from the local industrial area Teecherz Furniture in Granite side, Harare, Zimbabwe supports an emerging body of literature that suggests that mobile VCT approaches, embedded in community contexts, are capable of reaching target groups thus far missed through the predominant health facility-based HIV testing approaches that currently exist. Roy's adaptation model guided this study. The purpose of this study was to determine the attitudes, beliefs and knowledge of Teecherz Furnishers male workers towards voluntary counseling and testing for HIV. A descriptive study design was used. A simple random sampling of 30 participants was used. Data was collected using face to face interviews guided by a questionnaire. In terms of attitudes, 13 (43.3%) participants showed positive attitudes towards VCT by stating that they would make future decisions about their sexuality. Nineteen (63.3%) believed that VCT was leading to an increase in divorce rates. In terms of knowledge, 19 (63.3%) did not know what VCT is. The respondents of this study showed that they have the knowledge on both disease and the VCT HIV programme but mainly feared the issue of stigma and discrimination. The study therefore brought out the fact that knowledge does not necessarily influence attitude but there are several factors like family and friends support that may hinder one from making the decision. Based on these results, it is strongly recommended that Teecherz furnishers should continue mobilizing employees to go for VCT.

**Key words:** voluntary counseling and testing, stigma and discrimination.

## Introduction

According to statistics from the National Aids Council (NAC) 2010, the total number of people infected by Human Immuno-deficieny Virus (HIV) has increased by 0,74%. At least 1,2 million Zimbabweans are living with HIV. Figures could be higher as it has been noted that most men are shunning Testing and Counseling Centers.

With unemployment and general economic hardships still predominant in Zimbabwe and more companies closing down, divorce rate is likely to increase and teenage prostitution will also increase as a means of survival. Zimbabwe's unemployment rate currently stands at 85% and productivity capacity in most industries has dropped from 45% to 30% leading to many companies shutting down. The other issue is that there seems to be a low uptake of condom use to curb the spread of HIV while a reluctance to deal with multiple relationships is contributing to the fueling of the spread of the virus.

This study intends to find out the attitudes, beliefs and knowledge of Teecherz Furniture male workers towards Voluntary Counseling and Testing for HIV infection. Teecherz Furniture is an organization in Granite side. It has been in existence since 1994 as retail store. In 2012 it grew into both a retail and production company. It has several other branches nationwide. This branch in particular now mainly deals with production. It is located about 6km away from the Central Business District of Harare. It specializes in the production of household and office furniture. It is composed of 98 workers

with its greater proportion being men that is 71 men and 27 women. These employees are all from within Harare in terms of their residential areas.

Decades have passed since HIV and AIDS started to be considered as a major threat in many ways ranging from clinical to the public health aspects. Prevention, screening and counseling, stigma and discrimination, care for HIV patients and effectiveness and the complications of therapy are the focus areas. HIV testing and counseling is a major concern and the relationship between counseling and testing and HIV care is an important link to notice.

Voluntary Counseling and Testing for HIV infection is an important aspect of HIV prevention which was initiated by WHO and adopted by Zimbabwe in 1999 (Ministry of Health and Child Welfare, 2005). VCT for HIV was integrated in the Ministry of Health and Child welfare as one of the major national HIV/AIDS prevention strategies and Millennium Development Goal (MDG) number six which states combat of HIV/AIDS, malaria and other diseases. Individuals interested in being tested for HIV infection can go to Public Health Institutions (PHI) in Zimbabwe for VCT for HIV free of charge.

Hutchison (2001) refers to VCT for HIV as an entry point for HIV prevention, control and care. The study is targeted at sexually active men and high risk groups such as those with sexually transmitted infections (STIs) and AIDS.

In 2007 WHO and UNAIDS issued a guidance on provider initiated HIV counseling and testing (PITC) and improve access to HIV health service. VCT is also integrated into planning programmes, STI management and AIDS prevention.

Acceptance, coping with sero-status, self-status, self-care, prevention of mother to child transmission (PMTCT) of HIV infection reduction is facilitated. The HIV negative clients are empowered to

continue with their risk reduction strategies in order to remain negative. HIV positive clients will be empowered to reinforce their positive prevention strategies to live positively and can be referred for appropriate treatment, care and support groups.

Knowledge of one's HIV status gained in a supportive environment can be a significant motivator for behavioral change. (Ministry of Health and Child Welfare, 2005). Lack of knowledge and negative attitudes on HIV/AIDS transmission and prevention may contribute to low participation in VCT for HIV infection. (Southern African HIV/AIDS Information Dissemination Service, 2004). Lack of support is displayed by blaming, shunning, fighting and divorce. People with negative attitudes believe that there is no difference when one is tested or not.

One is left to wonder whether men who are refusing the services on offer, are ignorant or are generally not aware the services exist. A question is therefore asked, 'What are the attitudes, beliefs, and knowledge of male workers at Teecherz Furniture towards VCT for HIV infection?'

**Statement of the Problem**

Despite all efforts made through vast mass media coverage on VCT for HIV/AIDS infection, general and informal interactions with male workers of Teecherz Furniture indicate that a small number initiate for VCT. A large number of them have not taken part which certainly means that they are not aware of their HIV status. Few of the workers who got involved in VCT for HIV infection within local centers were not willing to disclose their status.

Loss of male workers' skills and experience, increases the burden on the remaining workforce, lowering the organization's morale and reducing productivity. There is still great need to encourage and establish more mobile VCT centers so that people within that area access information on HIV/AIDS and in particular the benefits of VCT. Health education in relation to the subject in question should continue to be delivered. This would aid in community members being empowered

and knowledgeable on the benefits of treatment, ways of prevention and having control over HIV/AIDS infection.

The issue of most males not participating in VCT is not a unique case to Harare Zimbabwe only. In Uganda, a study undertaken by Murekya et al of Kasese district within western Uganda between January-April 2005 concluded that although the low utilization of VCT services by men are not fully understood, they outlined that most men cited fear of taking an HIV test, stigma and VCT use. There was no association between sexual behaviors and VCT use among men.

This study in particular therefore sought to establish possible causes that prevent VCT in male workers at a local manufacturing and retail organization in Harare, Teecherz Furniture.

**Objectives of the Study**

1. To find out the beliefs of Teecherz Furniture male workers towards VCT for HIV infection.
2. To examine the attitudes of Teecherz Furniture male workers towards VCT for HIV infection.
3. To identify the knowledge level of male workers of Teecherz Furniture manufacturing and Retail Company at Granite side towards VCT for HIV infection.
4. To identify the number of male workers at Teecherz Furniture Company who have made initiation of being tested for HIV infection.

**Significance of the Study**

The study sought to provide information about attitudes of Teecherz Furniture employees towards the utilization of VCT services. The information could assist policy makers in improving the VCT services for men who make up a proportion of the HIV/AIDS infected individuals especially in Zimbabwe.

Findings of this study can be useful to develop appropriate intervention strategies and setting up of support systems and intervention strategies for males in general so that they are willing and able to

freely initiate and embrace VCT seriously. The value will be added to nursing as a discipline through the efforts of health education, nursing practice and research. It is hoped that the findings of the study will enhance the already existing body of nursing knowledge.

This study is significant to nursing research as nurses may be motivated to do further research. Since it is argued that attitude determines behavior (Louw & Edwards, 1997), it is hoped that with attitudes having been exposed, it will lead to a sound understanding on VCT and correct attitudes that promote partnership between men and health care providers on the benefits and management of VCT in HIV/AIDS.

**Theoretical Framework**

Theoretical framework in other words is a process of identifying a core set of connectors within a topic showing how they can fit together or relate in some way to the subject.Sister Callista Roy developed the adaptation Model of nursing in 1976, a prominent nursing theory. Nursing theories frame, explain or define the provision of nursing care. It is through the aid of this theory that the investigators were able to conceptualize, explain and coordinate all data and knowledge presented.

The individual's regulator mechanism is involved primarily with the physiologic mode, whereas the cognitive mechanism is involved in all four modes (Roy and Roberts, 1981) The family goals correspond to the model's modes of adaptation: survival = physiologic mode; growth = self-concept mode; continuity = role function mode. Transactional patterns fall into the interdependence mode (Clements & Roberts, 1983)

In the physiologic mode according to Roy, adaptation involves the maintenance of physical integrity. Perceptions of one's physical and personal self are included in this mode. Families also have concepts of themselves as a family unit. Sometimes it is because of these family boundaries that influence the decision for VCT. Assessment of the family in this mode would include the amount of understanding

provided to the family members, the solidarity of the family. The values of the family, the amount of companionship provided to the members, and the orientation (present or future) of the family. Therefore in general, the sociocultural aspect of families greatly influences an individual's attitude, belief and to some extent knowledge, in this case towards VCT.

Callista Roy emphasized the need for social integrity in the role function mode. When human beings adapt to various role changes that occur throughout a lifetime, they are adapting in this mode. According to Hanson (1984) the family's role can be assessed by observing the communication patterns in the family. Assessment should include how decisions are reached, the roles and communication patterns. In this regard it assists the health care giver in strategizing appropriate approaches in addressing HIV issues to different individuals because of their variance in beliefs.

The need for social integrity is also emphasized in the interdependence mode. Interdependence involves maintaining a balance between independence and dependence in one's relationships with others. Choice for VCT is therefore greatly influenced by the people who surround you, their views, attitudes and beliefs. A positive appreciation by the majority will compile one for VCT as the surrounding people will accept a positive result while the vice versa is true. Dependent behaviours include affection seeking, help seeking, and attention seeking. Independent behaviours include mastery of obstacles and initiative taking. The health care giver would assess the interactions of the family with the neighbours and other community groups, the support systems of the family, and the significant others.

The goal of nursing is to promote adaptation of the client during both health and illness in all four of the modes. Likewise, it is the aim of VCT programme to ensure that a positive and a negative HIV status is treated with great care mainly through means of health education in relation to HIV, prophylactic antibiotics against opportunistic infections, the antiretroviral therapeutic medication, support groups and many more. First, the health care provider makes a judgment with regard to the

presence or absence of maladaptation. Then, the health care giver focuses the assessment on the stimuli influencing the family's maladaptive behaviours.

The health care provider may need to manipulate the environment, an element or elements of the client system, or both in order to promote adaptation. As individuals vary, different approaches therefore may need to be employed in discussing issues regarding VCT, HIV/AIDS so that it is well received. The model views the client in a holistic manner and contributes significantly to nursing knowledge.

Related literature was cited by various authors, providing in-depth information related to the problem in question for this study. Purpose of literature review is to enable the researcher to build upon works of others, helps to identify relevant models or theories, to clarify research topic and narrow it down to the local scene. Focus will be on the major concepts and overview of VCT in men.

**General Overview of Beliefs and Attitudes towards VCT**

Zimbabwe Human Development Report (2003) postulates that there are problems with VCT response in terms of support to those who are tested and found positive. It is known that people go through different emotional and recurring cycles of shock, denial, blame, self-pity, and acceptance (ZHDR, 2003). SAFAIDS Zimbabwe (2001) cited that deciding VCT uptake for HIV and AIDS has always been difficult because of the psychosocial, economical and ethical consequences in association with HIV testing. This factor deters clients from VCT uptake and also deters clinicians from suggesting the test in certain cases.

SAFAIDS Zimbabwe (2001) further stresses that VCT for HIV infection provides appropriate and necessary information for clients who decide to know their HIV status. Such information includes the technical aspects of HIV screening, possible social, medical, personal, and psychological implications of both the negative and positive outcome of HIV results.

A study carried out in Kenya (Temmermon, Pilot and Ambani, 1994) women reported that they were beaten up, abandoned by their husbands and replaced by other women after disclosing HIV positive results to their husbands. HIV infection therefore will continue to spread as replacement by other women will be the order of day.

Violence against women, stigma and discrimination, have negative implications on VCT thereby instilling negative attitude in individuals, communities and nations in the majority. Criticism of VCT cited some reasons for the failure of VCT uptake that is inability to secure prophylaxis against opportunistic infections, sophisticated treatments that maybe beyond the reach of many and the negative aspects being diagnosed to be HIV positive. Such victims will suffer from stress, anxiety, fear, stigma and discrimination (UNAIDS, 1997).

Total participation is still a problem in VCT as some clients in a study carried out in Kampala, Uganda in 1992 agreed to get tested for HIV but never returned for their results. This illustrates that the clients only wanted to impress the counselor by allowing their blood to be collected and yet not concerned about the outcome, clearly indicating an element of negative attitude towards VCT. Muller et al (1992).

Of the hundred and eighty four respondents in a study carried out in rural village of Kagera, Tanzania, only 30 men and 38 women volunteered that they would get tested. 36 men and 53 women showed interest in being tested while 22 men and 15 women would not volunteer for counseling and testing for HIV infection.(Killew et al 1998).

This clearly shows that in various parts of the continent, people still exhibit negative attitudes and inappropriate beliefs towards the programme of VCT. This study therefore seeks to establish the beliefs and attitudes of male workers of TF in Granite side.

**General Overview of Knowledge on VCT**

According to UNAIDS 2004, there is very little information on VCT services especially to younger people. The same UNAIDS report states that in many areas with high prevalence rates, young people especially women are at a risk of HIV contraction and yet they often do not have access to VCT services. The report describes the general vulnerabilities of young people to HIV.

In a research carried out in Uganda, some respondents of the study were aware of the need and importance of all persons being tested for HIV, whether they tested negative or positive. VCT offers benefits to those who test either positive or negative (Boswell & Baggaley 2002), yet some respondents believed it was of value only if one was HIV positive. Knowledge of a negative status will help those individuals to make specific decisions around reducing their risk and increasing safer sex practices so that they can remain disease free. For those who are HIV infected, there are also benefits because knowledge of their status allows them to take action, to protect their sexual partners, access treatment and to plan for the future (Central Statistical Agency 2006: 196)

**Stigma and discrimination**.

Stigma does not only make it more difficult for people trying to come to terms with HIV and manage their illness on a personal level, but it also interferes with attempts to fight the HIV and AIDS epidemic as a whole. On a national level, the stigma associated with HIV can deter governments from taking fast, effective action against the epidemic, whilst on a personal level it can make individuals reluctant to access HIV testing, treatment and care.

UN Secretary-General Ban Ki Moon says: "Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world."

**Methodology**

The researchers used the quantitative descriptive design to carry out the investigation on the knowledge, beliefs and attitudes of male employees at Teecherz Furniture Company towards VCT for HIV infection.

The descriptive element of this study was to establish the accurate occurrence and also the frequency of occurrence of the phenomena. (Polit & Hungler 1999). In order to describe client's knowledge, beliefs and attitudes towards VCT for HIV, quantitative data and statistics were used.

**Study Setting and Population**

Population in research according to Patsika & Chitura (2004) refers to all the individuals or units, objects or events that qualify to take part in a research project. The research was carried out at Teecherz Furniture in Granite side. It is located about 6km away from the Central Business District of Harare. It specializes in the production of household and office furniture. The researchers were able to carry out the research within a period of 6 weeks. With regard to population, it is composed of 98 workers with its greater proportion being men that is 71 men and 27 women. These employees are all from within Harare in terms of their residential areas.

**The Sample**

The sample for the study was derived from the Teecherz Furniture workers who appeared to be facing knowledge, attitude and belief challenges in line with the objectives of the study. A sample is a subset of a population which is selected to participate in the study and be used to represent the whole population (Polit & Hungler, 1999). A sample of 30 was selected for convenience and accurate findings.

Criteria used was that, only male workers of TF aged from 21 to 55 were included. The participants had to be able to communicate in Shona and English as the instruments used were available in these

two languages. Workers below 21years and above 55years were excluded from the study despite the fact that they were allowed to participate in VCT. Non- Shona or English speakers were not included in the study.

**Research Instruments**

Data collection is fundamental in the research process. The accuracy and robustness of research conclusions or inferences is highly dependent on quality data collection methods. In this study, self-administrated questionnaires and interviews were used.

Assessment of the instrument was made by making a small pilot test on 4 participants who had met the sampling criteria.

**Data collection Procedure**

After the investigators got approval from the relevant authorities, interviews were made on one on one basis. Questionnaires were given just after the interview and were to be submitted within the same day after completion. The study instrument was used exactly in the same manner for all the study participants. Male workers of Teecherz Furniture aged from 21 to 55 participated in both the interview and in responding to the questionnaire. The participants had to be able to communicate in Shona or English as the instruments used were available in these two languages.

**Ethical Considerations**

An application was made to seek permission from the Chief Executive Officer of Teecherz Furniture Organization in Granite side. This was mainly because human rights of individuals had to be observed. Research proposal was prepared and submitted to the Medical Research Council of Zimbabwe (MRCZ) for ethical clearance.

An informed consent form was obtained from the participants who were voluntarily willing to participate before data was collected after explaining to the participants their rights and reasons for

the study. Participants were also informed that if they were no longer interested in the study, they were free to withdraw. Anonymity was ensured by not putting names on the questionnaire. Interviews participants are to be conducted in private rooms to ensure privacy. Completed questionnaires were to be locked up and made accessible to the chief investigator only. After the study, the respondents were assured that all papers would be destroyed.

**Data Presentation and Analysis**

The demographic data, VCT knowledge, beliefs and attitudes towards VCT is raw data which was collected through the research instrument and captured by the researchers. Collected data was analyzed using a manual calculator and descriptive statistics. Data was presented in tables, graphs and pie charts.

**Results**

Results for data that were collected from the field is presented. The purpose of the study was to find out and describe the knowledge, beliefs and attitudes of male employees at Teecherz furniture organization in Granite side towards VCT for HIV infection. The participants were adults employees aged between 21 and 55. Data were analyzed and interpreted. Tables and graphs were used to further illustrate the information.

**Demographic Data**

Thirty questionnaire forms were hand distributed to all participants at Teecherz Furniture in Granite side. These were within the age range of 21 and 55 and were able to read and write and communicate well with either Shona or English. In the study, there were a total number of 30 men who participated in the study. The youngest participant was 21 years while the oldest was 54 years of age. The greater

number of participants was within 31-35 years of age while the least age group was between 51-55 years. Out of the 30 participants, 14 (46.6%) were married, 6

(20%) were single, 1 (3.3%) had separated from the wife, 2 (6.7%) were divorced, 4(13.3%) were widowed while 3 (10%) were living in.

In terms of level of education, 2(6.7%) received primary education only, 9(30%) received secondary education only while 19(63.3%) received tertiary education of either university or regular collage. All the 30(100%) men were employees of Teecherz Furniture.

When the participants were asked if they had visited VCT before the past year, the results showed that, 17(56.7%) had not visited the VCT, 8(26.7%) visited and were tested once, 4 (13.3%) visited and were tested twice throughout the year while just 1 person (3.3%) visited VCT three times throughout the year.

Establishing the proportion of participants who had been tested for HIV through the VCT scheme was one of the study objectives. From the above results, 13 (43.3%) was the total of participants who made visits to the VCT.

The following table, Table 1 displays results on the demographic data of the respondents:

**Table 1 Demographic Characteristics (N=30)**

| Variable | Frequency | Percentage% |
|---|---|---|
| Gender | | |
| Male | 30 | 100 |
| Female | Nil | Nil |
| Age | | |
| 21- 25 years | 3 | 10 |
| 26 – 33 years | 7 | 23.3 |
| 31 – 35 years | 8 | 26.7 |

| | | |
|---|---|---|
| 36 – 40 years | 5 | 16.7 |
| 41 – 50 years | 4 | 13.3 |
| 51- 55 years | 3 | 10 |

Marital status

| | | |
|---|---|---|
| Married | 14 | 46.6 |
| Single | 6 | 20 |
| Separated | 1 | 3.3 |
| Divorced | 2 | 6.7 |
| Widowed | 4 | 13.3 |
| Living in | 3 | 10 |

Level of Education

| | | |
|---|---|---|
| Primary | 2 | 6.7 |
| Secondary | 9 | 30 |
| Tertiary | 19 | 63.3 |

Source of Income

| | | |
|---|---|---|
| Employed | 30 | 100 |

**Figure 1: Results of Visits made to VCT centers within past year**

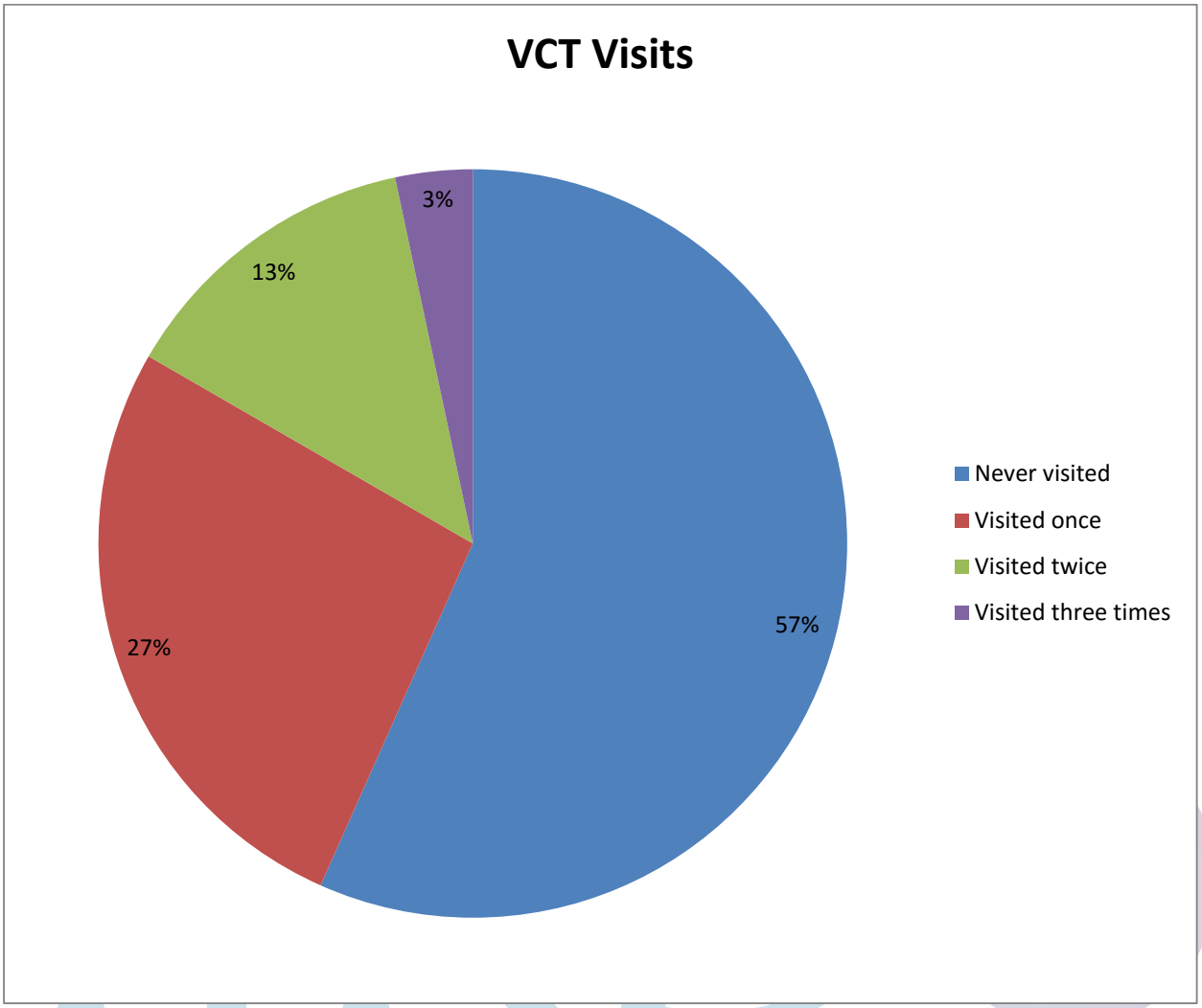


**Table 2 Knowledge Levels towards VCT**

The following table, Table 2, illustrates data on knowledge levels of the participants towards VCT. When they were asked about what is meant about VCT that is whether or not they knew what it was, 11 (36.7%) knew what it was while 19 participants (63.3%) did not know what it was. When asked if they knew that protection against HIV to the unborn can be rendered through special programme called PMTCT, 8 of the participants that is (26.7%) agreed that it was true and possible. 10 (33.3%) did not agree to it while 12 (40%) of the participants were not sure about it.

A question was paused to the participants on whether the information shared during pre and posttest counseling upon visiting VCT was sufficient, 12 (40%) of them responded by saying yes, 8 (26.7%) of the participants said no while 10 (33.3%) were not sure if the information was sufficient or not. When the participants were asked if VCT was set for all individuals regardless of their marital status, 24(80%) said it was true, 2 (6.7%) said it was false while 4 (13.3%) said they were not sure.

The participants were asked if VCT was helpful in one gaining ways of self-care after testing HIV positive, 18 (60%) said yes, 8 (26.7%) said no while another fraction of the participants 4(13.3%) were not sure if information shared during VCT visits would offer helpful information regarding self-care after testing HIV positive. Pertaining to knowledge still, a question in regard to whether or not VCT helps one in gaining knowledge on ways to remain negative, 18 (60%) said yes, 8 (26.7%) said no while some of the participants 4 (13.3%) were not sure if information shared during VCT visits would offer helpful information regarding self-care after testing HIV negative.

**Table 2: Knowledge on VCT (N=30)**

| Variable | Frequency | Percentage% |
|---|---|---|
| Knowledge on what VCT means | | |
| Knowledgeable | 11 | 36.7 |
| Not knowledgeable | 19 | 63.3 |
| Visit to VCT before? | | |
| Never visited | 17 | 56.7 |
| Once | 8 | 26.7 |
| Twice | 4 | 13.3 |
| Three times | 1 | 3.3 |
| Protection of the unborn through PMTCT | | |
| True | 8 | 26.7 |
| False | 10 | 33.3 |
| Not sure | 12 | 40 |
| Information shared pre and post-test is sufficient? | | |
| True | 12 | 40 |
| False | 8 | 26.7 |
| Not sure | 10 | 33.3 |
| VCT set for all, regardless of marital status | | |
| True | 24 | 80 |
| False | 2 | 6.7 |
| Not sure | 4 | 13.3 |
| VCT helps in gaining knowledge on self-care if HIV positive | | |
| True | 18 | 60 |
| False | 8 | 26.7 |
| Not sure | 4 | 13.3 |
| VCT helps in gaining knowledge to remain negative | | |
| True | 18 | 60 |
| False | 8 | 26.7 |

| | | |
|---|---|---|
| Not sure | 4 | 13.3 |

**Attitudes Towards VCT**

With regard to attitudes towards VCT, when asked reasons for visiting VCT, 6 (20%) of the participants said they would visit VCT just to know their status, 2 (6.7%) said they would want to know their status so that if they are found to be positive, they would also spread the virus to other people, 13 (43.3%) said they would want to know their status so that they make future decisions about their sexuality and future.

If seen visiting VCT, participants responded: I will be suspected to be unfaithful 9 (30%), some said my wife will leave me 4 (13.3%), 11(36.7%) of the participants responded by saying if seen going for VCT, people will think I am HIV positive while 6 (20%) responded by saying people will laugh at me.

In another question asked, does VCT help in fighting HIV, 12 (40%) participants said it was true, 9 (30%) said VCT does not help in fighting HIV while another fraction 9(30%) were not sure if VCT was helpful in preventing HIV.

When asked if they would encourage a friend to visit VCT, 22 (73.3%) of the participants responded by saying yes, while 8 (26.7%) responded by saying no they would not encourage a friend to visit VCT.

When asked if they would allow the wife or partner to go visit VCT, 11 (36.7%) participants said yes while 19 (63.3%) said they would not allow their wives or partners to go for VCT.

How would you feel if you test HIV positive is a question that participants responded to differently, 5 participants said they will be angry that is (16.6%), 11 (36.7%) said they will be shocked, 3 (10%) of the participants said they will be depressed, another (10%) that is 3 participants said they would feel guilty, while 8 (26.7%) would accept the HIV positive status.

When asked who they would tell if they tested HIV positive, 14 (46.7%) said they would keep it to themselves, 4 (13.3%) said they would tell a spouse/ partner, 3 participants that is (10%) said they would tell their mother while 9 (30%) said they would tell a friend.

**Table 3: Attitude on VCT (N=30)**

| Variable | Frequency | Percentage% |
|---|---|---|
| Reason for visiting VCT: | | |
| Just to know my status | 6 | 20 |
| To spread the HIV to others if I test positive | 2 | 6.7 |
| To make future decisions about my sexuality and future | 13 | 43.3 |
| I would not go at all | 9 | 30 |
| If seen visiting VCT: | | |
| I will be suspected to be unfaithful | 9 | 30 |
| My wife will leave me | 4 | 13.3 |
| People will think I am positive | 11 | 36.7 |
| People will laugh at me | 6 | 20 |
| Does VCT help in fighting HIV? | | |
| True | 12 | 40 |
| False | 9 | 30 |
| Not sure | 9 | 30 |
| Would you encourage a friend to visit VCT? | | |
| Yes | 22 | 73.3 |
| No | 8 | 26.7 |
| Would you encourage a friend to visit VCT? | | |
| Yes | 11 | 36.7 |
| No | 19 | 63.3 |
| How would you feel if you test HIV positive? | | |
| Angry | 5 | 16.6 |
| Shocked | 11 | 36.7 |
| Depressed | 3 | 10 |
| Guilty | 3 | 10 |
| Accept | 8 | 26.7 |
| If you test HIV positive, you would: | | |
| Keep it to yourself | 14 | 46.7 |
| Tell your spouse | 4 | 13.3 |
| Tell your mother | 3 | 10 |

| | | |
|---|---|---|
| Tell your friend | 9 | 30 |

**Beliefs Towards VCT**

From the results on Table 3, on being asked if they believed if VCT was a good idea in reducing HIV cases, 17 (56.7%) agreed, 8 (26.7%) disagreed while 5 (16.6%) were not sure if VCT would make any difference in the reduction of HIV.

When asked if they believed that their relatives and friends would shun them if they tested HIV positive, 8 (26.7%) of the participants believed they would be shunned, 12 (40%) disagreed while 10 (33.3%) were not sure if their friends and relatives would shun them if they tested HIV positive.

In responding to whether or not they believed that VCT exposes risk for HIV infections, 4 (13.3%) agreed that it exposes one to HIV infections while 21 (70%) disagreed and 5 (16.6%) of the participants were not sure.

Another question in relation to whether VCT visit causes one to have AIDS, 5 of the participants said yes that is (16.6%), while 20 (66.7%) disagreed and 5 of them were not sure that is (16.6%) if visiting VCT would cause them to have HIV.

Lastly in relation to beliefs, a question was asked if the participants believed that VCT was leading to high divorce rates. 19 (63.3%) of the participants agreed, 7 (23.3%) disagreed while 4 (13.3%) disagreed that VCT was leading to an increase in divorce rates.

**Table 4: Beliefs on VCT (N=30)**

| Variable | Frequency | Percentage% |
|---|---|---|
| Believe VCT is a good idea in reducing HIV cases | | |
| Agree | 17 | 56.7 |
| Disagree | 8 | 26.7 |
| Not sure | 5 | 16.6 |
| Shunned by friends and relatives if HIV positive | | |
| Agree | 8 | 26.7 |
| Disagree | 12 | 40 |
| Not sure | 10 | 33.3 |
| VCT exposes risk for HIV infections | | |
| Agree | 4 | 13.3 |
| Disagree | 21 | 70 |
| Not sure | 5 | 16.6 |
| VCT visit causes one to have AIDS? | | |
| Agree | 5 | 16.6 |
| Disagree | 20 | 66.7 |
| Not sure | 5 | 16.6 |
| Going for VCT is leading to high divorce rates? | | |
| Agree | 19 | 63.3 |
| Disagree | 7 | 23.3 |
| Not sure | 4 | 13.3 |

**Summary, discussion recommendations and conclusion**

Study results are discussed in relation to the objectives and compared to studies done elsewhere. A summary is given as well as conclusion and recommendation. Relevant literature from previous researches and other texts were used as reference during the discussion of findings.

The study meant to find out and describe knowledge, attitudes and beliefs of employees of Teecherz Furniture towards Voluntary Counseling and Testing for HIV infection. Data was collected from 30 respondents through interview and aided with a questionnaire. Callista Roy's model assisted in guiding the study. The respondents were men aged between 21 to 54 years and are sexually active age group. Amongst them are single, married, divorced, windowed, separated, and some living in.

**Theoretical Framework**

Callista Roy (1976) developed the adaptation Model of Nursing, a prominent nursing theory. Roy's model sees the individual as a set of interrelated systems that is biological, psychological and social. VCT therefore seeks to assist individuals who are both HIV positive and negative to be 'well' by ensuring that the HIV positive individual is facilitated of the necessary information and resources in order to maintain good health while the HIV negative individual is aided in maintaining the negative HIV status throughout life.

The individual according to Roy strives to maintain a balance between these systems and the outside world but there is no absolute level of balance. Individuals strive to live within a unique bond in which he or she can cope adequately.

An individual generally requires being in good state of health in order to perform daily activities effectively and efficiently. VCT facilitates also to bridge various beliefs and attitudes to a common ground so that people within communities learn to appreciate and accept HIV as any other common disease and also to appreciate one another despite the HIV status.

**Limitations of the Study**

The sample size was small. The researchers did not focus on Harare as a whole. Findings therefore cannot be generalized to all other parts of Harare or other settings. The study participants were those available at work during the study.

**Implications of the study findings**

Findings on the knowledge levels showed that respondents had inadequate knowledge on which to make informed decisions on VCT uptake. The VCT outreach services should be extended to farm settlements, beer halls, churches and sporting areas in order to increase awareness thereby increasing knowledge of individuals within all setups.

The study provides the basis for further study on the issue of knowledge, attitude and belief on the same subject not only in men but also in other various classes of people.

This study of attitudes, knowledge levels and beliefs need to be explored further nationally, regionally and internationally. There is need for supportive educative system which would be best and most appropriate to address the deficits through health education.

**Recommendations**

- Men be more involved in the VCT programmes for HIV
- Mobile clinics should be made available to industrial areas as well for continuation of health education and awareness campaigns in order to empower the industrial society with information regarding VCT for HIV infection.
- More research needs to be undertaken in order to find out the views of women on the programmes, as their participation is also critical.

**Conclusion**

Baggaley (1998) reported early negative reactions amongst clients at the Kara Counseling and training Trust, Lusaka for example, where people said they did not want to have HIV testing because of the mixed bag of feelings which they bring which included hopelessness, sigma, and denial.

The respondents of this study showed that they have the knowledge on both disease and the VCT of HIV programme but mainly feared the issue of stigma and discrimination. The study therefore

brought out the fact that knowledge does not necessarily influence attitude but there are several factors like family and friends support that may hinder one from making the decision.

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