

# **Responses of Soldiers to Post-counselling for Organization-initiated HIV Testing in the South African National Defence Force**

**Major Adrian D. Van Breda  
Captain Saravani Govender**

Paper presented at  
**3<sup>rd</sup> All Africa Congress of Armed Forces and Police Medical Services**  
Pretoria, South Africa  
24-28 October 1999

[mpi.swr-d@mweb.co.za](mailto:mpi.swr-d@mweb.co.za)

## **Abstract**

*Obtaining feedback directly from soldiers who have been post-counselled for HIV/AIDS is an important dimension of research into HIV/AIDS in the armed forces. This paper presents key findings from a national study into the responses of soldiers to HIV post-counselling in the South African National Defence Force in April 1999. The sample comprised soldiers found to be unfit for an international peacekeeping exercise for various medical reasons, including HIV/AIDS. Counsellors completed a structured questionnaire at the end of each counselling interview. Results of the study indicate that sound knowledge of HIV/AIDS and positive attitudes towards safer sex are associated with negative HIV status. Results also point to the importance of adequate briefing of soldiers involved in organization-initiated HIV testing. Emotional responses towards HIV testing and counselling, including resistance to hearing the test result, denial, the request for confirmatory testing and the support systems soldiers would make use of, are described in the paper. Guidelines for the psychosocial management of organization-initiated testing of soldiers, particularly soldiers involved in international operations, are given.*

## **INTRODUCTION**

Much of the literature on HIV pre and post test counselling refers to people who request an HIV test. In contrast, there are many instances when the HIV test is initiated not by the person him or herself, but by someone else. This initiator may be a doctor who is concerned about a person's health, by an insurance company wishing to establish a prospective client's health status, or be an organization needing to make decisions about the utilization of employees.

This last instance is illustrated in the need of defence forces to supply personnel who are HIV negative for peacekeeping missions, according to United Nations regulations. In April 1999, military forces from several SADC states combined for a peace support exercise called Blue Crane. The aim of the exercise was to enhance the capacity of SADC forces to participate in peace keeping operations together with UN and OAU operations (Nxumalo, 1999: 9). In accordance with UN regulations, all soldiers who wished to participate in Exercise Blue Crane were required to undergo a comprehensive health screening - this screening included an HIV test.

Although all soldiers volunteered to participate in the Exercise and although they gave informed consent to be tested for HIV, this situation is unique in that the test was initiated by the organization to meet an organizational need, and not, as is more common, by the person or his/her doctor to meet the needs of the person him or herself. Such testing places unique stressors on the people being tested, particularly in regard to their understanding of the rationale for such testing and the impact of an HIV positive test result on their emotions. This, in turn, places a tremendous responsibility on the organization initiating the test to provide a high standard of pre and post test counselling and of medical care for those who test positive.

All soldiers, therefore, who volunteered to participate in Exercise Blue Crane received pre and post test counselling from military social workers, psychologists, doctors and nurses. This study is concerned with only the post test counselling of those soldiers who were found to be medically unfit for international peace support missions. These soldiers, who comprised a minority of all those who volunteered for Exercise Blue Crane, will be fully utilized for military operations in the SANDF, but only within the borders of South Africa.

## **METHOD**

This study had four objectives:

- To explore the responses of soldiers to the post test counselling interview.
- To assess their attitudes towards and knowledge of HIV.
- To explore their understanding of the rationale for the HIV testing.
- To explore the support systems they would make use of if they tested positive.

Due to the sensitive nature of these objectives, particularly in terms of the emotionally vulnerable state of the soldiers receiving the test results, it was not considered ethical to directly study the soldiers themselves. Instead, we requested the counsellors to complete a short questionnaire at the end of each counselling interview. This was done after the soldiers had left the interview. We believe that the bias or error that this indirect approach could introduce, was mitigated by the involvement of approximately 50 counsellors each completing the questionnaires *immediately* after each interview.

A short questionnaire [Appendix A] was compiled by the researchers, in consultation with a number of other social workers and doctors involved in HIV counselling and health screening. The questionnaire was designed to address the four study objectives mentioned previously. All of the data generated in this study was categorical or nominal. Therefore the chi-squared test was the statistical test of choice in data analysis and the significance level was set at  $p < .05$ .

The population for this study comprised all soldiers who were found to be medically unfit for an international peacekeeping exercise. The researchers requested the counsellors to obtain data from equal numbers of HIV positive and HIV negative soldiers. The sample therefore comprised two substantial, roughly equal-sized groups of soldiers: the first group of soldiers were medically unfit for peacekeeping missions but were HIV negative, while the second group of soldiers were medically unfit for peacekeeping missions due to their HIV positive status.

## **RESULTS**

The results of this study are divided into four sections, namely, the responses of soldiers to the test result, soldiers' knowledge and attitudes regarding HIV/AIDS, the understanding of soldiers of the rationale for HIV testing and the support systems soldiers would utilize if they tested positive.

**Response to Test Result.** 18.3% percent of the sample initially resisted hearing the test result, of whom 22.4% had still not heard the test result by the end of the interview. The test result of the soldiers did not relate to their probability of resisting hearing the test result.

[19.3% of those who tested positive resisted hearing the result, compared with 16.7% of those who tested negative,  $\chi^2 = .72, p > .05$ .]

[4.0% of those who tested positive had not heard the test result by the end of the interview, compared with 4.7% of those who tested negative,  $\chi^2 = .08, p > .05$ .]

Soldiers who tested HIV positive were twelve times more likely to request a confirmatory test than soldiers who tested HIV negative. 45.8% of those who tested positive requested a confirmatory test, compared with only 3.7% of those who tested negative.

[ $\chi^2 = 159.38, p < .001$ ]

A number of counsellors indicated that their clients intended getting the confirmatory test from a private doctor. Because this information was not requested in the questionnaire, but merely offered by a number of counsellors, it is likely that these figures underrepresent the actual numbers. Nevertheless, 15.4% of those who tested HIV positive and who requested a confirmatory test indicated that they would have the test done privately. Only one person who tested HIV negative indicated that he wanted a confirmatory test - this person also wanted the test done privately.

It is also interesting to note that a number of soldiers who tested HIV positive knew or suspected that they were in fact positive, although this information was also not requested in the questionnaire. 4.0% of those who tested positive already knew their test status, 1.9% suspected that they were HIV positive and 1.2% reported that they had recently tested HIV negative.

The three main emotions noted in clients who tested HIV positive include disbelief (39%), sadness (38%) and surprise (30%). The response of disbelief fits neatly with the theory on how people respond to being told they have a terminal illness, particularly Kübler-Ross' loss theory, in which the first stage of loss is characterised by shock and denial. The fact that a large number of soldiers responded with sadness suggests a fairly rapid movement through the loss process, explained by the possibility that many soldiers had a few days to come to terms with the likelihood that they would test positive. The time to work through the large number of post-test counselling interviews, while negative for many, may also have allowed time for anticipatory grieving. In contrast, the fact that almost a

third of the soldiers were surprised by the result suggests that many were expecting a negative test result. Perhaps these soldiers had not realised that they were engaged in risk behaviour and believed they were safe.

The next three most frequent emotional responses among those testing HIV positive were fear (17%), withdrawal (16%) and anxiety (15%). These three emotions entail a pulling away from the test result, and indicate that hearing the result was difficult and painful for a significant number of soldiers.

For those who tested HIV negative, the primary emotions were happiness (55%) and relief (41%). The response of happiness needs no explanation. The response of relief, however, suggests that a significant number of soldiers may have anticipated a positive result, based, we assume, on their knowledge of their risk behaviour. According to one counsellor, a soldier who tested negative believed so strongly that he was HIV positive that he demanded a retest to confirm the result.

These findings on the responses of soldiers to the HIV test result demonstrate that being tested for HIV is a profound and threatening experience, particularly when the test has been initiated by someone other than the person him or herself, as is the case in organization-initiated testing. This study shows that, regardless of the test result, soldiers who are tested experience great anxiety about the test and about the potential result. For those who test negative there is a great feeling of relief. But for those who test positive, there are many difficult and painful feelings that must be experienced and, in time, the realisation that they are going to die.

**Knowledge and Attitudes Regarding HIV/AIDS.** Counsellors rated just over two thirds [67.2%] of the clients as having good or very good knowledge of HIV/AIDS and its transmission. When the sample was divided according to test result, however, it was found that soldiers who tested HIV negative had better knowledge than those who tested positive. 76.7% of those who tested negative had good to very good knowledge compared with only 62.5% of those who tested HIV positive.

$$[\chi^2 = 25.33, p < .001]$$

We found that 93.8% of soldiers had a positive attitude towards practising safer sex. However, soldiers who tested HIV negative tended to be slightly, although significantly more positive about practising safer sex than those who tested negative.

[97.6% of those who tested HIV negative were positive about safer sex, compared with only 91.8% of those who tested positive.  $\chi^2 = 10.17, p < .01$ ]

There was a positive relationship between knowledge and positive attitude, that is, soldiers with good HIV knowledge also tend to have a positive attitude towards safer sex [ $\chi^2 = 25.4, p < .001$ ]. We therefore combined the scores for knowledge and attitude and compared these with soldiers' test results [ $\chi^2 = 24.6, p < .001$ ]. We found that having both good knowledge and a positive attitude towards practising safer sex combined to give the lowest rate of infection. A positive attitude alone or good knowledge alone gave moderate rates of infection, while a negative attitude and poor knowledge combined to give the highest infection rate. This suggests that both knowledge and attitude are necessary to change behaviour which will result in decreased risk for HIV infection.

**Rationale for Testing.** In order to assess soldiers' understanding of the rationale for HIV testing of peacekeeping forces, we asked four questions, viz:

- Did soldiers believe in the need for HIV testing of peacekeepers?
- Did soldiers believe that their role as peacekeeper should be affected by their HIV status?
- Did soldiers understand the danger that AIDS posed for Africa?
- Did soldiers understand accurately why they were tested for HIV?

In response to all four of these questions, we found that soldiers who tested HIV negative tended to respond more accurately and positively than those who tested HIV positive [see table below]. Since everyone received the same information about the rationale for testing prior to being tested, it is unlikely that these results are the result of different briefings. Rather, these results are probably in consequence of having tested HIV positive. These soldiers' careers have been somewhat damaged as a result of the test - in that they can no longer deploy internationally. It is, therefore, understandable that they will find the rationale for testing hard to accept.

	HIV Positive	HIV Negative	Chi Square Test	
	Valid %	Valid %	$\chi^2$	p
<b>Believed in need for HIV testing of 'peacekeepers'</b>	86.8	96.2	18.13 <sup>a</sup>	.000
<b>Believed role should be affected by HIV status</b>	82.5	89.2	6.23 <sup>a</sup>	.013
<b>Understood the danger of AIDS for Africa</b>	85.4	93.8	12.29 <sup>a</sup>	.000
<b>Understood why s/he was tested for HIV</b>	93.5	97.6	5.86 <sup>a</sup>	.015

<sup>a</sup> Yate's continuity correction for 2x2 crosstabs, df=1

It is worth noting, however, that the majority of soldiers *did* understand the rationale for testing - in fact 79.5% of the soldiers in this sample were scored as understanding the rationale correctly on all four questions.

**Support Systems.** The final question in this study asked what support systems soldiers who tested HIV positive would utilize:

- Almost half the soldiers who tested positive [48.5%] reported that they would rely on their families for support, suggesting strong family ties for most.
- Just over a third of the soldiers [36.3%] reported that they would rely on the military social worker for support. Since most of the counsellors were social workers, and since social workers typically have the closest working relationship with units (compared with other health personnel), this result is not surprising.
- Almost a quarter of the soldiers [23.6%] indicated that they would rely on the doctor, which is understandable given the medical nature of HIV/AIDS.
- 15.9% of the soldiers reported that they would rely on their friends for support, indicating a strong peer support system.
- Nurses [11.3%], chaplains [7%] and psychologists [6.1%] were seen as playing smaller roles in supporting those who are HIV positive.

It is noteworthy that 12.2% of the soldiers reported that they would not rely on anyone for support. For some this may indicate that they are simply not ready to disclose their HIV status, while for others it may be an indication of an absence of support systems.

Perhaps the most striking result of this section of the study is the balance between formal and informal support systems. The informal systems of family, friends and colleagues were reported about as often as the formal systems of social worker, doctor, nurse, psychologist and chaplain. This suggests the need for a partnership between formal and

informal networks. Professionals need to make greater use of informal systems, providing them with key information, offering psychoeducational programmes, and promoting home care and peer education programmes. Military members also need to make good use of the multi-disciplinary health team, which is available to provide comprehensive support and treatment as needed.

## **RECOMMENDATIONS**

Based on these findings, what recommendations can be made for the psychosocial management of organization-initiated testing of soldiers, particularly soldiers involved in international peace operations? We propose six recommendations:

- Firstly, post-test counsellors should anticipate a fair degree of resistance from soldiers towards hearing the test result. This resistance can probably be reduced by ensuring that soldiers have a thorough understanding of the rationale for testing, of their ongoing utilization in the military, and of the psychosocial impact of being HIV positive before being tested.
- Second, facilities should be put in place for confirmatory testing. In particular, defence forces should liaise with NGOs and other nonmilitary health facilities to conduct confirmatory tests. Although the wish of some soldiers to receive the confirmatory test outside the military could be interpreted as a sign of lack of trust or confidence in the military health service, it is probably a natural reaction to seek a second, independent opinion when one is told that one has a life threatening illness. Such a need should be accommodated and facilitated. The process of confirmatory testing assists soldiers in working through the shock and denial associated with a positive HIV test result, and should thus be seen as a constructive and health-seeking response.
- Thirdly, the training of post-test counsellors should prepare the counsellors for the emotional responses of patients found in this study. Counsellors should, for example, be equipped with skills and strategies to work through the response of disbelief and shock. They should also be equipped with strong support and containment skills to soothe those who respond with fear, withdrawal and anxiety.
- Fourthly, soldiers should receive clear and convincing briefings about the importance of HIV testing for those involved in military operations, particularly international peace support operations. Soldiers should be assisted in 'buying into' the need for such testing. However, soldiers should also understand that testing HIV positive does not mean the end of a military career. They should know that they will continue to be employed meaningfully with the military community.

This can be facilitated by inviting soldiers who are HIV positive and who are gainfully employed elsewhere in the military to become HIV spokespersons. These soldiers

could play a vital role in preventing the spread of HIV as well as in reassuring soldiers that a positive HIV test does not mean the loss of gainful and meaningful employment.

- Fifthly, the ongoing medical and psychosocial support of soldiers who test HIV positive and who gradually develop AIDS will be addressed in more detail in other papers during this congress, such as in the paper by Dr Archary on palliative care. What emerges in our study is the need to establish partnerships between formal health services and informal community support structures. In particular, close collaboration between military social workers (for psychosocial support), military doctors (for medical care) and the family (for a sense of belonging and purpose) is essential.

- Finally, ongoing research should be conducted into the relationship between HIV knowledge, attitudes towards safer sex, sexual practices and HIV test results. Since soldiers involved peace support operations will periodically be tested for HIV, it becomes possible to prospectively trace and perhaps even predict the factors which lead to HIV infection. For example, it is possible to test the knowledge, attitudes, practices and other variables of HIV negative soldiers at the present. Then, as HIV tests are periodically conducted, it becomes possible to regress this information to the test result, providing insight into what combination of factors tends to be associated with soldiers who become infected with HIV. This, in turn, could provide invaluable insights into preventing the spread of infection among soldiers who deploy internationally.

In conclusion, this study serves to provide an initial insight into the experiences of soldiers who underwent organization-initiated HIV testing. The results of this study can serve to inform the future pre and post test counselling of soldiers, to guide the briefing of soldiers involved in international peace support operations, and to guide future research into the prevention of HIV.

## **REFERENCE**

Nxumalo, B. (1999). Exercise Blue Crane: Ensuring tomorrow's peace today. *SALUT*, Vol 6 (4): 9.