



ITF STUDY ON: HIV/AIDS IN THE CIVIL AVIATION SECTOR

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The ITF would like to thank Susan Leather, who carried out this survey. We would also like to thank all affiliates and activists who took part in this survey. This survey forms part of the ITF/FNV Global HIV/AIDS project.





Foreword

“Better HIV policies and practices in the workplace have led to more supportive attitudes towards co-workers living with HIV”, reports the International Labour Organization.

HIV and AIDS affect the most economically active age group in every population and the majority of the 33 million people living with HIV worldwide are workers. Many are still subject to stigma and discrimination and the threat – or reality – of losing their jobs as a result of their HIV status. Although some progress has been made, prevention and care strategies also need bolstering.

Since its creation the International Transport Workers’ Federation has been fighting to defend and improve transport workers’ rights and working conditions; HIV/AIDS is of great concern. The issue of discrimination against workers living with or affected by HIV is a priority.

Long absence from home, long working hours, fatigue and inadequate rest are just some of the issues that transport workers in general and aviation workers in particular have always faced. As these adverse working conditions have resulted in increased vulnerability to HIV infection we now need to intensify our efforts to address these issues.

This research aims to help unions change the current situation and the planned guidelines based on it will be the first to focus specifically on HIV and the world of work in aviation.

The challenge is to learn from good practices and to adapt and replicate them in other countries and companies. The ITF hopes that this research will assist its affiliates in their efforts and lead to the development of a practical programme for the benefit of civil aviation workers, their families and communities.

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Executive summary

The vulnerability of transport workers to HIV has been well documented in many regions, and is a major concern to the ITF. For well over a decade the Federation has progressively put activities in place for the different sectors of the transport industry.

In order to establish whether civil aviation is subject to the same risks and pressures from HIV/AIDS as other sectors, the ITF initiated a study in 2010 which compiled the views of affiliated unions and surveyed the knowledge, attitudes and behaviour (KAB) of a cross-section of individual members in five countries: Argentina, Bulgaria, Ethiopia, India and Jordan. The aim was to gather information that would help the ITF assess need and provide a basis for planning interventions.

This report of the study's findings first presents background information on the ITF's global HIV/AIDS programme as well as on civil aviation and HIV/AIDS, where the need for further research emerges clearly. It then summarises the views, activities and needs of ITF affiliated unions in relation to HIV/AIDS: 16 of the 25 affiliates who responded had some HIV/AIDS activities but almost all expressed an interest in doing more as part of the ITF programme. A key finding related to the widespread availability of labour and/or occupational safety and health policy where HIV/AIDS has been or could be integrated.

The KAB survey revealed some information gaps and misconceptions, which tended to result in fear of contact with HIV-positive co-workers; at the same time there was a high level of interest in gaining more knowledge and in contributing to national responses to HIV/AIDS. The great majority of workers saw HIV/AIDS as a workplace issue, and in all countries respondents had witnessed incidents of stigma and discrimination; they expressed support for the ITF in its efforts to provide education in this area and defend rights.

Based on the conclusions drawn from the surveys of affiliates and of individual members, the report ends by offering a set of recommendations for future action by the ITF and its affiliates. The key recommendation is that the ITF should put in place an HIV/AIDS programme tailored to the civil aviation sector and taking account of local conditions and needs. More detailed points are made about:

- interventions to strengthen the capacity of affiliates to develop their own programmes and include HIV/AIDS in the collective bargaining agenda
- participatory education to promote behaviour change
- the provision of information, data and materials
- policy and educational measures to combat stigma and discrimination

The report emphasises the opportunity provided by the approval at the International Labour Conference in June 2010 of Recommendation no 200 on HIV/AIDS and the world of work. This will be implemented through the development of national policies, and ITF affiliates can and should stake their claim to contribute to this process.



Introduction to the study

The International Transport Workers' Federation represents the needs and interests of four and a half million transport workers in over 750 unions in 154 countries. As these needs evolve, so do the support and guidance offered by the ITF. The AIDS epidemic has been a major concern for well over a decade.

Transport workers in many regions and industries experience difficult working conditions which impact on their health and welfare. Work schedules and accommodation are often poorly managed, there is little care for the wellbeing of workers or respect for their rights, and long absences from home increase vulnerability to the risk of HIV. This vulnerability is influenced by a combination of social, economic and institutional factors:

- Separation from family, isolation, loneliness
- Work load and stress
- Delays at borders and road blocks
- Inadequate resting and recreation facilities
- Widespread availability of alcohol, drugs and sexual partners
- Mobility undermining access to health information and services

Is civil aviation subject to the same risks and pressures as other transport sectors in relation to HIV/AIDS? Less information appears to be available to answer this and other related questions, so in 2009 the ITF initiated a study which not only compiled the views of affiliated unions, but also surveyed the knowledge, attitudes and behaviour (KAB) of a cross-section of individual members.

Aims of the study:

- to gather and analyse information on the impact of HIV/AIDS in the aviation industry, including on the trade unions in the industry
- to increase understanding of the HIV/AIDS knowledge, perceptions and needs of ITF affiliates
- to prepare appropriate responses.

This report first gives a short overview of the ITF's global programme on HIV/AIDS, and then presents some background information on civil aviation in the face of the epidemic. This is followed by the two substantive sections: first a report on the views, activities and needs of ITF affiliated unions in relation to HIV/AIDS and, second, summary findings of the KAB survey conducted among the members of ITF affiliates in five countries; it draws conclusions based on these findings and views. The report ends with a set of recommendations for future action by the ITF with its affiliates in civil aviation.



I. Background

The ITF's programme on HIV/AIDS

National and global trade unions have made significant contributions to HIV/AIDS responses through a combination of international advocacy, programmes to build capacity, promote prevention and combat discrimination at workplaces, and targeted activities in particular sectors and industries.

The ITF first took action in 1999, at the request of affiliates in the road transport sector. It commissioned research into HIV risk among truck drivers in East Africa and published the report 'AIDS and Transport: The Experience of Ugandan road and rail transport workers and their unions'. A project was put in place in 2000 with support from the Dutch trade union centre, FNV Mondiaal, to build the capacity of affiliates in Africa to respond to HIV/AIDS in and through the transport workplace.

In 2006 the ITF launched a major new programme to mobilise and support its affiliated unions to incorporate HIV/AIDS in their core programmes and activities, including workplace policies and collective bargaining. The initiative promotes HIV prevention through education and mass media, advocates for testing and treatment facilities, and takes active measures against prejudice and discrimination. With the organisational strength of over 750 affiliates, the ITF is making a real difference in taking the message of prevention, treatment and support into the workplaces where it has not always been heard. The programme initially focused on Africa and South Asia, but always with an emphasis on the global context. Interest soon grew on the part of unions in other regions, who have all bought into it and started activities.

In 2007 the ITF conducted a mapping exercise among its affiliates on HIV/AIDS, and published a report based on 97 responses: 40 from the Asia Pacific region, 31 from Africa, 11 from Europe, 13 from Latin America and the Caribbean, and two from the Arab world. All sectors were covered, with the maritime sector including seafarers, inland navigation workers, fishers, and dockers. The survey clearly showed the serious impact of HIV/AIDS on the transport sector with all types of workers

affected, but according to the ITF affiliates the highest HIV impact is among road and railway transport workers, followed by seafarers.

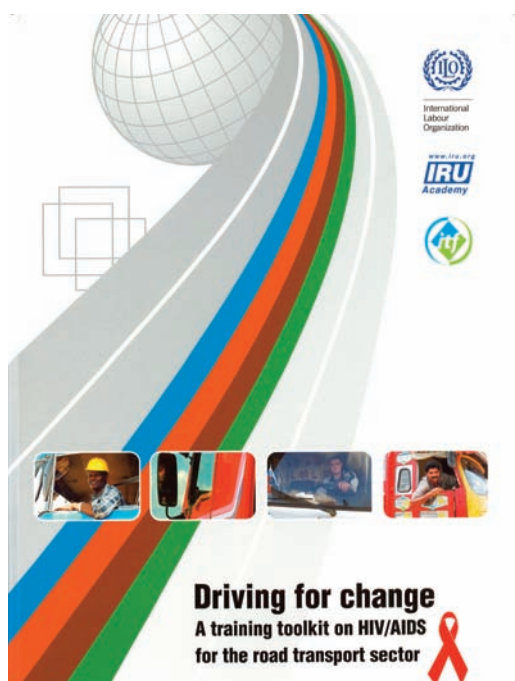
The ITF's global work includes active participation in the Global Union AIDS Programme and exchanges of information between trade unions, a special day of action to mark World AIDS Day each year, and a training programme to help unions develop HIV/AIDS bargaining strategies, policies and programmes. But the most important work happens at country level. The ITF has published a recent collection of case studies, which gives insights into the range of work being carried out on HIV/AIDS by its affiliates and shares examples of good practice and lessons learnt.

ITF strategy on HIV/AIDS in the transport sector

- Mainstreaming HIV/AIDS in unions' core strategic agendas
- Coordinating and supporting programmes for prevention and care, including information and education for leaders, members, families and surrounding communities
- Strengthening capacity to conduct collective bargaining on HIV/AIDS and develop/implement workplace policies and programmes
- Making alliances with relevant stakeholders
- Lobbying to address the underlying root causes of vulnerability and increase understanding of HIV as a workplace issue

Partnerships are a key feature of the ITF strategy: it has collaborated with the global federations of employers in transport. One example is the International Road Transport Union (IRU), with whom it developed an education programme and materials, with support from the ILO. A comprehensive package called 'Driving for change – a training toolkit on HIV/AIDS for the road transport sector' was field-tested in Russia and Uganda, and is now used by the ILO, ITF and the IRU Academy Accredited Training Institutes. It includes an

instructors' guide, modules for drivers and for managers, a module for informal settings, a CD and DVD.



A similar programme and toolkit were developed with the International Union of Railways (UIC), the organisation of employers in the railways sector. Entitled 'On the right track – a training toolkit for the railway sector', it was trialled in India, and



includes a facilitators' guide, learning materials, fact sheets, a resource book, and a CD and DVD.

The approach was slightly different for the maritime sector, as the ITF works through the Global Partnership on HIV and Mobile Workers in the Maritime Sector, an initiative among seven international organisations and global networks dedicated to decreasing the vulnerability of seafarers to HIV. The other members are the International Committee On Seafarers' Welfare (ICSW), the International Labour Organization (ILO), the International Maritime Health Association (IMHA), the International Organization for Migration (IOM), the International Shipping Federation (ISF), and the Joint United Nations Programme on HIV/AIDS (UNAIDS). A three-year pilot programme has been put in place for the approximately 230,000 seafarers originating in the Philippines, including a special focus on the port of Durban, South Africa, and all the seafarers who use it.

A number of other organisations have partnered with the ITF, recognising its capacity to reach significant numbers of transport workers and the enormous benefits to their activities to have a key partner which is trusted by the beneficiaries. Key strategic alliances include with the North Star Alliance (NSA), the UN's World Food Programme, the World Bank, and Family Health International to develop wellness centres along Africa's main transport corridors. Another important partner, especially in Southern and Eastern Africa, is the American Centre for International Labor Solidarity (ACILS).

By 2009 the ITF had put in place major HIV/AIDS programmes for the rail and maritime sectors as well as road transport. In terms of its obligations to the membership as a whole, the ITF decided it was necessary to assess the situation in the civil aviation sector and determine the needs of ITF affiliates here.

Civil aviation and HIV/AIDS

According to IATA, over 2.2 billion passengers used the world's airlines for business and leisure travel in 2007 and the industry provided 1.5 million jobs worldwide, plus considerably more related employment. About 280,000 flight attendants work



on board civil aircraft worldwide (not including staff on private/charter flights). The ITF has over 640, 000 members connected to civil aviation. As the mobility of travellers, tourists and business persons has rapidly increased, so have concerns with respect to the HIV-related risks faced by workers in the industry. Air travel personnel are exposed to HIV risk in the same ways as other transport workers: frequent absences from home can place a strain on relationships and result in casual sexual encounters.

Studies on HIV/AIDS in the industry are few, but the ILO's 2006 report, 'HIV/AIDS and work in a globalizing world', included a section on civil aviation. This presented findings from a 2002 ILO country assessment in Zimbabwe which revealed that more than 25 per cent of male air transport workers reported multiple sexual partners in the preceding year. In 'Transport against HIV/AIDS: Synthesis of Experience and Best Practice Guidelines' (2009) the World Bank cited a study of airline personnel in eight European countries. This found that airline cabin crews are at higher than average risk of becoming HIV-positive, and that AIDS was the most frequent cause of death among male cabin crew members.

At the beginning of the epidemic, civil aviation was disproportionately affected, with HIV diagnosed mainly among male staff. This was largely due to the relatively high number of men who have sex with men employed in the industry at a time when HIV prevalence was high in these populations. As a result, airlines became leaders early on in the response to HIV/AIDS as a workplace issue and some HIV/AIDS workplace policies of European and North American Airlines date back to the late 1980s and early 1990s.

However a number of civil aviation specific problems persist. The major obstacle is the requirement for pre-employment HIV screening, especially for pilots and co-pilots, who in some countries are prevented from working if they are HIV-positive, even if they have no symptoms or health issues. For example, the Joint Aviation Authorities (the European body for civil aviation) ask pilots and co-pilots direct questions on sexually transmitted infections (STIs) before they can be

licensed. In addition, there are numerous restrictive visa/entry requirements.

HIV/AIDS and the world of work, 2008, Report IV¹ to the 98th Session of the International Labour Conference

267. Provisions have ... been adopted to allow mandatory testing for certain aviation personnel, particularly pilots. The International Civil Aviation Organization (ICAO), the Joint Aviation Authority (JAA) of Europe, the Federal Aviation Association (FAA) of the United States and of Viet Nam all provide for mandatory testing for pilots. The ICAO provides that a person with HIV shall be assessed as unfit unless full investigation provides no evidence of clinical disease. It further provides that evaluation of applicants who are HIV-positive requires particular attention to their mental state and follows the United States Centers for Disease Control classification, which looks at the CD4+ cell count to evaluate disease status and the risk of developing opportunistic infections. This is also the case for the United States. The JAA provides that AIDS is an absolute bar to flight duties because of the high risk of opportunistic infections. Their criteria for diagnosis of AIDS include a positive result on an HIV test, a finding of immunodeficiency and a history of opportunistic infections. In Viet Nam the law accommodates pilots who are already engaged, but not to those attempting to enter service.

It is in fact difficult to establish a coherent picture, as some national regulations appear to contradict international ones, or even other national laws: in some countries, among them the USA, national legislation prohibits pre-employment testing, while the specific regulations governing the airline industry require some form of screening for the granting of licences to pilots (and air-traffic controllers). This is an area that warrants more

¹ Principle – of the ILO Code of practice on HIV/AIDS and the world of work, ILO, 2001

research. It seems that regulatory bodies are becoming more informed or more careful about the limits of legitimate safety considerations. The European Aviation Safety Agency, for example, is currently (June 2010) inviting comments on proposed amendments to the 'Rules for medical certification of pilots and medical fitness of cabin crew' and their implementation. These include provisions on HIV/AIDS which attenuate the bald statement "HIV positivity is disqualifying" with the statement "A fit assessment with a multi-pilot limitation may be considered for individuals with stable, non-progressive disease" and later "A fit assessment may be considered for of HIV positive individuals with stable, non-progressive disease if full investigation provides no evidence of HIV-associated diseases that might give rise to incapacitating symptoms."²

There are also practical issues for HIV-positive flight crew such as complicated medical regimes that are difficult to follow when flying across many time zones, and medication that needs to be refrigerated. The requirements of the job mean that they often have irregular eating and sleeping patterns. Flight crew also need to be up to date with their inoculations, but people living with HIV are generally advised to avoid immunisation with particular live vaccines (such as yellow fever), due to their weaker immune systems.

Some airlines have been very progressive in finding solutions to these and other problems. The Asociación Argentina de Aeronavegantes provided some specific information on law and policy governing the workplace generally and its own industry in Argentina. The law prohibits the testing of workers without their informed consent, and national policy also opposes discrimination as well as making provisions on care and treatment. As a result of the law, the certification of pilots and flight attendants does not include HIV testing.

In South Africa, a landmark case was won (Hoffman vs South African Airways, 2000) when a man

applying for a job as a cabin crew member with the national carrier was turned down. He was found to be HIV-positive after a medical test was carried out without his informed consent. He took the airline to court and won a large settlement, thus setting a precedent on discrimination against workers and job applicants on the basis of HIV status (see <http://www.paralegaladvice.org.za/docs/chap09/04.html>).

The South African Civil Aviation Authority formed a task group in 2000 to deal with legislation on testing for aviation personnel and to formulate an acceptable policy for the aviation industry. The Authority policy protects people living with HIV/AIDS from discrimination, assures confidentiality, promotes access to information, and commits the industry to create a caring and supportive environment for affected employees. The policy recognises the rights and obligations of the industry's employees (South African Civil Aviation 2001).

² COMMENT RESPONSE DOCUMENT (CRD) TO NOTICE OF PROPOSED AMENDMENT (NPA) 2008-17C AND TO NOTICE OF PROPOSED AMENDMENT (NPA) 2009-02e for an Agency Opinion on a Commission Regulation establishing the Implementing Rules for the medical certification of pilots and medical fitness of cabin crew



II. Survey of ITF affiliates in civil aviation: policy and practices on HIV/AIDS

Introduction and views on HIV/AIDS impact

All affiliated unions in the industry were given the opportunity to express their views on the impact of HIV/AIDS and the need for an ITF programme. A questionnaire (Annex 2) was sent to all of the ITF's affiliates in civil aviation; 25 replies were received from 22 countries (list of unions at Annex 1), which compares reasonably well with the normal response rate for e-mail questionnaires in the organisation. Nine of the replies were from Africa (seven countries), five from the Americas (four countries, North and South), three from Arab States, three from Asia and the Pacific, five from Europe.

Affiliates in 15 of the 22 countries expressed concern about the impact of the epidemic in their country, saying that prevalence was “low but rising” (7), “concentrated but worrying” (4) or “generalised, affecting the economy, the workplace and trade unions” (4).

The questionnaire started by asking how serious a problem HIV/AIDS is in their countries, but mainly focused on responses to the epidemic. Of particular interest were the HIV/AIDS policies and activities of affiliates, how they expected these to develop, whether they had unmet needs, and how the ITF could help. At the same time it was useful to know about policies and programmes at national and sectoral levels which might impact on the workplace and trade unions.

Questions here sought to establish (i) whether general policies on HIV/AIDS include provisions for the world of work and (ii) whether labour and

related polices include HIV/AIDS. The questionnaire also asked to what extent workplace actors, especially trade unions, are involved in national HIV/AIDS structures such as the National AIDS Council/Committee (NAC) and the Country Coordinating Mechanism (CCM) of the Global Fund to fight AIDS, TB and Malaria.

ITF affiliates and HIV/AIDS: policy environment, current practices and future needs

National HIV/AIDS policies

For 16 of the 22 countries respondents were clear about the existence of a national policy on HIV/AIDS. Given that the ILO found in 2008³ that almost all its member States have such policies it is more likely a lack of the necessary information than a policy gap in the case where respondents replied in the negative or were unsure.

Of greater interest were the follow-up questions, which focused on linkages between national HIV/AIDS programmes and the world of work.

In 15 of the countries⁴ affiliates reported that the national (or state) AIDS policy included the world of work in some way, even if only through a clause on non-discrimination in employment on grounds of illness (Australia); in two cases respondents weren't sure. In six countries the world of work is represented on the NAC: Burkina Faso (by the national business coalition on HIV/AIDS), DRC (unions and business coalition), Ethiopia (by trade unions and employers), Mongolia, Nigeria (including trade unions) and Senegal (including trade unions). In Nigeria and Senegal, the trade unions are also represented on the CCM.

National policies for the world of work

Affiliates were asked if their countries have a labour law or code and a law or policy on occupational safety and health, and whether these include any provisions on HIV/AIDS.

³ HIV/AIDS and the world of work, 2008, Report IV (1) to the 98th Session of the International Labour Conference

⁴ Argentina, Australia, Bulgaria, Burkina Faso, Canada, DRC, Ethiopia, Hungary, Jordan, Mexico, Mongolia, Nigeria, Senegal, South Africa, Uganda

A code or law for occupational safety and health (OSH) exists in all 22 countries, though sometimes at state rather than or as well as at federal level (Australia, Canada, USA)⁵. This includes HIV/AIDS in 12 countries. A national law, policy or code for labour or employment exists in 18 countries, and in six of them it includes provisions on HIV/AIDS⁶.

Union policy and practice to date

Sixteen of the 25 affiliates have put in place some form of response to HIV/AIDS. In the DRC, Ethiopia, Nigeria, South Africa and Uganda the unions have a policy and a programme. The following are examples of activities they organise:

- Negotiating for workplace policies and agreements on HIV/AIDS
- Campaigning
- Information, education and training, incl. peer education/ counselling
- Condom distribution
- Voluntary counselling and testing
- Care and support for HIV-positive workers and AIDS orphans

In Ethiopia the unions have helped set up an AIDS fund with contributions from workers and management.

In Burkina Faso the union runs education and training activities, including peer education, but it has no policy. It is actively involved in the national AIDS programme and the work of the national business coalition on HIV/AIDS.

Canada and Mexico report a policy but no programme; however the IAMAW in USA and Canada has produced a useful training manual entitled 'HIV/AIDS in the workplace: a steward's manual'.

The remaining unions – from Australia, Jordan, Lebanon, Mongolia, Senegal and the USA – said

they run a few activities, mainly of an educational nature. UNITE HERE (USA) explained that there was significant variation from region to region, with some branches being extremely active.

Future plans and requests for ITF assistance

The final question asked if those affiliates without an HIV/AIDS programme would like to start one, and how the ITF could help. Only in one case was the answer negative. Respondents in Canada and Mexico were unsure but open to consider the possibility. UNITE HERE (USA) said they would put it to the Executive Board and the IAMAW (USA) said yes. Affiliates in Argentina, Bulgaria, the Czech Republic, Hungary, Malaysia and Switzerland were emphatically positive. The Kapers Cabin Crew Union in Switzerland wrote:

“We have to make the young workers in the western hemisphere aware of HIV and AIDS. Many of them don't take the issue seriously as the symptoms appear to be treatable... It doesn't need to be basic information but making them aware that HIV and AIDS are still there... not only in developing countries... but everywhere!”

In several cases affiliates with existing programmes said they would appreciate assistance in expanding and strengthening them. The Lebanon Cabin Crew Union, for example, republishes articles from the ITF annual magazine on HIV/AIDS and transport, 'Agenda', but asked for help in developing a full programme.

Most emphasis was placed on the sharing of good practices and lessons learnt, supported by the provision of generic materials which could be adapted to the circumstances of different unions. This should include guidance on combating stigma and discrimination and materials for behaviour change communication (BCC). Several respondents

⁵ Argentina, Australia, Bahrain, Burkina Faso, Canada, Ethiopia, Hungary, Mexico, Nigeria, Senegal, South Africa, USA

⁶ Argentina, Burkina Faso, Ethiopia, Mexico, Nigeria, South Africa



asked for examples of contract language and collective bargaining agreements. The Australian Services Union said it would be useful to get information on campaigning in countries where HIV/AIDS isn't a high priority generally: "Our members are keen to hear from activists working in countries where HIV isn't accepted as the devastating disease we have come to know and where stigma and discrimination are widespread." A number of affiliates were concerned to know more about the laws and/or regulations concerning HIV/AIDS in the industry, especially related to the licensing of pilots and the hiring of cabin crew.

Affiliates also asked for help with training a network of union activists who could be focal persons and/or peer educators at their workplaces. This should include building skills for policy development and negotiating on HIV/AIDS, for resource mobilisation and for IT competency. There were also requests for the training of trainers who could in turn run education and training programmes at workplaces and in union branches. They emphasised the usefulness of providing a training package which affiliates can use to carry out training on their own. Some unions in lower prevalence areas asked for more data about HIV and AIDS locally, regionally and globally. CSC-TRANSCOM in the DRC wrote about the importance of raising the awareness of the union leadership, for example through inviting them to relevant meetings, so that they commit to mainstreaming HIV/AIDS in the core union agenda.

Appreciation was expressed for the ITF's existing information and advocacy work, especially the campaign support around World AIDS Day. Some affiliates asked the ITF to do more to use its influence, including through the ILO, to counter discrimination, especially in employment, and convey information to national AIDS programmes about the inclusion of workplace and trade union responses.

Comments and conclusions

The main conclusions are grouped at the end of this report, but it is interesting to note at this point that a cross-section of trade unions from all over the world, in high- and low-HIV prevalence countries, took the time to express their concern over the impact of HIV/AIDS and their interest in starting or improving union activities to contribute to

preventing its spread.

There are still many challenges in promoting understanding of HIV/AIDS as a workplace issue and of the ways trade unions can contribute to achieving universal access to HIV prevention, treatment, care and support. There is a clear need for targeted responses that take into account national prevalence but also the consequences of mobility, the locations to which their members travel, and the basic principles of prevention. With very different circumstances, experiences and needs ITF affiliates have offered a range of useful and strategic suggestions to improve the AIDS effectiveness of the ITF and its affiliates and through them of national programmes.

The assistance requested from the ITF was generally relevant, practical and well-targeted, if occasionally beyond the ITF's competency and capacity, for example a request for supplies of ARVs (antiretrovirals) or funding for nutritional supplements – even these, though, are important indicators of need and the ITF should find ways to intervene on access to HIV treatment and treatment support (see Recommendations).

Affiliates focused on interventions which would improve working conditions in civil aviation and their own practice as professionals. Their priority was integrated approaches and they focused, for example, on the inclusion of HIV/AIDS issues in regulations governing the industry, collective bargaining processes, and existing mechanisms such as occupational safety and health. At the same time they made the case for additional activities focusing on behaviour change, especially but not only in higher-burden countries. Taking a stand against stigma and discrimination was a general concern.

The Federation of Transport Trade Unions in Bulgaria regretted the fact that although many institutions deal with HIV/AIDS and there are huge TV and media campaigns to raise awareness, "HIV/AIDS is not recognised as a workplace issue and we don't find any trade union involvement". But the FTTU itself is aware of the Bremen Declaration on HIV/AIDS, which made recommendations for the European Union and neighbouring countries, and is one of the few international declarations to highlight the role of the workplace in the HIV/AIDS response. The union

underlines its strategic importance by citing Paragraph 27:

“We, the Ministers and representatives of Governments from the European Union and neighbouring countries., together with international partners in the field of HIV/AIDS and the European Commission, the Minister for Economic Cooperation and Development and the Minister for Education and Research, convened in Bremen, Germany, 12-13 March 2007, ...invite

27. ... Employers and trade unions to ensure non-discriminatory policies for people with HIV and vulnerable groups in the workplace and to reduce fears of infection, stigma and discrimination among staff by providing objective, evidence-based information, and access to prevention, diagnosis, treatment, care and support in accordance with the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work.”



III. Survey of HIV/AIDS knowledge, attitudes and behaviour among individual members of ITF affiliates

Introduction

Five countries were selected for the KAB survey (Annex 3): Argentina, Bulgaria, Ethiopia, India and Jordan. They were chosen to represent a cross-section in terms of regional spread and varying levels of HIV prevalence.

ITF affiliates (Annex 3) in these countries arranged for questionnaire B (see annex 4) to be translated and distributed to a cross-section of their members to gather more detail on the knowledge, attitudes and behaviour (KAB) of workers in relation to HIV/AIDS. The questionnaires were anonymous and self-administered, accompanied by detailed instructions to the unions about procedure.

The majority of questions were a combination of multiple choice, true/false and yes/no; in a few cases additional comments or explanations were invited.

The questionnaires were divided into five sections:

1. Background information on respondents
2. Knowledge about HIV and relevant services
3. Attitudes and beliefs
4. Behaviour
5. The workplace

Approximately 100 questionnaires were received from each country. In the case of Argentina a focus group meeting was also held.

It has not been possible with the resources available to extract all the information available in the questionnaires; in addition there were slight differences in how the replies were counted in each country so not all the variables were recorded. The results, however, were more than adequate to fulfil the primary purpose of the study and this is the focus of the report: to establish whether there is a need for and interest in establishing an HIV/AIDS

programme with ITF assistance, and to guide the development of the programme by outlining priority areas for action. Selected data will also be used to provide a baseline for monitoring and evaluation.

Summary of country surveys

A. ARGENTINA

The Asociación Argentina de Aeronavegantes returned 100 questionnaires, 60 from female and 40 from male respondents, the majority (65) aged between 16 and 34 years. All were married (35) or had long-term partners (65). They included nine pilots, 23 ground staff and 68 cabin crew; 66 had a university education, while approximately a third of men (14) and a third of women (20) had secondary education only. For three-quarters of them (76) their job involved travel away from home.

Note: the tabulation of replies didn't include a breakdown by gender.

Breakdown of responses

1. Knowledge

Basic knowledge and understanding of HIV and AIDS were high, with over 90 respondents identifying the correct routes of transmission on the basis of true/false questions – in the case of mother to child transmission (MTCT) it was 100%. There was almost equal certainty about the ways it cannot be transmitted: all were clear that HIV cannot be caught through sharing food or drink, and 90 that mosquitoes can't be blamed either. However 14 people thought that everyday contact with a co-worker who has HIV put them at risk. Six people believed it was safe to choose a sexual partner because she/he appeared moral or clean. There was less certainty, however, about effective prevention of HIV transmission; in particular, 66 believed that two HIV-negative partners who remained faithful to each other could still contract HIV⁷. Eleven believed that AIDS can be cured while 24 saw it as a death sentence. Condoms were

⁷ In hindsight, this question is flawed as it should have specified that they could still contract HIV sexually. With this caveat, we include the findings in any case.

trusted by 84 workers and 84 were aware that medication could be given to prevent mother to child transmission. Only 24 of respondents were aware of any link between treating STIs and reducing HIV transmission.

How can HIV be prevented?

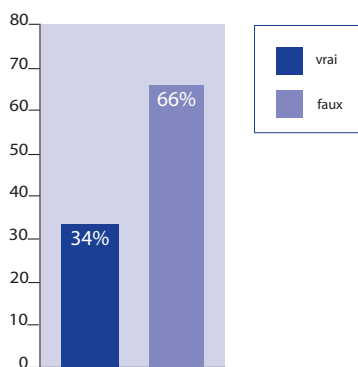
Please mark true or false

Reminder: Total number of respondents: 100

i) Questions where the correct answer was 'true':

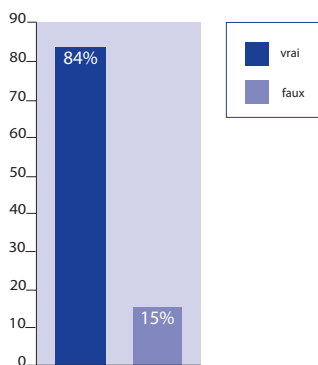
If both partners in a sexual relationship are HIV-negative and remain faithful to each other they will not contract HIV

● true 34 ● false 66



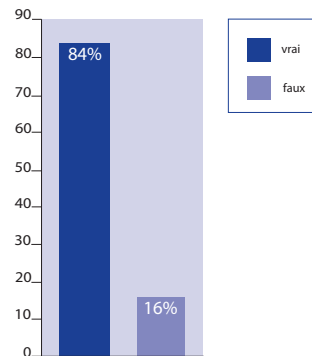
If a condom is used systematically (on every occasion that sex takes place) and correctly this provides almost 100% protection against HIV

● true 84 ● false 15



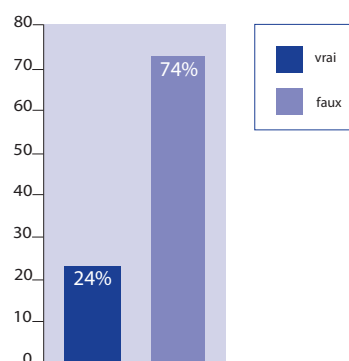
If an HIV-positive pregnant woman is given the correct medication, there is a good chance that her baby will be born HIV-negative

● true 84 ● false 16



If people receive treatment for common sexually transmitted infections (STIs), this helps protect them against HIV transmission

● true 24 ● false 74

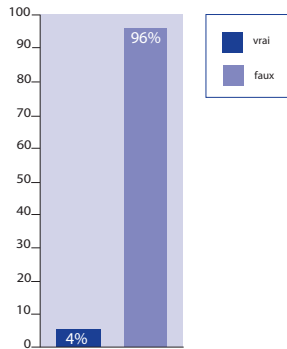




ii) Questions where the correct answer was 'false':

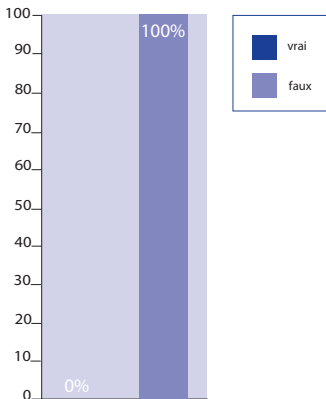
If a person chooses a sexual partner(s) who seems to be moral or a clean person, he/she will not contract HIV

● true 4 ● false 94



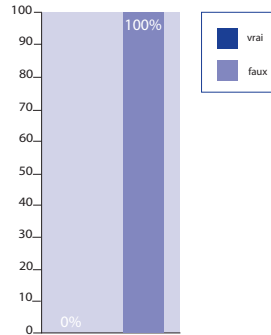
If a woman is faithful to her husband she will not contract HIV

● true 0 ● false 100



If a person says a prayer when he/she has sexual intercourse this will protect him/her from HIV

● true 0 ● false 100



The most common sources of information on HIV and AIDS were given as leaflets and printed materials (66), newspapers and magazines (58) and TV (54). Nearly half (46) also got information from family and friends; on the other hand health workers (38), teachers (30) and religious leaders (8) were less important sources of information. The next question asked if people knew where to find a range of health-related services. It's interesting that the largest number of people (90) knew where to access HIV testing and treatment, and only slightly fewer knew where to access STI services. Only 66 however knew where to go for family planning.

2. Attitudes

Seventy of the workers surveyed believed that HIV was a serious problem in Argentina, but relatively few saw it as shameful (16) and most (83) thought it should be treated like any other disease. Only 11 felt they would be afraid to work with someone who has HIV, but over half (68) would not share a cup with someone living with HIV – this was in spite of all respondents having said previously (qu. 2.4) that HIV cannot be caught through food and drink. Eighty-five respondents rejected the idea that people with HIV were guilty of immoral behaviour and 77 said they felt compassion and wanted to help. Fifty-two, however, stated that most people in their community would reject a person with HIV and not surprisingly, therefore, over half (58) said that if

a member of their own family had HIV they would keep the fact secret. At the same time 48 personally knew someone living with HIV.

While an emphatic 93 agreed that condom use was necessary if you had sex with someone whose HIV status you didn't know, 26 said that condoms spoil sex, and only 54 believed that condom use is accepted by most people in their age group (see above for age range). Ninety-two said that both partners should share responsibility for condom use but at the same time 18 said the man had the right to decide.

Only a minority (28) of workers thought the workplace should provide information and education on HIV/AIDS, though 72 said later that they would take up voluntary counselling and testing opportunities if offered at the workplace. It was interesting to note that a large minority weren't satisfied with government services (42) and 44 thought that HIV information wasn't widely available. Most (82) would give their children information on HIV/AIDS.

3. Behaviour

Seventy of the workers reported one sexual partner over the previous year, 16 more than one, and 14 none. Sixteen had casual partners away from home. In spite of the fairly positive attitudes to condoms already noted, condom use was more sporadic. Fifty-nine of the workers used condoms at every sexual intercourse, 25 sometimes, and 14 never; 78 used a condom when they last had sex with a non-regular partner.

Thirty-four said they were in or had had a same-sex relationship. While 16 used recreational drugs and 79 alcohol, no respondent said they injected drugs. Seven agreed with the statement "I could contract HIV if I continue to behave the same way as I do now". In reply to the question "What would make you change?" there were comments from more than seven respondents, but most did not directly address the question, suggesting there may have been a misunderstanding; five were from male cabin crew, seven from female cabin crew, and two from female ground staff. A number revealed anxiety about transmission routes unrelated to their behaviour and outside their control, especially

dental and medical services. In spite of the general understanding shown about sexual transmission, a number of the workers said they were more worried about transmission through blood transfusions, surgical interventions, first aid or at the dentist, and two said that they always made sure that needles were sterilized if they had injections.

Among those who believed they were not at risk of HIV, the women all cited fidelity and/or use of condoms, for example: "I use condoms in all my sexual relations, I feel fully informed, and I know how to prevent HIV without being paranoid about it." One woman said she wasn't at risk because she was "not a homosexual or a drug addict". Six male cabin crew cited being responsible, taking precautions, and being faithful; again, three of the workers said they were anxious about non-sexual routes of transmission.

Twenty-nine workers knew their HIV status. When asked why they'd tested most replied, "I don't like uncertainty" and "I can get advice and treatment if I need it". In additional comments, two cabin crew said it was done at work (not clear whether this was obligatory or voluntary), for one it was part of a general health check, for one it was pre-nuptial, and one pilot was a blood donor. Among those who hadn't tested, four cited fears about confidentiality and eight said they were afraid they might be HIV-positive.

4. The workplace

The focus here was mainly on factual information about existing HIV/AIDS policies and programmes. Ten of the workers said their workplace had an HIV/AIDS policy, eight had collective agreements, and seven had received general information on HIV/AIDS. The main focus of policies where they existed was to protect the employment status of HIV-positive workers (11), bar pre-employment testing (11), protect confidentiality (11) and oppose discrimination related to HIV status (6). Two had experienced, witnessed or heard of a discriminating or stigmatizing action by management and eight by a co-worker. Twenty-one of the workers said their union had an HIV/AIDS policy; only 12 of the respondents had heard of the ITF's global HIV/AIDS programme.



Summary of findings from focus group

The union held three informal post-survey meetings. In the view of the moderator, “Argentinian commercial aviation workers seem to have a very good knowledge about HIV/AIDS because of their socio-economic profile and their educational background, which are a pre-requisite to get employed in the companies.” At the same time he said that the younger members of the civil aviation community had appreciated the post-survey pack on HIV/ AIDS including, for example, information on the links between HIV and other STIs.

There was an interesting discussion about superstition and scientific understanding concerning HIV and AIDS. The participants ridiculed ideas of spells and curses, but several still had doubts about scientific explanations of the disease. Some said that the virus had been created in labs for the profit of pharmaceutical companies; others spoke of the culture of fear generated by HIV and other ‘scares’, from avian flu to weapons of mass destruction, which could in itself cause both psychological and physical sickness.

Among the statements in the questionnaire, the moderator reported that participants felt strongly *for* the importance of education on HIV/AIDS and *against* superstition, discrimination, and the failure of individuals to take responsibility in their sexual relations, e.g. using a condom. It was repeated throughout that education is the way to help overcome fear, challenge ‘machismo’ in sexual relations, and encourage people to take responsibility rather than risks.

Stigma and discrimination were major concerns, including related to sexual orientation. “There’s a high percentage of gay men in our airlines business... [and] ... a little group of pilots showed some prejudices ... [in reaction to]... our request to join the survey.” The moderator also mentioned that some years previously one captain had refused to have gay colleagues serve in the cockpit.

Attitudes to sexuality were also discussed. Most people didn’t feel that sex was an embarrassing issue but it was a private and intimate one. “It’s not sexual embarrassment which causes people to get

infected but the lack of education.” The moderator also noted that several participants expressed fears about getting a false positive result if they tested, thus causing psychological damage.

Discussion of HIV/AIDS as a workplace issue related to the role of the union as well as the involvement of employers. Participants didn’t think employers should know anyone’s HIV status, and were concerned about confidentiality generally. They also said they didn’t think that employers should organise specific HIV/AIDS activities. There was some suspicion of the Employee Assistance Programme (PAE), again because they feared that information gained through it could be used against workers. The moderator added, though, that the medical services of the airline companies “take good care of infected colleagues” if their capacities diminish as a result of AIDS or other sickness.

Views on the role of unions were mixed: participants said that the primary role of unions is to defend the rights of workers “which has nothing in common with sexual education”. On the other hand they agreed that the HIV/AIDS crisis deserves a special educational focus – this was the responsibility of government but could benefit from the cooperation of the unions. They found the survey an interesting and useful initiative by the ITF. The moderator reported that for the past six years the union has run a counselling and psychological support service (GAP), which includes psychosocial support on HIV/AIDS. He said, however, that “just some of them – mainly flight attendants – were aware of the existence of GAP.”

B. BULGARIA

The Federation of Transport Trade Unions in Bulgaria returned 78 questionnaires, 42 from female and 36 from male respondents, the majority (78%) aged between 25 and 44 years. 62% were married or had long-term partners. The workers included 43 cabin crew, 20 of them men, and 34 ground staff, 15 of them men. Forty-one (20 men and 21 women) had a university education, and the others had secondary education only. For 54 of the workers (69%) their job involved travel away from home.

Breakdown of responses

1. Knowledge

Basic knowledge and understanding of HIV/AIDS were quite high, with over 90% identifying the correct routes of transmission on the basis of true/false questions. There was less certainty about the ways it cannot be transmitted: all respondents were clear that HIV cannot be caught through sharing food or drink, but 24% (5 men, 14 women) thought mosquitoes could spread the infection and three women weren't aware of the risks of infected blood (through transfusions or needle-sharing). In response to the statement, "Everyday contact with my co-worker who has HIV carries no risk to me", a significant 33% of workers (16 men, 10 women) felt this was false.

There was also uncertainty about effective prevention; in particular, only about three-quarters of respondents (24 men, 33 women) agreed that systematic and correct condom use provides protection, and 45% (16 men, 19 women) believed that two HIV-negative partners who remain faithful to each other could still contract HIV⁸. Just over a third of the men (13) and 80% of the women (30) were aware that medication could be given to prevent mother to child transmission, but only 17% (4 men, 9 women) were aware of a link between treating STIs and reducing HIV transmission.

How can HIV be prevented?

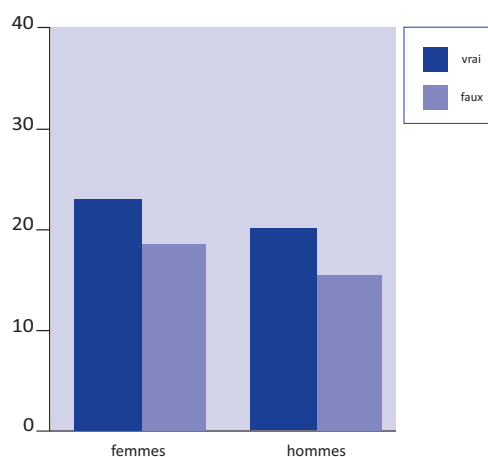
Please mark true or false

Reminder: Total number of respondents: 42 women, 36 men

i) Questions where the correct answer was 'true':

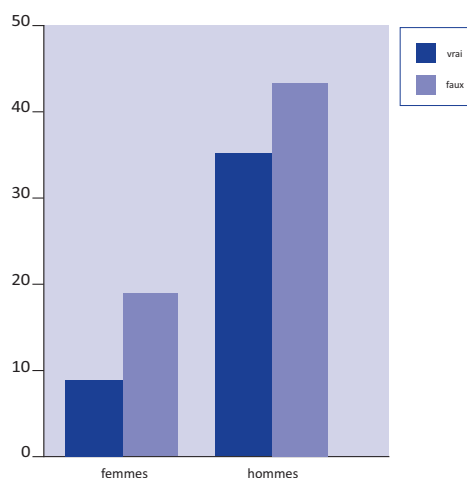
If both partners in a sexual relationship are HIV-negative and remain faithful to each other they will not contract HIV

- true Women: 23, Men: 20
- false Women: 19, Men: 16



If a condom is used systematically (on every occasion that sex takes place) and correctly this provides almost 100% protection against HIV

- true Women: 9, Men: 35
- false Women: 9, Men: 43

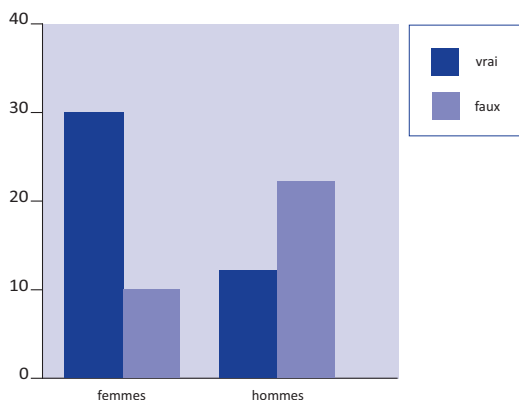


⁸ In hindsight, this question is flawed as it should have specified that they could still contract HIV sexually. With this caveat, we include the findings in any case.



If an HIV-positive pregnant woman is given the correct medication, there is a good chance that her baby will be born HIV-negative

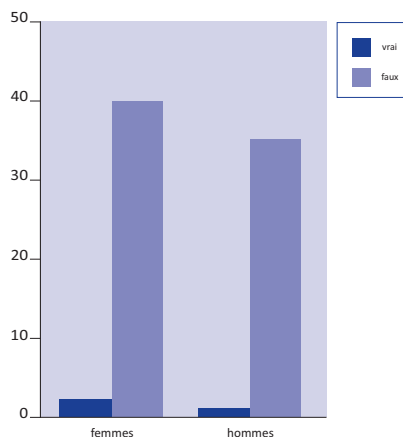
- true Women: 30, Men: 13
- false Women: 10, Men: 23



i) Questions where the correct answer was 'false':

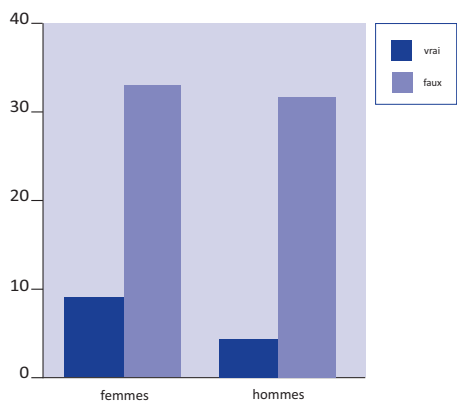
If a person chooses a sexual partner(s) who seems to be moral or a clean person, he/she will not contract HIV

- true Women: 2, Men: 1
- false Women: 40, Men: 35



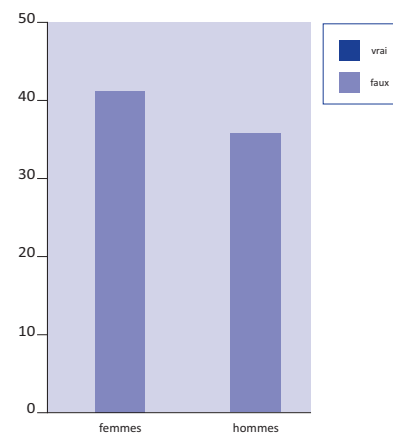
If people receive treatment for common sexually transmitted infections (STIs), this helps protect them against HIV transmission

- true Women: 9, Men: 4
- false Women: 33, Men: 32



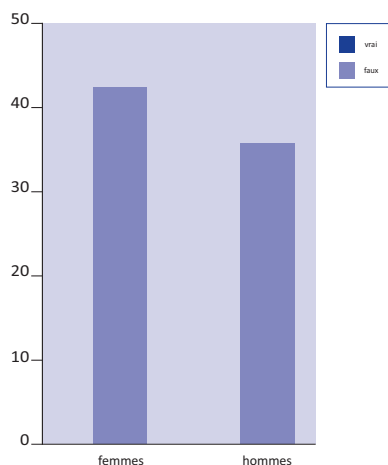
If a woman is faithful to her husband she will not contract HIV

- true Women: 0, Men: 0
- false Women: 41, Men: 36



If a person says a prayer when he/she has sexual intercourse this will protect him/her from HIV

- true Women: 0, Men: 0
- false Women: 42, Men: 36



Some misconceptions concerned treatment and cure: a third of the workers (15 men, 13 women) said that AIDS was a death sentence, while 18 of them (7 men, 11 women) thought it could be cured.

The most common sources of information on HIV and AIDS were given as leaflets and printed materials (69%), family or friends (62%), newspapers and magazines (60%), health workers (54%), and TV (53%). More women got information from printed materials and health workers and more men from posters.

The last question in the section asked if people knew where to find a range of health-related services. Nearly three-quarters knew where to access STI services (22 men, 33 women) and TB services (27 men, 27 women); over half knew where to get HIV testing and treatment (21 men, 25 women) but only 51% (13 men, 27 women) knew where to go for family planning.

2. Attitudes

Sixty of the workers (28 men, 32 women) believed that HIV was a serious problem in Bulgaria, only three saw it as shameful and most (85%) thought it should be treated like any other disease. No men and three women believed that lack of respect for women was one reason for HIV/AIDS.

Fourteen (4 men, 10 women) felt they would be afraid to work with someone who had HIV, and nearly 90% (32 men, 37 women) would not share a cup with him/her. Fifty-nine workers, or 76% (28 men, 31 women) rejected the idea that people with HIV were guilty of immoral behaviour and 65 (almost all the men and three-quarters of the women) felt compassion and wanted to help. Just over a quarter believed that most people in their community would reject a person with HIV and just under three-quarters (30 men, 27 women) said that if a member of their own family had HIV they would keep the fact secret. Only three personally knew someone living with HIV.

Of the 78 surveyed, 77 agreed that condom use was necessary if you had sex with someone whose HIV status you didn't know, eight (6 men, 2 women) said that condoms spoil sex, and 68 believed that condom use was accepted by most people in their age group (see above for age range). All the men and all but two women said that both partners should share responsibility for condom use, but four men and one woman still said the man had the right to decide.

Only six of the workers thought the workplace should not provide information and education on HIV/AIDS; most thought it should also provide HIV testing and treatment; and 72 said later (qu. 4.10) that they would take up voluntary counselling and testing opportunities if offered at the workplace. A fairly large minority (14 men, 9 women) said they weren't fully satisfied with government services but only nine men and six women claimed that HIV information wasn't widely available. All but one would give their children information on HIV/AIDS.

3. Behaviour

Fifty-three of the workers, or 68% (26 men, 27 women) reported one sexual partner over the previous year, and 18% (8 men, 6 women) more than one. None had casual partners away from home. Nearly half the workers used condoms regularly (15 out of 36 men, 22 out of 42 women) and almost the same number used them sometimes (19 men, 15 women); four people said they never used them; 18% (8 men, 6 women) said they did not use a condom when they last had sex with a non-regular partner.



No respondent reported being in or having had a same-sex relationship. One man used recreational drugs and 66 (31 men, 35 women) alcohol; no-one said they injected drugs.

Seven men and two women agreed with the statement “I could contract HIV if I continue to behave the same way as I do now”. In reply to the question “What would make you change?” one man replied, “If I became ill”. Among those who believed they were not at risk of HIV, the reasons they gave included condom use, being careful, and fidelity.

Almost three-quarters (25 men, 33 women) knew their HIV status. When asked why they’d tested almost half replied, “If I’m negative I’ll make sure to stay negative” (18 men, 18 women). Twenty-two people said “I don’t like uncertainty”(9 men, 13 women), 17 said it was so they could access treatment if necessary (4 men, 13 women), and 12 (6 men, 6 women) said they wanted to plan for the future. Among those who hadn’t tested five two men and three women said they didn’t know where to go for a test and one woman cited fears about confidentiality.

4. The workplace

The focus here was mainly on factual information about existing HIV/AIDS policies and programmes. Six of the workers said their workplaces had an HIV/AIDS policy and two had collective agreements. The main focus of policies where they existed was to oppose discrimination related to HIV status (18%), to prohibit pre-employment testing (17%), protect the employment status of HIV-positive workers (14%), protect confidentiality (14%) and 6% promoted gender equality. A word of caution, however: there is a discrepancy between the fact that respondents only reported six workplace policies and the fact that 14 respondents gave details about the main points of the policy.

HIV/AIDS activities at the workplace most frequently consisted of general information on an irregular basis: just over a third of workers (28) said there were posters, leaflets and occasional talks, but a third (26) also benefitted from referral systems to local services and a quarter (19) had access to condoms. Six reported counselling at their workplaces and five had regular education activities.

Only four, however, had participated actively in these programmes.

Four workers had experienced, witnessed or heard of a discriminating or stigmatizing action by management and one by a co-worker. Thirteen of the workers (17%) said their union had an HIV/AIDS policy. Just over half of the respondents (40) had heard of the ITF’s global HIV/AIDS programme.

C. ETHIOPIA

The Transport & Communications Workers' Trade Union Industrial Federation of Ethiopia returned 100 questionnaires, 82 from male and 18 from female workers, the majority (75) aged between 25 and 44 years. Seven of the women and 48 of the men were married or had long-term partners. The workers included eight pilots (six men, two women), ten cabin crew (six men, four women), and 43 ground staff, 35 of them men; three of the women were nurses in the airport medical service. For 50 of the men and nine of the women, their work involved travel away from home.

Seventy (53 men and 17 women) had a university education, 25 men had secondary education only, one woman and three men had primary education only.

Breakdown of responses

1. Knowledge

There were some gaps (nine respondents) in even basic knowledge and understanding of HIV and AIDS, including what they are. While over 90% could identify the correct routes of transmission on the basis of true/false questions, there were a number of misconceptions: seven men and one woman thought a healthy-looking person couldn’t have HIV; three men and one woman thought only homosexuals and drug abusers got HIV; and a relatively large minority (six women, 20 men) thought they were at risk from everyday contact with an HIV-positive co-worker. For two women and 14 men HIV was seen as a death sentence, while

two women and 13 men thought it could be cured.

There was some uncertainty about the ways HIV cannot be transmitted: one woman and ten men thought that mosquitoes could transmit HIV and one woman and four men believed that HIV could be caught through sharing food or drink. There were also some fears about magic, with three of the women and seven of the men agreeing that HIV could be transmitted through spells or curses.

There was considerable uncertainty about effective prevention. Just over half the workers (nine women, 43 men) didn't believe that systematic and correct condom use provided protection, and 32 (seven women, 29 men) believed that two HIV-negative partners who remain faithful to each other could still contract HIV⁹. Two women and five men believed they couldn't contract HIV if their partner seemed to be moral or clean, three women and 13 men thought a woman who was faithful to her husband couldn't contract HIV, and one woman and four men believed they could be protected from HIV through prayer before sexual intercourse. All but seven (three women, four men) were aware that medication could be given to prevent mother to child transmission; 39 (nine women, 30 men) were aware of a link between treating STIs and reducing HIV transmission.

How can HIV be prevented?

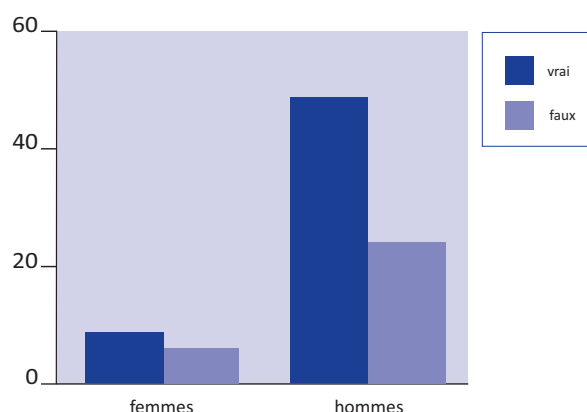
Please mark true or false

Reminder: total number of respondents: 18 women, 82 men

i) Questions where the correct answer was 'true':

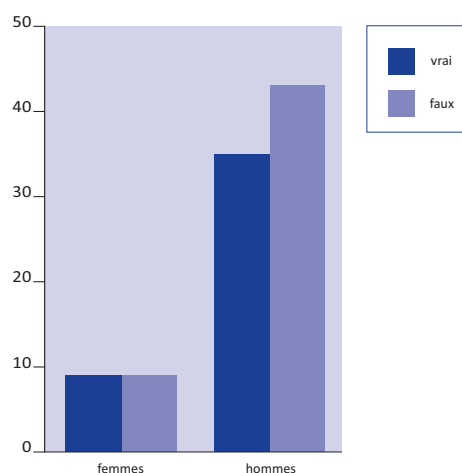
If both partners in a sexual relationship are HIV-negative and remain faithful to each other they will not contract HIV

- true Women: 11, Men: 52
- false Women: 7, Men: 25



If a condom is used systematically (on every occasion that sex takes place) and correctly this provides almost 100% protection against HIV

- true Women: 9, Men: 35
- false Women: 9, Men: 43

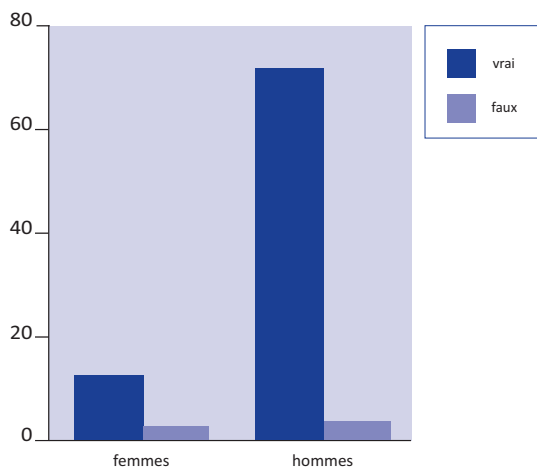


⁹ In hindsight, this question is flawed as it should have specified that they could still contract HIV sexually. With this caveat, we include the findings in any case.



If an HIV-positive pregnant woman is given the correct medication, there is a good chance that her baby will be born HIV-negative

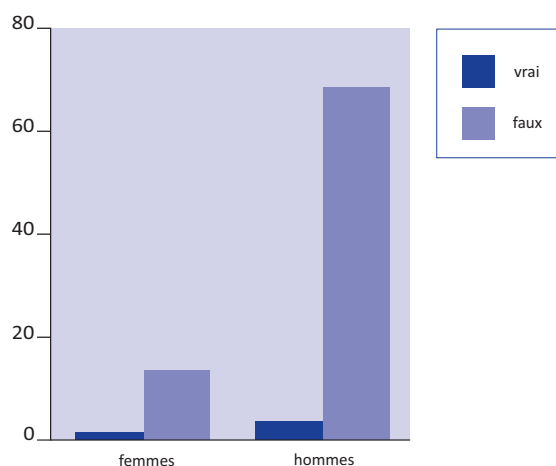
- true Women: 15, Men: 74
- false Women: 3, Men: 4



ii) Questions where the correct answer was 'false':

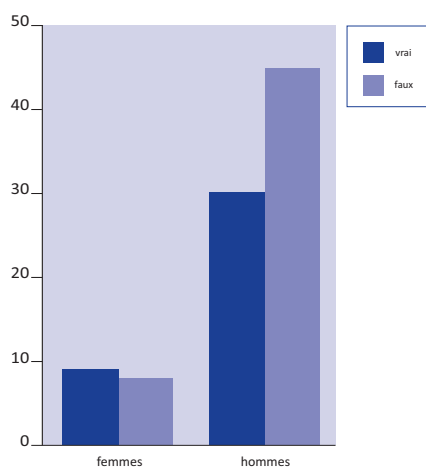
If a person chooses a sexual partner(s) who seems to be moral or a clean person, he/she will not contract HIV

- true Women: 2, Men: 5
- false Women: 16, Men: 70



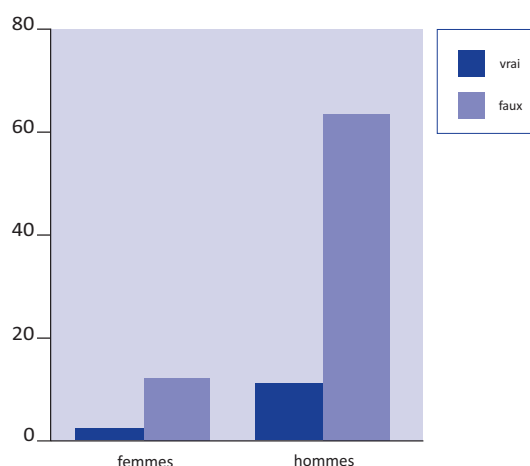
If people receive treatment for common sexually transmitted infections (STIs), this helps protect them against HIV transmission

- true Women: 9, Men: 30
- false Women: 8, Men: 45



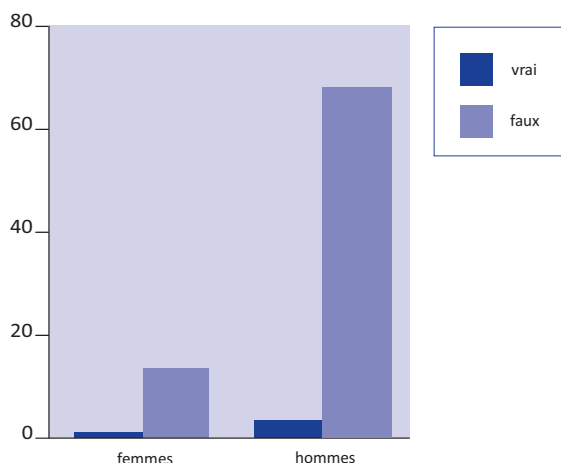
If a woman is faithful to her husband she will not contract HIV

- true Women: 3, Men: 13
- false Women: 15, Men: 64



If a person says a prayer when he/she has sexual intercourse this will protect him/her from HIV

- true Women: 1, Men: 4
- false Women: 17, Men: 70



The most common sources of information on HIV and AIDS were given as newspapers and magazines (69), TV (69), radio (68), posters (68), and leaflets (63). Health workers were cited by 44, family or friends by 41, religious leaders by 30 and teachers by 28. Proportions of men and women were similar throughout except in the case of leaflets and printed materials which were more important for women, possibly suggesting that more women were in touch with HIV/AIDS programmes of some kind.

Between half and two-thirds of respondents knew where to go for HIV, STI, TB and family planning services, with the largest proportion (66%) knowing where to go for HIV and the smallest (53%) knowing where to go for TB. In all cases a higher proportion of women knew than men. Three-quarters of the women and 37% of the men said they knew someone living with HIV.

2. Attitudes and beliefs

Note: in this section some replies were disregarded because there appeared to have been some discrepancies in numbering in the Amharic questionnaire: figures will be given as a percentage of valid questionnaires, which numbered 76, 18 women and 58 men (this section only). All questionnaires filled in by the women were valid.

Sixty-nine of the 76 workers – 15 women and 54 men – believed that HIV was a serious problem in Ethiopia. Nineteen (eight women and 11 men) saw it as shameful and 26 (seven women, 19 men) didn't agree that it should be treated like any other disease. Twenty-two (10 men and 12 women) believed the lack of respect for women was one reason for HIV/AIDS.

Sixteen workers (21%) – six women and 10 men – felt they would be afraid to work with someone who has HIV, 18 – five women, 13 men – would not share a cup with someone who had HIV. A third of the workers – seven women, 19 men – felt that people with HIV were guilty of immoral behaviour but 15 women and 54 men still said they felt compassion. Half (10 women, 28 men) believed that most people in their community would reject a person with HIV, and slightly fewer (10 women, 22 men) said that if a member of their own family had HIV they would keep the fact secret.

All but five of the 76 (one woman, four men) agreed that condom use was necessary if you had sex with someone whose HIV status you didn't know, and all but 11 (two women, nine men) believed that condom use was accepted by most people in their age group (see above for age range). At the same time 30 respondents (40%) said that condoms spoilt sex – seven women, nine men. There were some contradiction over rights and responsibilities related to condoms: while almost all (15 women, 53 men) said that both partners should share responsibility for condom use 35, almost half (eight women, 27 men) still said the man had the right to decide.

Only five of the workers (one woman, four men) thought the workplace should not provide information and education on HIV/AIDS; most thought it should also provide HIV testing and treatment. All but 13 (five women, eight men) were fully satisfied with government services and felt that HIV information was widely available. About two-thirds (11 women, 39 men) would give their children information on HIV/AIDS.



3. Behaviour

Note: total number of replies from this point is again 100

Fifty-seven of the workers (seven women, 50 men) reported one sexual partner over the previous year, 17 (six women, 11 men) more than one, and three women and 13 men none. No woman and 10 men reported casual partners when they travelled away from home.

Among those who travelled for their work, two of the nine women reported more than one sexual partner, as did five of the 50 men. One of these men never used condoms, two always did, two did sometimes; one woman always did, the other didn't reply.

In terms of condom use across the whole group, the largest number of workers were those who had never used condoms in the previous year (8 women, 38 men), but these included those who had not had a sexual partner over the same period (20). One man explained that he and his wife were trying for a baby, and a number of respondents (see below) said that they and their partners were mutually faithful. One man said that he had wanted to use condoms at last intercourse but couldn't obtain them. No women and 15 men sometimes used condoms, and five women and 22 men always used them. Two of the women and 20 of the men who always used them were air crew or travelled for their work. Four women and 26 men used a condom when they last had sex with a non-regular partner (some discrepancy over the number of men with non-regular partners as only 11 said they had one in response to an earlier question). Condom use was higher among men who also replied that they feared that their behaviour might put them at risk.

One woman and nine men reported being in or having had a same-sex relationship. One man injected drugs, two men used recreational drugs, and two women and 26 men used alcohol.

Five women and 20 men agreed with the statement "I could contract HIV if I continue to behave the same way as I do now". Four of the women and 18 of the men were air crew or ground crew who travelled in the course of their work. They did not

specify what would make them change. Nine of the 50 men who travelled also said they didn't want to know their HIV status in case they found they were positive.

Among those who believed they were not at risk of HIV, and gave reasons why, six men said they always used condoms and 16 said they were faithful to their partner, for example: "I am a married person therefore I should behave myself everywhere and at any time". Four women said they were married or had only one sexual partner, and two women used "prevention methods" or were "careful". One man said that he was not at risk of sexual transmission because he took precautions but acknowledged risk through injuries and infected blood.

Three-quarters (14 women, 60 men) knew their HIV status. When asked why they'd tested most replied, "I want to plan my future" (11 women, 45 men) and "If I'm negative I'll make sure to stay negative" (6 women, 41 men). Among those who hadn't tested the largest number (one woman, 8 men) said it was because they were afraid they were HIV-positive.

4. The workplace

The focus here was mainly on factual information about existing HIV/AIDS policies and programmes. In contrast to the other countries, most of the respondents (72) said their workplaces had an HIV/AIDS policy, 61 had collective agreements on or including HIV/AIDS, and 76 had HIV/AIDS activities at the workplace.

Because of the large number of workplace policies and programmes on HIV/AIDS, we set out their key policy principles below:

No discrimination related to HIV status	64
No HIV testing before employment	38
No dismissal of HIV-positive employees as long as fit for work	53
Confidentiality of personal and medical information	55
Commitment to gender equality	38
Provision of HIV/AIDS activities	47
Inclusion of HIV/AIDS in occupational safety and health structures	35
Other	15

And the main activities of HIV/AIDS workplace programmes:

general information – posters, leaflets and occasional talks	68
education on HIV through regular activities	41
peer education	36
counselling	43
Training for managers, supervisors, occupational safety and health committee, shop stewards	27
condom provision	52
confidential voluntary testing at the workplace (through the occupational health service or mobile clinic)	35
treatment for STIs, TB and opportunistic infections	19
antiretroviral (ARV) treatment for HIV	29
information on/referral to testing and treatment services locally	25
Other	9

Fourteen workers (two women, 12 men) had experienced, witnessed or heard of a discriminating or stigmatizing action by management, 31 by the occupational health service (four women, 27 men), and 25 by co-workers (seven women, 18 men). Two interesting comments were made by male workers:

“At the present day the society, especially in the countryside, understands the way how HIV/AIDS is transmitted, so discriminating or stigmatizing are decreasing.”

“There is good improvement to stop discriminating action at the workplace in relation to HIV, especially [by] the management, but [there are] some problems to change attitudes from colleagues or co-workers.”

Forty-five of the workers said their union had an HIV/AIDS policy and 55 that it organized HIV/AIDS activities. Sixteen of the respondents had heard of the ITF’s global HIV/AIDS programme.

D. INDIA

The Aviation Industry Employees' Guild returned 80 questionnaires, 55 from male and 17 from female respondents – the rest (8) did not specify. The cohort was slightly older than in the other countries, with 14 women and 15 men between 25 and 34 years, three women and 18 men between 35 and 44, and one woman and 18 men older than 45. Twelve women and 44 men were married or had long-term partners. Fifty-six (15 women, 41 men) had higher or university education, while 12 men had secondary education only – not all responded. The workers included 18 cabin crew (11 men, 7 women) and the rest had a range of ground-based occupations such as engineers, customer services, security, catering, loaders and drivers – for some their work involved travel. In all, 36 of the men, 10 of the women and six unspecified had jobs that involved travel away from home, about two-thirds of the total.

Breakdown of responses

1. Knowledge

In some areas knowledge and understanding of HIV/AIDS were high, with almost 100% identifying the correct routes of transmission on the basis of true/false questions (only two men giving wrong answers). There were however some misapprehensions: three women and 13 men thought that AIDS could be cured and nine women and 20 men thought that a healthy-looking person couldn’t have HIV. Of particular significance in terms of possible stigmatization, five women and 19 men feared that contact with an HIV-positive co-worker could put them at risk of HIV, and one woman and 14 men believed that the virus could be transmitted through food or drink.

There were more mixed results, however, in relation to effective prevention of HIV transmission: all but two women and six men understood that two HIV-negative partners who remained faithful to each



other could not contract HIV¹⁰ and all but one woman and seven men had faith in the consistent and correct use of condoms. Only about half of respondents were aware of a link between treating STIs and reducing HIV transmission, and 67 (15 women, 44 men, 8 unspecified) were aware that medication could be given to prevent mother to child transmission. Over a quarter of the workers had faith in the way a person looked: two women, 19 men, three unspecified would choose a sexual partner who seemed to be moral or clean.

How can HIV be prevented?

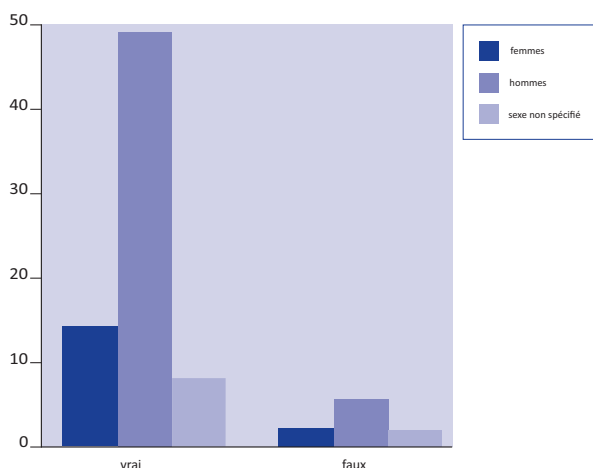
Please mark true or false

Reminder: total number of respondents: 17 women, 55 men, sex unspecified (U) 8

i) Questions where the correct answer was 'true':

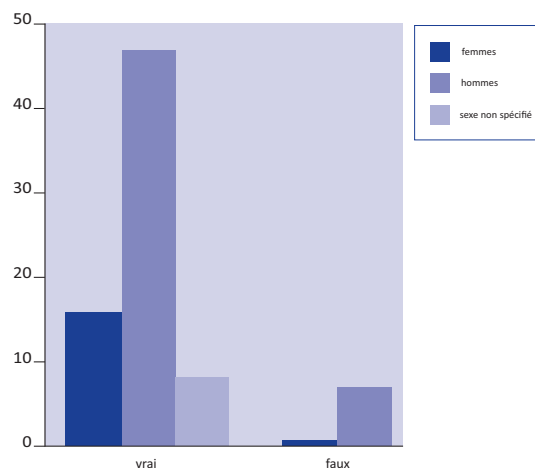
If both partners in a sexual relationship are HIV-negative and remain faithful to each other they will not contract HIV

- true Women: 14, Men: 49, (U) 8
- false Women: 2, Men: 6, 2 (U)



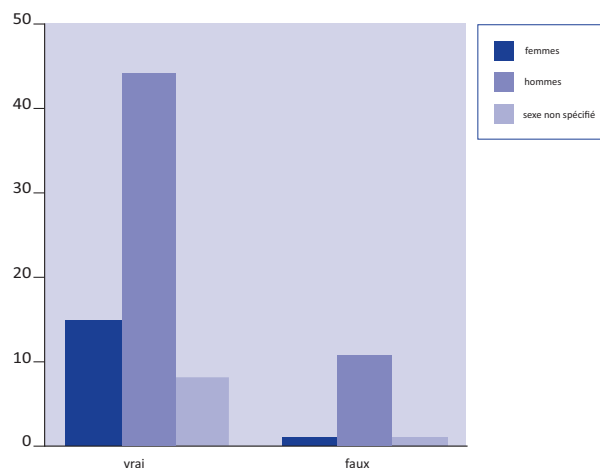
If a condom is used systematically (on every occasion that sex takes place) and correctly this provides almost 100% protection against HIV

- true Women: 16, Men: 47, (U) 8
- false Women: 1, Men: 7



If an HIV-positive pregnant woman is given the correct medication, there is a good chance that her baby will be born HIV-negative

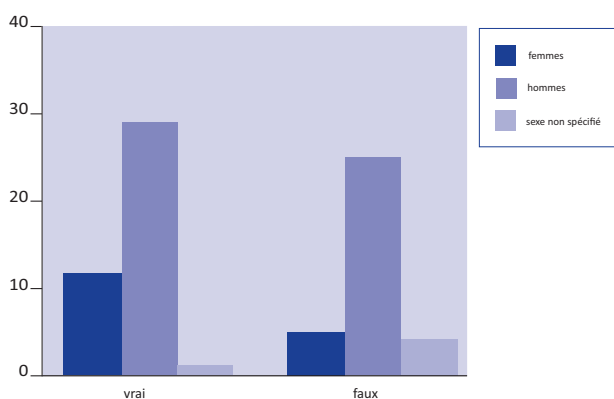
- true Women: 15, Men: 44, (U) 8
- false Women: 2, Men: 11, (U) 2



¹⁰ In hindsight, this question is flawed as it should have specified that they could still contract HIV sexually. With this caveat, we include the findings in any case.

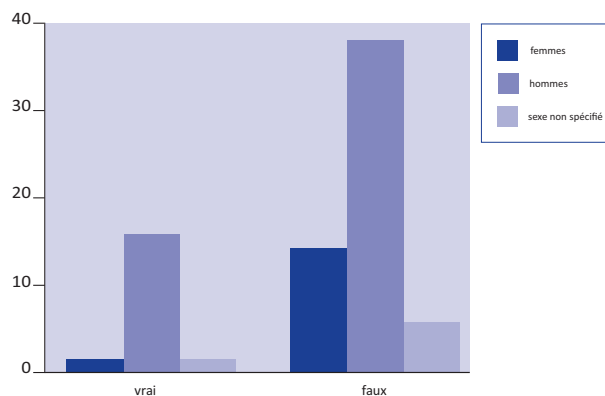
If people receive treatment for common sexually transmitted infections (STI), this helps protect them against HIV transmission

- true Women: 12, Men: 29, (U) 2
- false Women: 5, Men: 25, (U) 4



If a woman is faithful to her husband she will not contract HIV

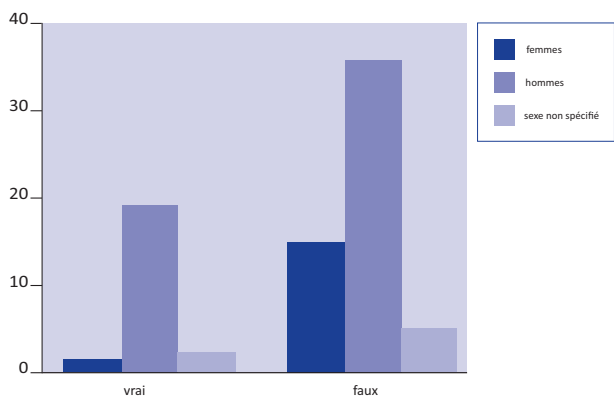
- true Women: 2, Men: 16, (U) 2
- false Women: 14, Men: 38, (U) 6



ii) Questions where the correct answer was 'false':

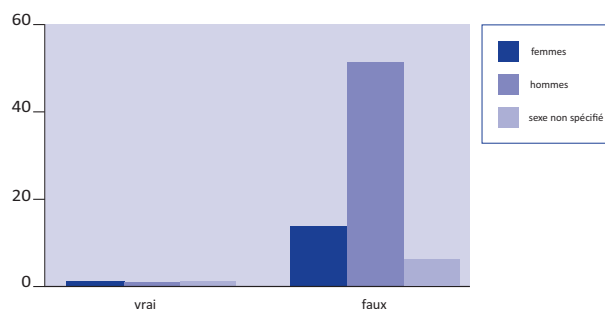
If a person chooses a sexual partner(s) who seems to be moral or a clean, he/she will not contract HIV

- true Women: 2, Men: 19, (U) 3
- false Women: 15, Men: 36, (U) 5



If a person says a prayer when he/she has sexual intercourse this will protect him/her from HIV

- true Women: 1, Men: 1, (U) 1
- false Women: 16, Men: 54, (U) 7



The most common sources of information on HIV and AIDS were given as newspapers and magazines (17 women, 53 men, 8 unspecified), TV (17 women, 52 men, 8 unspecified) and leaflets (8 women, 29 men, 6 unspecified). Nearly half also got information from radio and public posters, with the other categories being less important sources of information.

The next question asked if people knew where to find a range of health-related services. Of the four services listed, fewest knew where to go for HIV/AIDS. Seventy-three of the 80 (13 women, 52 men, 8 unspecified) knew where to access TB



testing and treatment and almost as many family planning (14 women, 49 men, 8 unspecified). 80% (thirteen women, 44 men, 7 unspecified) knew where to access STI services and 60% (nine women, 33 men, 6 unspecified) HIV/AIDS.

The last question in the section asked if they knew someone with HIV: 13 (three women, nine men, one unspecified) said that they did.

2. Attitudes

Nearly three-quarters of the workers (17 women, 34 men, 8 unspecified) believed that HIV was a serious problem in India – it's worth noting that this represents almost all the women but only 62% of the men. Eleven men and one woman saw it as a "shameful" disease and over half (9 women, 33 men, 5 unspecified) believed that most people with HIV were guilty of immoral behaviour. At the same time three-quarters (including all the women) thought it should be treated like any other disease. Seven men and one woman believed that one reason for the spread of HIV is lack of respect for women.

Just under half (6 women, 22 men, 5 unspecified) said they would be afraid to work with someone who has HIV; over half (9 women, 30 men, 5 unspecified) would not share a cup with someone living with HIV. Over three-quarters (13 women, 45 men, 7 unspecified) felt that most people in their community would reject a person with HIV but just under half (including only four women) said that if a member of their own family had HIV they would keep it secret.

All respondents except for one man agreed that condom use was necessary if you had sex with someone whose HIV status you didn't know, 20 (one woman, 16 men, 3 unspecified) said that condoms spoiled sex, and half (9 women, 29 men, 2 unspecified) believed that condom use was accepted by most people in their age group (see above for age range). About 90% (16 women, 46 men, 8 unspecified) said that both partners should share responsibility for condom use but at the same time half said the man had the right to decide – this included only two women.

All but one of the men thought the workplace

should provide information and education on HIV/AIDS, and all but two of the men agreed that the workplace should also provide HIV testing and treatment. While even numbers were and were not satisfied with government services, a majority (9 women, 34 men, 8 unspecified) felt that HIV information was not widely available. Most, including all but one of the women, would give their children information on HIV/AIDS.

3. Behaviour

Ten of the men, no women, two unspecified (15% of the total) reported more than one sexual partner over the previous year; one woman and three men reported none, and the others one, though three men and two women preferred not to reply. No-one reported casual partners away from home. Twenty (25%) of the workers (3 women, 14 men, 3 unspecified) used condoms at every sexual intercourse, 42 (52%) sometimes (8 women, 28 men, 6 unspecified), and six men never. Twenty percent (fifteen men and one unspecified) used a condom when they last had sex with a non-regular partner.

Eight of the 36 men who were air crew or travelled for their work reported having more than one sexual partner and using a condom sometimes. Two of the women, 12 of the men and two unspecified who always used condoms were air crew or travelled for their work.

No respondents said they were in or had had a same-sex relationship though not all replied to the question. While two men, three women and two unspecified used recreational drugs and 51 alcohol (7 women, 37 men, 7 unspecified), no respondent said they injected drugs.

Six men agreed with the statement "I could contract HIV if I continue to behave the same way as I do now". One of them was air crew. When the other respondents were asked why they thought they were not at risk of HIV, not all replied but 21 (26%) cited faithfulness to one partner and safe sex/condom use. Slightly more men (9) and unspecified (3) mentioned safe sex than faithfulness (6 men); two women said faithfulness and one safe sex. Eleven (3 women, 7 men, 1 unspecified) said it was because they didn't take drugs.

Just under half the workers (4 women, 26 men, 3 unspecified) did know their HIV status. When asked why they'd tested most replied that they disliked uncertainty, wished to be able to access advice and treatment if necessary, or to make sure they stayed negative. Five replied that it had been mandatory during their own or their wife's pregnancy. Those who didn't know gave doubts about confidentiality as the main reason, but one woman, eight men, and three unspecified (15%) said they feared they were HIV-positive. One woman, seven men and two unspecified (12%) didn't know where to go for a test.

4. The workplace

The focus here was mainly on factual information about existing HIV/AIDS policies and programmes. One of the workers said his workplace had an HIV/AIDS policy, two had collective agreements, and 16 had some activities on HIV/AIDS. Activities principally consisted of information dissemination though nine workers had more regular education programmes; nine had counselling services; six condom provision; five training for key staff, four VCT (voluntary counselling and testing); five STI treatment; two ARVs; and three referral systems to local services. Sixteen (20%) of the workers had experienced, witnessed or heard of a discriminating or stigmatizing action by management, five by the occupational health service and 18 by a co-worker.

Fourteen of the workers said their union had an HIV/AIDS policy and 57 that it had HIV/AIDS activities; only one man thought it was not useful for the union to have HIV/AIDS activities. Almost half the workers (36) had heard about the ITF's global HIV/AIDS programme.

E. JORDAN

The General Trade Union of Workers in Air Transport and Tourism returned 80 questionnaires, 36 from female and 24 from male respondents – the rest (20) did not specify their sex. The women were slightly younger than the men, with a greater concentration from 16 to 34 years while there were more men aged 25-44. Seventeen women, 7 men and 10 unspecified were married or had long-term partners. 28 (almost 80%) of the women had higher or university education and 6 men, but there were 15 whose sex was unspecified. The respondents included 43 cabin crew (27 women, 8 men, 8 unspecified) and 34 ground staff (16 men, 8 women, 10 unspecified). For just over half of them (22 women, 14 men, 6 unspecified) their job involved travel away from home; some cabin crew only work on short-haul flights and don't need to stay away from home.

Breakdown of responses

1. Knowledge

Perhaps unsurprisingly, given the low HIV prevalence in Jordan and the lack of education programmes, knowledge about HIV/AIDS was patchy. Over a quarter (9 women, 10 men, 11 unspecified) were unable to select a correct definition of HIV set out in a true/false question, a third (14 women, 6 men, 6 unspecified) thought that a healthy-looking person couldn't have HIV and over a third (10 women, 8 men, 12 unspecified) believed that only homosexuals and drug abusers got HIV. Over a third (13 women, 9 men, 9 unspecified) also thought that AIDS could be cured. Sixteen women, 9 men and 12 unspecified feared that contact with an HIV-positive co-worker could put them at risk of HIV.

There were also gaps and misapprehensions related to HIV transmission and its prevention. One woman and 14 men believed that the virus could be transmitted through food or drink, over a quarter (11 women, 5 men, 9 unspecified) by mosquitoes,



and over a quarter (12 women, 3 men, 12 unspecified) by spells or curses. At the same time six women, eight men and 13 unspecified did not know that HIV can be transmitted during unprotected sex; six women, three men and 14 unspecified did not know about transmission through infected blood products; and six women, six men and seven unspecified did not know about mother to child transmission.

There were similar confusions related to prevention, with a number of questions having almost equal numbers of correct and incorrect answers. Over a quarter of the workers had faith in the way a person looked or in applying prayer: 11 women, 9 men and 8 unspecified would choose a sexual partner who seemed to be moral or clean, and 9 women, 2 men and 13 unspecified believed that prayer before sex could protect them. On the other hand just over half the workers (23 women, 15 men, 6 unspecified) understood that two HIV-negative partners who remained faithful to each other could not contract HIV¹¹ and the same number, 44 (20 women, 15 men, 9 unspecified), had faith in the consistent and correct use of condoms.

How can HIV be prevented?

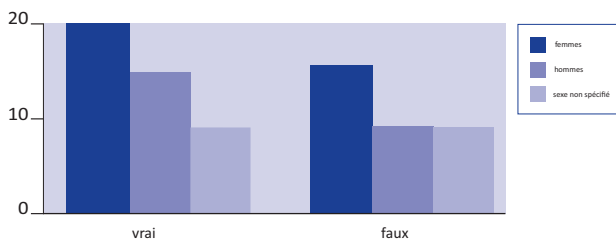
Please mark true or false

Reminder: total number of respondents: 36 women, 24 men, sex unspecified (U) 20

i) Questions where the correct answer was 'true':

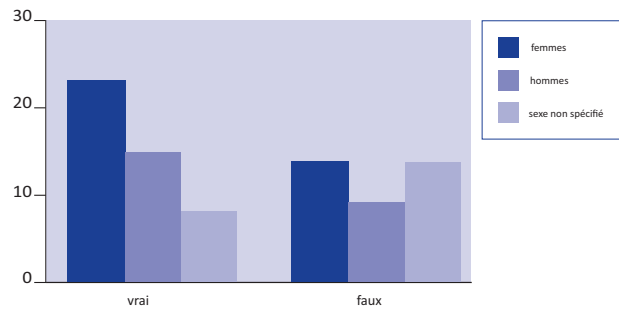
If both partners in a sexual relationship are HIV-negative and remain faithful to each other they will not contract HIV

- true Women: 23, Men: 15, (U) 8
- false Women: 13, Men: 9, (U) 13



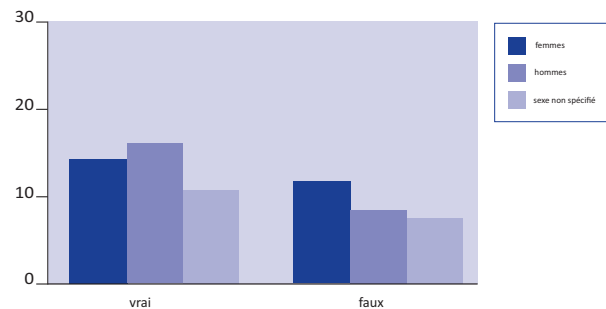
If a condom is used systematically (on every occasion that sex takes place) and correctly this provides almost 100% protection against HIV

- true Women: 20, Men: 15, (U) 9
- false Women: 16, Men: 9, (U) 9



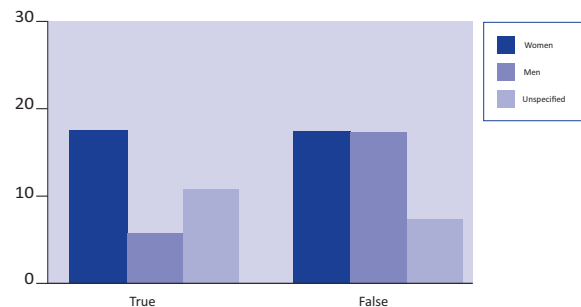
If an HIV-positive pregnant woman is given the correct medication, there is a good chance that her baby will be born HIV-negative

- true Women: 14, Men: 16, (U) 11
- false Women: 12, Men: 8, (U) 7



If people receive treatment for common sexually transmitted infections (STIs), this helps protect them against HIV transmission

- true Women: 18, Men: 6, (U) 11
- false Women: 18, Men: 18, (U) 7

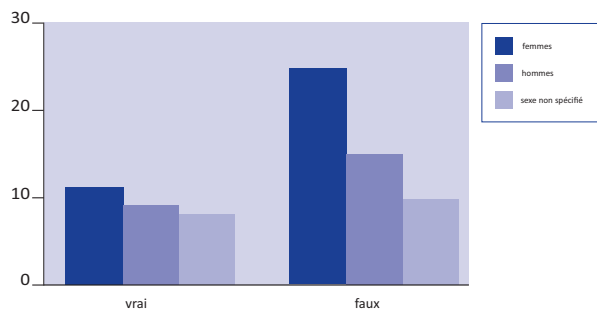


¹¹ In hindsight, this question is flawed as it should have specified that they could still contract HIV sexually. With this caveat, we include the findings in any case.

ii) Questions where the correct answer was 'false':

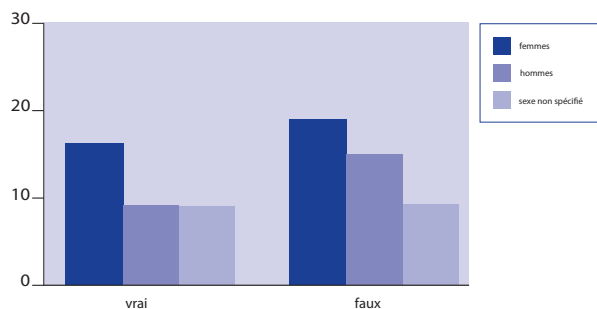
If a person chooses a sexual partner(s) who seems to be moral or a clean person, he/she will not contract HIV

- true Women: 11, Men: 9, (U) 8
- false Women: 25, Men: 15, (U) 10



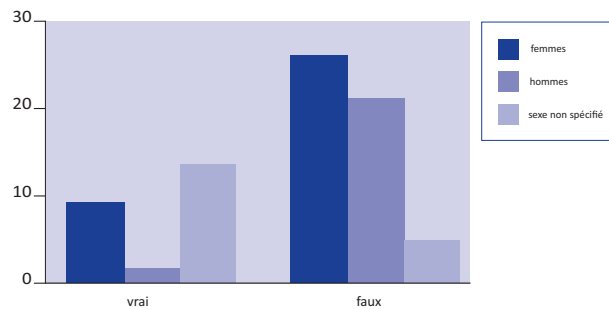
If a woman is faithful to her husband she will not contract HIV

- true Women: 17, Men: 9, (U) 9
- false Women: 19, Men: 15, (U) 9



If a person says a prayer when he/she has sexual intercourse this will protect him/her from HIV

- true Women: 9, Men: 2, (U) 13
- false Women: 27, Men: 21, (U) 5



The most common sources of information on HIV and AIDS were given as newspapers and magazines (17 women, 53 men, 10 unspecified), TV (17 women, 52 men, 11 unspecified) and leaflets (8 women, 29 men, 6 unspecified). Nearly half also got information from radio and public posters, with the other categories being less important sources of information.

The next question asked if people knew where to find a range of health-related services. Of the four services listed, virtually equal numbers of women, men and unspecified knew and did not know where to go for TB testing and treatment, family planning and STI services; half the women and under half the men (10) and unspecified (8) knew where to access HIV testing and treatment.

The last question in the section asked if they knew someone with HIV: 33 (15 women, nine men, nine unspecified) said that they did. Again this figure seems high, though consistent with other replies. It's possible that given a largely mobile workforce, the people the respondents knew were not necessarily all in Jordan.

2. Attitudes

Half the workers (39) believed that HIV was a serious problem in Jordan, with over half the women and under half the men expressing this view. Just under half (14 women, 8 men, 9 unspecified) saw it as a "shameful" disease and over half believed that most people with HIV were guilty



of immoral behaviour. At the same time just over half (25 women, 12 men, 8 unspecified) thought it should be treated like any other disease. A significant minority (16 women, 10 men, 9 unspecified) believed that one reason for the spread of HIV was lack of respect for women.

Just under half (16 women, 9 men, 11 unspecified) said they would be afraid to work with someone who has HIV; over half (23 women, 14 men, 9 unspecified) would not share a cup with someone living with HIV. Three-quarters (27 women, 18 men, 15 unspecified) felt that most people in their community would reject a person with HIV and two-thirds said that if a member of their own family had HIV they would keep it secret: this included 20 of the 24 men and 22 of the 36 women.

Two-thirds of respondents agreed with the importance of condom use (25 women, 20 men, 8 unspecified); almost the same proportion overall (21 women, 16 men, 13 unspecified) said that condoms spoil sex. Half the women but only seven men (and six unspecified) believed that condom use was accepted by most people in their age group (see above for age range). Over half the workers (28 women, 18 men, 8 unspecified) said that both partners should share responsibility for condom use but at the same time a third said the man had the right to decide (10 of the 36 women and 10 of the 24 men, with 9 unspecified).

Two-thirds (53) thought the workplace should provide information and education on HIV/AIDS, and 43 agreed that it should also provide HIV testing and treatment. Fifty-one were not satisfied with government services (over half the women and nearly all the men), but even so 48 (24 women, 15 men, 7 unspecified) felt that HIV information was widely available. Under half (16 women, 9 men, 9 unspecified) would not give their children information on HIV/AIDS.

3. Behaviour

Ten of the men and eight of the women (plus three unspecified) reported more than one sexual partner over the previous year, but the majority preferred not to reply. Seven women and nine men (plus three unspecified) reported casual partners away from home. Twenty-one of the workers (11 women,

5 men, 5 unspecified) used condoms at every sexual intercourse, 23 sometimes (8 women, 10 men, 5 unspecified), and 12 never (8 women, one man, 3 unspecified). Eight women, eight men and five unspecified did not use a condom when they last had sex with a non-regular partner. Among the female workers who travelled (cabin crew or other), seven had more than one sexual partner – three of them used condoms at every sexual intercourse, three used condoms sometimes, one never did. Among the male workers who travelled (cabin crew or other), eight had more than one sexual partner – four used condoms at every sexual intercourse and four used condoms sometimes. One worker from the sex unspecified group who travelled had more than one sexual partner and used a condom sometimes; the rest in this group preferred not to reply.

Twelve women, six men and three unspecified said they were in or had had a same-sex relationship though not all replied to the question. Nine women, nine men, seven unspecified used recreational drugs and 32 alcohol (13 women, 12 men, 7 unspecified); five women, four men, five unspecified said they injected drugs or had done so. Fourteen women, 11 men, nine unspecified agreed with the statement “I could contract HIV if I continue to behave the same way as I do now”. These included nine women (six married), eight men (three married) and four unspecified (three married) from the group who travel regularly in their work. When asked what would make them change, most replies were vague: “I don’t take enough care” (same comment from one married female worker, one unmarried female worker, and one married male worker), “I do not use protection” (two unmarried male workers), “I need to change my attitude and get more mature” (unmarried male worker). Those who replied more directly stated that their family, their children and their future would help influence their behaviour: “maybe if I get married I will change”. Those who felt they were not at risk emphasised “caution”, faithfulness and condom use, or said that they were not sexually active. “I use good protection at the right time and right place” (unmarried female worker), “my husband is faithful to me” (several women). No comments referred to injecting drug use.

Just under half the workers (20 women, 11 men, 7 unspecified) knew their HIV status. When asked why

they'd tested most replied that they disliked uncertainty. The largest single group of those who hadn't tested said they feared they were HIV-positive (6 women, 8 men, 4 unspecified). There were fewer fears about lack of confidentiality but four women and two men didn't know where to go for a test. Many added, "There's no need." Over half (20 women, 14 men, 8 unspecified) would take the test at their workplace if VCT was offered there.

4. The workplace

The focus here was mainly on factual information about existing HIV/AIDS policies and programmes. Twenty-five of the workers said their workplace had an HIV/AIDS policy, 15 had collective agreements, and 27 had some activities on HIV/AIDS. The policies most frequently covered non-discrimination (8), confidentiality (11) and non-dismissal of HIV-positive employees (12), with 7 reporting a ban on pre-employment testing. Activities principally consisted of general information (11), education programmes (12) and counselling services. No condom provision was reported. Over a third of the workers (30) had experienced, witnessed or heard of a discriminating or stigmatizing action by management, 27 by the occupational health service and 35 by a co-worker.

Two-thirds of the workers (52) said their union had an HIV/AIDS policy and the same number that it had HIV/AIDS activities. Over a third of the workers (34) had heard about the ITF's global HIV/AIDS programme.



IV. Conclusions and recommendations for future action by ITF

Conclusions

It was a useful endorsement of the ITF's focus on the civil aviation sector that union members in all the countries believed that HIV/AIDS was a concern for their countries and an issue for the workplace. The affiliates who administered the survey said that levels of interest among members had been high and reactions largely positive. The overwhelming majority of respondents answered fully and clearly, often adding useful explanations and clarifications. It is appreciated that respondents in countries with stronger religious beliefs and cultural taboos have often been very frank. While the details of the replies are interesting and useful, an important general point to bear in mind is that some people in each of the countries believed – rightly or wrongly – that their current behaviour was placing them at possible risk of HIV.

Knowledge and understanding

The first section of substantive questions was designed to find out levels of knowledge about HIV, its transmission and means of prevention. There has been a lot of discussion over recent years about the limits of knowledge and information in promoting behaviour change, and the need for more focused and participatory education programmes which help individuals assess their risk and manage it. It is clear that such education programmes are essential, and indeed the focus group discussion in Argentina stressed their importance in a number of contexts: not just related to prevention but also to combating stigma and discrimination and – in their words – 'machismo' attitudes.

At the same time, however, information, knowledge and understanding form the essential base for education and behaviour change communication, and gaps here undermine other efforts later. It was noticeable that even in very different settings there were significant information gaps. It should be borne in mind that the groups of respondents were relatively well-educated and among the minority in

most countries who work in the formal economy. How seriously the ITF should be concerned about these gaps will vary, as the nature and detail of knowledge needed should be in proportion to general prevalence as well as specific risk factors, for example in a particular region or industry.

Table 1 sets out replies to three of the factual questions related to HIV, its transmission and prevention (in each case the statement is correct).

Table 1: HIV/AIDS knowledge and understanding

	Argentina	Bulgaria	Ethiopia	India	Jordan
Percentage who knew that AIDS cannot be cured	89%	77%	78%	82%	57%
Percentage who knew that systematic & correct condom use provides protection against HIV	84%	73%	44%	92%	55%
Percentage who knew that it's possible to contract HIV from a sexual partner who seems to be moral or clean	94%	88%	93%	70%	65%

The gaps in knowledge about how to prevent HIV transmission are potentially dangerous and should be of concern to the ITF and its affiliates, though local circumstances – especially HIV prevalence and availability of education programmes – must be taken into account. Distrust in condoms, for example, is potentially more serious in Ethiopia than in Jordan. Belief that AIDS can be cured can create a false sense of security, and has been a feature of the resurgence of cases in Western Europe and North America. The idea that one can guess a person's HIV status or sexual health generally from the way they look is an inherently risky one, especially as HIV is not the only sexually-transmitted infection.

There was a high level of awareness among the women workers that married women may be at risk of HIV even if they are faithful to their husbands. In Argentina and Bulgaria all women and men held this view, in Ethiopia all but three women (and 15 men) and in India all but two women (and 16 men). In Jordan, however, 17 women (and 9 men) thought a woman who was faithful to her husband wouldn't contract HIV. The implications of the later question "Do you agree that one reason for the spread of HIV/AIDS is the lack of respect for women?" were perhaps not always clearly understood and few said 'yes', though in Ethiopia 12 of 18 women (and 10 of 58 men) agreed, as did 16 of 36 women (and 10 of 24 men, 9 of 20 sex unspecified) in Jordan.

Knowledge about mother to child transmission, and how it may be prevented, was impressive (over 84%) in Argentina, Ethiopia and India (just over 50% in Jordan and Bulgaria, where twice the number of women knew than men). This probably attests to the increased priority given to interventions in this area over the past three to four years.

There are a number of barriers to universal access to basic health services, ranging from cost to discrimination, but it is of course essential that people know where to find them.

Table 2. Percentage of respondents who knew where to get selected health services

	Argentina	Bulgaria	Ethiopia	India	Jordan
HIV diagnosis & treatment	90%	59%	66%	60%	42%
STI diagnosis & treatment	86%	71%	58%	82%	49%
TB diagnosis & treatment	76%	69%	53%	92%	49%
Family planning information & facilities	66%	51%	60%	60%	47%

The variations are worth studying: in some cases there is a link between disease prevalence and best-known service (Ethiopia, India) as well as least-known service (Bulgaria, India, Jordan). The

relatively low levels of awareness about family planning services may seem more surprising but contraception advice and supplies can be obtained from a range of sources, not only specialised centres. It could be useful for STI services to be better known.

In Bulgaria more women than men knew about family planning services and more men than women about TB; in Ethiopia more women than men knew about all services; in India and Jordan numbers were approximately equal for all services.

Attitudes and beliefs

The first question spans both knowledge and attitudes since it includes knowing the state of the epidemic nationally and making a judgement about its impact. More women than men appeared concerned, with the exception of Ethiopia.

HIV/AIDS is a serious problem in my country

- Argentina:** 70% (no breakdown by sex)
- Bulgaria:** 41% of the women, 36% of the men
- Ethiopia:** 83% of the women, 93% of the men
- India:** 100% of the women, 62% of the men
- Jordan:** 56% of the women, 42% of the men

More women than men found HIV/AIDS a "shameful disease" in Ethiopia (44% of the women, 19% of the men) and in Jordan (54% of the women, 33% of the men) but the opposite was true in Bulgaria and India, where only one woman and a few men agreed in each country.

Shame and stigma, or the fear of stigma, were also revealed in the numbers who replied that they would keep it a secret if a family member had HIV: over half in all countries except Ethiopia (42%). Similarly, the perception that their community rejected people living with HIV was shared by 52% of those in Argentina, 27% in Bulgaria, 50% in Ethiopia, 81% in India and 75% in Jordan. Thus in Ethiopia, India and Jordan the respondents presumably saw themselves as more tolerant than the community as a whole – in Bulgaria, however, the figures were surprisingly reversed: 73% would hide the fact that a family had HIV even though they believed that only 27% of the community would reject such a person.



As long as people not only lack the correct information but suffer from misconceptions, the fears and uncertainties which help create stigma will persist unchallenged, as indicated in Table 3.

Table 3. Attitudes towards people living with HIV

	Argentina	Bulgaria	Ethiopia	India	Jordan
Afraid to work with HIV-positive colleague	11%	18%	21%	41%	45%
Afraid to share a cup with HIV-positive person	68%	88%	22%	55%	57%

The relatively high numbers afraid to work with a colleague who had HIV are particularly worrying and should be the focus of priority interventions. Both these questions about attitudes revisit similar questions about knowledge. The contradictions between the answers provide insights which the union can use to see where it must promote understanding and give reassurance as well as information. The fears revealed in the table above often don't tally with the more confident assertions made in answer to questions about transmission. In Argentina and Bulgaria, for example, 100% of the workers said that HIV could not be transmitted by food or drink, but a majority would still be afraid to share a cup with someone living with HIV. In Ethiopia all but four knew that food or drink could not transmit HIV, and the smallest number was afraid to share a cup here. Fifteen people in India and 15 in Jordan believed the virus could be transmitted through food and drink (one woman and 14 men in both cases).

Table 4. Attitudes towards condom use and reported behaviour.

	Argentina	Bulgaria	Ethiopia	India	Jordan
Condom use is necessary in sex with someone whose HIV status you don't know	93%	99%	93%	99%	66%
Did not use condom at last sex with non-regular partner	8%	18%	31%	4%	26%
The man in heterosexual relations has the right to decide on condom use	18% (15% of 60 women, 28% of 40 men)	6% (1% of 42 women, 5% of 36 men)	46% (75% of 12 women, 42% of 64 men)	50% (12% of 17 women, 60% of 55 men)	36% (28% of 36 women, 42% of 24 men)

The first and second sets of answers show the gap between knowledge/ beliefs and actual behaviour, this is smallest in India and largest in Ethiopia. The fact that a third of workers in Ethiopia did not use a condom at last sex with a non-regular partner is of particular concern given national prevalence levels. The lack of trust in condoms in Jordan also needs to be understood and addressed.

Another contradiction in all countries was that between high levels of respondents agreeing that condom use was the joint responsibility of both partners but also fairly high numbers asserting that the man had the right to decide. In all countries some women but more men had this view, except in Ethiopia. Although the sample of women was small, the ITF should take this finding into account when designing the gender-specific aspects of the programme.

Behaviour

Men overall reported more potentially risk-taking behaviour, for example several partners and irregular condom use. The majority who appeared to be taking risks did not put their behaviour in this category. Injecting drug use was low: no-one reported injecting drugs in Argentina, Bulgaria or India; one did in Ethiopia, and 14 in Jordan. The difference between Jordan and the other countries is difficult to interpret.

In every country, however, there were some people who said they believed they were at risk of HIV if they continued to behave the same way:

Argentina: 7%

Bulgaria: 12% (seven men, two women)

Ethiopia: 25% (20 men, five women)

India: 7.5% (six men)

Jordan: 42.5% (14 women, 11 men, 9 sex unspecified)

Again the high figures in Jordan are surprising – could it be that the lack of correct information has caused unnecessary fear? Is this linked to the levels of reported injecting drug use? In answer to the follow-up question, “Why do you think you’re at risk?” most replied along the lines of “I don’t take enough care/ take precautions”. Twenty-one reported having more than one sexual partner in the previous year, but the majority chose not to reply.

Behaviour differences in ground versus air crew

The breakdown provided made this comparison possible in three of these countries. From this it may be seen that risky behaviour tends to be associated with travel away from home, but not consistently. For each of the two questions used as indicators of risk, one shows a higher degree of risk than the other for each country (but not always the same one): this is an area it would definitely be in the unions’ interest to follow up. Just as it is useful to have mixed and separate workshops for men and women, it may be useful to target some activities and materials specifically at air crew and others who travel regularly as well as at the sector generally.

Behaviour differences in ground versus air crew

Ethiopia:

Of the six women and 11 men who reported more than one sexual partner over the previous year, two of the women and five of the men travelled regularly for their work. Of the five women and 20 men who agreed with the statement “I could contract HIV if I continue to behave the same way as I do now”, four of the women and 18 of the men were air crew or ground crew who travelled in the course of their work.

India:

Of the 10 men (no women) who reported more than one sexual partner over the previous year, eight were air crew or travelled for their work and used a condom sometimes. Of the six men who agreed with the statement “I could contract HIV if I continue to behave the same way as I do now”, one was air crew/travelled for work.

Jordan:

Of the eight women and ten men who reported more than one sexual partner over the previous year, seven of the women and eight of the men travelled regularly for their work. Of the 14 women, 11 men and 9 sex unspecified who agreed with the statement, “I could contract HIV if I continue to behave the same way as I do now”, nine women, eight men and four sex unspecified were from the group who travelled.

‘Know your status’

A positive finding was the relatively high number of workers who knew their HIV status, most through voluntary testing with counselling. WHO has made extending and normalising HIV testing a priority of its HIV strategy, and with UNAIDS has issued guidelines for provider-initiated testing and counselling (PITC), the routine offer of HIV testing by health care providers¹². Many countries have seen the numbers tested for HIV doubling over the last



two to three years, but there are substantial variations between countries.

WHO has compiled a table for selected countries showing adults aged 15-49 tested for HIV from 2006 to 2008¹³. The results are listed below for the nearest country to one in the ITF survey; the figure for the ITF sample is also given, but no direct comparison is intended given the small sample covered by ITF:

- 39% in Brazil (ITF survey Argentina 29%)
- 27% in Moldova (ITF survey Bulgaria 74%)
- 22% median in sub-Saharan Africa (ITF survey Ethiopia 74%)
- 39% in India (ITF survey India 41%)
- ITF survey Jordan 47% (no Arab States in WHO survey).

The fact that almost half the workers in the Jordan survey had been tested for HIV is particularly interesting in view of the relatively low HIV prevalence there.

Workplace action on HIV/AIDS

In terms of the workplace, the existence of HIV/AIDS policies and programmes was not consistently influenced by the state of the epidemic locally, with Ethiopia reporting the highest number of policies (72%), Jordan the second highest (31%), with Argentina (10%) and Bulgaria (7.5%) and India the lowest (1%), though 20% said their workplace had some HIV/AIDS activities. These findings should be taken together with the replies from affiliates in part II of this report (above).

Evidence from the ILO¹⁴ shows that workplace policies and programmes can be useful in low- as well as high-burden countries, as long as they are in tune with local conditions. Countries in all regions have taken innovative approaches to mainstreaming HIV/AIDS at the workplace and included HIV education in, for example, health promotion and wellness programmes (Jamaica, South Africa), occupational safety and health programmes (Algeria, Cameroon), support and education programmes for migrant workers (Indonesia, Nepal).

The survey of affiliates, reported above, showed in particular how widespread are laws and policies concerning occupational safety and health, and how often these have been used as an entry point for HIV/AIDS.

The questionnaire asked about three types of work-related stigma and discrimination; Table 5 shows that some instances were reported in all of the countries.

Table 5. Have experienced, witnessed or heard of a discriminating or stigmatizing action at the workplace in relation to HIV:

	Argentina	Bulgaria	Ethiopia	India	Jordan
by the management	2%	5%	14%	20%	37%
by the occupational health service (if any)	0%	0%	31%	6%	34%
by a co-worker	8%	1%	25%	21%	44%

It's difficult to interpret the Jordan figures, given the small number of people living with HIV. It would be useful to take this up with the affiliate in question. The figures for Ethiopia are disappointing, given the fact that two respondents commented that work-related discrimination was decreasing. However the view of one of them, to the effect that stigmatizing by co-workers was more intransigent than discrimination by management, seems to be borne out in several countries. This is a key area where the unions have both the responsibility and the capacity to take action.

Union policy and programmes on HIV/AIDS

The survey ended with a set of questions related to union policy and practice on HIV/AIDS. It was surprising that members of the same union gave contradictory answers when asked if their union had

¹² See http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2007/20070530_testing_counselling_guidance.asp

¹³ See <http://www.who.int/hiv>, Testing and counselling data and statistics

¹⁴ See www.ilo.org/aims - reports of technical cooperation activities

an HIV/AIDS policy and/or activities. Where activities existed, quite small numbers of respondents had taken part in them: it would be useful to know the reasons for this. Experience shows that untargeted materials and ad hoc activities have little success in motivating and educating people. The development of more effective programmes will have to be a collaborative undertaking between the union with its local knowledge and the ITF with its technical resources.

There is clearly an issue of communications – within the union and between ITF headquarters and the membership – when a significant number of members are unaware of their own union's activities or the ITF's global programme on HIV/AIDS. However with a new programme specifically focused on civil aviation, the ITF can use this as an entry point for increasing awareness of union policy as well as education on HIV and AIDS.

Challenges for the ITF

Detailed recommendations follow in the next section, but a number of issues and challenges have emerged which the ITF will need to take into consideration in planning an HIV/AIDS programme for the civil aviation sector. It is clear that the need exists, and that the ITF has much to contribute through the development of activities with its affiliates.

A number of the replies and comments demonstrated knowledge, understanding and tolerance, but the gaps and contradictions provide an object lesson in the importance of looking beneath the surface. Tackling misconceptions and fears will be much harder than filling information gaps. The fears that appear to underlie some of the more judgemental attitudes should be addressed head on. The ILO has found in many workplace settings that the involvement of people living with HIV in policy development, awareness-raising and education has been one of the most effective ways of tackling fear and stigma. This report isn't in a position to measure the extent of risk-taking behaviour, though some was reported in all countries.

A two-fold challenge for affiliates is to help members assess and face up to their own risk as

well as to support them in managing it. The ITF is well placed to help the development of information, education and behaviour change communication programmes tailored to the risks, needs and aspirations of their members.

It was interesting that participants in the Argentina focus group made a separation between rights and education in their discussion of union responsibilities, and saw HIV/AIDS as an education issue. It would be useful to demonstrate more clearly the fundamental rights issues related to the epidemic, especially in its impact on labour and employment. Similarly it might help the union to show members that HIV/AIDS education need not focus narrowly on sex education but on the promotion of wellness, healthy living, gender equality, and responsibility in sexual relations.



Recommendations

It is recommended that the ITF:

1. Establish an HIV/AIDS programme for civil aviation

The ITF should respond to the needs and interest expressed by affiliates and their members in the course of the present survey by planning and implementing an HIV/AIDS programme for the civil aviation sector, in consultation with the affiliates concerned. This will help strengthen their capacity to protect the health and wellbeing of their members and contribute to national responses to HIV/AIDS.

2. Support implementation of the new ILO Recommendation on HIV and AIDS and the world of work

The ITF's HIV/AIDS Programme for all sectors of the transport industry should take on board the implications of the new standard, passed at the International Labour Conference on 17 June 2010, and develop an action plan for contributing to its implementation.

3. Be guided by a set of key principles

The new HIV/AIDS programme for civil aviation affiliates should be based on the following general principles:

- activities should be shaped by and proportionate to the degree of need and risk in the regions and countries covered by the ITF, including TB co-infection where relevant
- activities should be tailored to the nature of need and behaviour in different groups, with particular reference to the differences between men and women workers, between ground and air crew and between short- and long-haul work, as well as to the situation of young workers, including apprentices
- activities should be integrated as far as possible into existing structures and mechanisms of the union and of the workplace
- activities should have SMART objectives¹⁵ and a

monitoring and evaluation plan established at the beginning – the ITF should help affiliates gather baseline data, including by making use of the existing survey and a simplified version of the KAB questionnaire (see also recommendation 4)

- activities should be informed by internationally-agreed goals such as the Millennium Development Goals and the UN Declaration of Commitment on HIV/AIDS, and by national priorities and targets, including on universal access to HIV prevention, treatment, care and support
- the development of activities should follow a rights-based approach, not only challenging HIV-related stigma and discrimination but also contributing to the broader promotion of human rights and gender equality

The UNAIDS 10 priority action areas (2009) recognise the strategic importance of the world of work:

10. We can enhance social protection for people affected by HIV: By promoting the provision of a range of social services to protect vulnerable populations... By promoting corporate social responsibility, workplace policies and income generation for people affected by HIV. By empowering governments, particularly ministries of labour, employers and workers to adopt, implement and monitor HIV-related policies. And by countering discrimination and promoting HIV prevention, treatment, care and support through workplaces, including through UN Cares, and their links with the community.

4. Conduct additional research

The ITF should envisage additional research at the international level into the regulations governing HIV provisions in the civil aviation sector, especially regarding the screening and licensing of pilots and cabin crew.

¹⁵ Specific, Measurable, Attainable, Relevant and Timely: SMART is an acronym that can be used to help ensure that effective objectives or targets are set.

At national level the ITF should help affiliates conduct a mapping exercise as a basis for planning that (i) assesses needs, (ii) identifies available resources and potential partners, and (iii) establishes what existing programmes and structures are suitable for the inclusion of HIV/AIDS, such as national labour and sectoral policies, collective bargaining agreements, occupational safety and health bodies, union programmes on human rights and gender equality, women's committees, youth committees/forums. It is also useful to identify the meeting/rest areas for staff at their workplaces to see where informal awareness-raising may take place: one example could be the shuttle buses taking staff and/or passengers between terminals or from the terminal to the city¹⁶.

5. Implement the civil aviation programme at multiple levels

The HIV/AIDS programme for civil aviation should be put into practice at four main levels:

- international/regional, where the emphasis will be on advocacy, information exchange, and alliances with other global union federations, in particular
- national, where the emphasis will be on implementing the new ILO Recommendation, policy development, advocacy, linkages with employers and the National AIDS Programme, including the Country Coordinating Mechanism of the Global Fund, where relevant
- the civil aviation workplace, where the emphasis will be on adapting relevant structures to address HIV/AIDS, developing a workplace policy/ agreement on HIV/AIDS, building a network of focal persons, and conducting education and training, with reference to the ILO Code of practice on HIV/AIDS and the world of work and the new ILO Recommendation
- the union, where the emphasis will be on integrating HIV/AIDS into the union's agenda and activities, developing a policy and action plan where necessary, and identifying and training HIV/AIDS focal persons and trainers

The union should always judge where it is necessary and possible for it to intervene directly and where it can and should lend its support to the interventions of other groups or institutions.

6. Enhance institutional capacity in the union

A core intervention will be support for the affiliate in implementing the programme, with training as necessary for the union leadership; the building, training and support of a network of trainers and facilitators; the provision of materials for information, guidance and training proposes.

The ITF should work with other relevant partners such as the ILO to make available a package of materials that can be adapted to different local circumstances and different types of activity: these should include, at least, information on the new Recommendation and advice on implementation; information on general regulations relating to HIV/AIDS and civil aviation, with advice on gathering further information at country level; advocacy materials for different audiences, including the world of work and the HIV/AIDS community; education and training materials with detailed guidance for facilitators so that programmes can be implemented by affiliates without resource persons from outside.

7. Combat stigma and discrimination

Unions have an important role to play in working against stigma and discrimination at all levels. They can:

- use their influence at national level, especially if they form a united front, to oppose travel restrictions and punitive laws and take a stand against homophobia, sexual and gender-based violence, and other HIV-related exclusions
- develop policies and collective bargaining agreements which prohibit employment-related discrimination
- set an example and provide education for the membership to address stigmatizing attitudes and behaviours

The fundamental message should be that keeping workers at work, even if they have HIV, is the best form of care and support, presents no risk at the workplace, and enables the enterprise to keep functioning productively.

¹⁶Air France and the Accor hotel chain have collaborated to produce HIV/STI information films which are shown in shuttle buses between the various Paris airports and the city.



8. Build and strengthen partnerships

Alliances are useful in multiple ways: they enhance legitimacy and strengthen messages; they enable the sharing of resources; they bring in needed skills or experience; they help stimulate new ideas and approaches. It is important for unions to strengthen natural partnerships as well as to seek new allies: these should include other unions, both ITF affiliates from other industries and other national/sectoral unions; employers and relevant government authorities; national AIDS bodies, governmental and non-governmental; UN agencies active on HIV/AIDS, especially the ILO and the UNAIDS country office and team; development and donor partners. Linkages with TB control programmes and sexual and reproductive health services could also be useful.

9. Include a range of core elements, adaptable to local circumstances

The HIV/AIDS programme for civil aviation should recognise the interdependence of prevention and care, and the importance of increasing access to treatment while giving priority to prevention, through a combination of approaches:

- programmes should be participatory, include behaviour change communications approaches and peer education; address risk assessment and prevention, stigma, gender awareness, and the prevention of mother to child transmission; and develop planning, negotiating, training and resource mobilisation skills as necessary
- programmes should be tailored to audiences, their level of knowledge and the nature of their risk and vulnerability
- education programmes should promote 'know your status' as a link to both prevention and care, whether at the workplace or at community facilities
- programmes should take account of the fact that sexual transmission accounts for the great majority of HIV infections, with sessions designed for men and women together and separately; activities should inform and empower women at the same time as recognising behavioural pressures on men, and

encouraging them to take responsibility in sexual relations as well as health matters; condom promotion and distribution should include female as well as male condoms, and correct condom use should be part of the training¹⁷

Larger air companies usually have a medical service for staff; unions could negotiate, if necessary, to ensure that medical staff are trained in HIV/AIDS, that coverage for employees is comprehensive, confidential and without discrimination, and that leave arrangements are adapted to the specifics of HIV infection. Where the employer is unable to provide antiretroviral treatment, even in association with the government or a donor, unions should ensure that a referral system is in place to inform and guide workers who need it.

¹⁷ The ILO has found that in a number of cases resistance to condom use stemmed from a lack of confidence in correct use, especially among younger men



Annex 1

List of unions who responded to general survey (questionnaire A):

- Argentina: Asociación Argentina de Aeronavegantes (AAA)
- Australia: Australian Services Union
- Bahrain: Gulf Air Union (from General Federation of Bahrain Trade Unions)
- Bulgaria: Federation of Transport Trade Unions in Bulgaria
- Burkina Faso: Fédération des Syndicats des Travailleurs et Auxiliaires des Transports du Burkina (FSTAT-B)
- Canada: IAMAW, Canada
- Congo DR: Centrale des Travailleurs du Transport et Communication - CSC
- Czech Republic: Odborovy Svaz Dopravý (Transport Workers' Union)
- Ethiopia: Transport & Communications Workers' Trade Union Industrial Federation
- Hungary: Independent Trade Union of Aviation Workers (Légiközlekedési Dolgozók Független Szakszervezete)
- Jordan: General Trade Union of Workers in Air Transport and Tourism
- Lebanon: Lebanese Flight Attendant Syndicate
- Luxemburg: OGBL
- Malaysia: Malaysian Airline System Employees' Union (MASEU)
- Mexico Asociación Sindical de Pilotos Aviadores (ASPA)
- Mongolia: Mongolian Transport, Communication & Petroleum Workers' Union
- Nigeria: Air Transport Services Senior Staff Association of Nigeria (ATSSSAN).
- Senegal: Syndicat Democratique des Techniciens du Senegal
- South Africa: UASA
- Switzerland: Kapers Cabin Crew Union
- Uganda: Amalgamated Transport and General Workers' Union
- USA: International Association of Machinists & Aerospace Workers (IAMAW)
- USA: UNITE HERE



Annex 2

Questionnaire A

SURVEY OF AFFILIATES' VIEWS ON THE IMPACT OF HIV/AIDS AND SUMMARY OF ACTION TO DATE

Most of the questions which follow only require a yes/no reply, and the whole questionnaire shouldn't take more than about 15 minutes to complete. Please attach a report of your HIV/AIDS activities if you have one, and a copy of any relevant publications.

How serious a problem is HIV/AIDS in your country? Choose one description.

- there is a generalized epidemic which affects the economy, the workplace and trade unions
- the epidemic is concentrated in certain districts and/or high-risk groups, but is still worrying
- prevalence is low but rising
- prevalence is low and seems stable

What is the average national HIV prevalence?

Does your country have a law or national policy on HIV/AIDS?

- yes no

If yes, does it include provision for the world of work?

- yes no

Does the National AIDS Council or Committee include:

- representatives of trade unions?

- yes no

- representatives of the world of work?

- yes no

If yes, what organization do they represent?

Does the Country Coordinating Mechanism (CCM) of the Global Fund include:

- representatives of trade unions?

- yes no

- representatives of the world of work?

- yes no

If yes, what organization do they represent? ...

Is there a national law or policy for occupational safety and health?

- yes no

Does it include HIV/AIDS?

- yes no

Is there a national labour code or law?

- yes no

Does it include HIV/AIDS?

- yes no

If no, is there a separate policy on HIV/AIDS and the world of work?

- yes no

Is there a code or framework agreement for the civil aviation industry which

- does include HIV/AIDS?

- could include HIV/AIDS?

Are any HIV/AIDS activities taking place in the civil aviation industry?

- yes no

If yes, who is organizing them? ...

How could the ITF best support your HIV/AIDS programme (existing or future)?

Does your union have a policy on HIV/AIDS?

yes no

Thank you!

If yes, please attach a copy.

Do you run any HIV/AIDS activities for your members?

yes no

If yes, please describe briefly:

Do you think it would be in your members' interests to start activities if you don't have them?

yes no



Annex 3

List of unions who were involved in KAB survey (questionnaire B):

- Argentina: Asociación Argentina de Aeronavegantes (AAA)
- Bulgaria: Federation of Transport Trade Unions in Bulgaria
- Ethiopia: Transport & Communications Workers' Trade Union Industrial Federation
- India: Aviation Industry Employees' Guild,
- Jordan: General Trade Union of Workers in Air Transport and Tourism



Annex 4

Questionnaire B

SURVEY OF KNOWLEDGE, ATTITUDES AND BEHAVIOUR (KAB) RELEVANT TO HIV/AIDS

THE QUESTIONNAIRE

Where the questions offers a choice in the form of boxes, please choose **ONE** and mark your choice clearly, **UNLESS** the question asks you to choose more than one.

Part 1: Background information

Your age

- 16 – 24 25 – 34
 35 – 44 over 45

Your sex

- male female

Education

Years of education before starting work

- 5 – 6 (primary school only)
 approximately 10 (primary and secondary school)
 15+ (university and/or higher qualification)
 no formal schooling

Marital status

You are married or live with a long-term partner

- yes no

Occupation

Please give your job title with a brief explanation if necessary

Does your job involve travel and time spent away from home?

- yes no

Part 2: Knowledge about HIV/AIDS and relevant services

You will be given a fact sheet after the survey which contains the correct information. Please note that 'HIV-positive' means infected with HIV and 'HIV-negative' means no infection.

2.1 What is HIV?

HIV is a virus which weakens the body's immune system (its defences against illness)

- true false

2.2 What is AIDS?

AIDS describes the situation of people who have been infected with HIV for a number of years and are now weak and susceptible to many infections

- true false

2.3 Are the following statements true or false?

A healthy-looking person cannot have HIV

- true false

Everyday contact with my co-worker who has HIV carries no risk to me

- true false

HIV is a death sentence

- true false

AIDS can be cured

- true false

Only homosexuals and drug abusers get HIV

- true false

2.4 How can a person become infected with HIV? Please mark true or false

HIV is most often transmitted during unprotected sexual intercourse (sex without a condom) where one partner is HIV-positive

true false

HIV can be transmitted to a baby by its mother (if she's HIV-positive) during pregnancy, childbirth and/or breast-feeding

true false

HIV can be spread by mosquitoes

true false

HIV can be caught by sharing food or drink with a person who is HIV-positive

true false

HIV can be caught by kissing a person who is HIV-positive

true false

HIV can be transmitted through infected blood (for example blood transfusion, sharing an infected syringe)

true false

HIV can be transmitted by magic spells or curses

true false

2.5 How can HIV be prevented?

Please mark true or false

If both partners in a sexual relationship are HIV-negative and remain faithful to each other they will not contract HIV

true false

If a person chooses a sexual partner(s) who seems to be moral or a clean person, he/she will not contract HIV

true false

If a condom is used systematically (on every occasion that sex takes place) and correctly this provides almost 100% protection against HIV

true false

If a woman is faithful to her husband she will not contract HIV

true false

If an HIV-positive pregnant woman is given the correct medication, there is a good chance that her baby will be born HIV-negative

true false

If people receive treatment for common sexually transmitted infections (STI), this helps protect them against HIV transmission

true false

If a person says a prayer when he/she has sexual intercourse this will protect him/her from HIV

true false

2.6 Where do you get most of your information about HIV and AIDS?

You can choose more than one answer

- newspapers, magazines
- radio
- TV
- public posters
- leaflets, printed materials
- health workers
- teachers
- religious leaders
- family or friends

**2.7 Do you know where to get the following services, if you need them?****HIV diagnosis (voluntary confidential testing) and treatment** yes no**STI diagnosis (voluntary confidential testing) and treatment** yes no**TB diagnosis (voluntary confidential testing) and treatment** yes no**family planning information and facilities** yes no**2.7 Do you personally know anyone living with HIV?** yes no**Part 3: Attitudes and beliefs****3.1 Which of the following statements do you agree with?***This long list is not about what you know but how you think and feel – please mark 'yes' for every statement you agree with***HIV/AIDS is a serious problem all over the world** yes no**HIV/AIDS is a serious problem in my country** yes no**HIV is a shameful disease** yes no**HIV should be treated like any other disease** yes no**One reason for HIV/AIDS is the lack of respect for women** yes no**People living with HIV****I would be afraid to work with someone who has HIV** yes no**I would share a cup with someone who has HIV** yes no**If a member of my family got HIV I would keep it a secret** yes no**Most people with HIV are guilty of immoral behaviour** yes no**I feel compassion for people with HIV and desire to help** yes no**Most people in my community reject a person with HIV** yes no**Condom use****Condom use is absolutely necessary if you have sex with someone whose HIV status you don't know** yes no**Condoms spoil sex** yes no**It's the man's right to decide on condom use** yes no

Condom use is accepted by most people of my age

yes no

Both partners should share responsibility for condom use

yes no

HIV information and services

I would not give my children information about HIV/AIDS

yes no

The workplace should provide information and education on HIV/AIDS

yes no

The workplace should provide HIV testing and treatment

yes no

The government provides adequate HIV services

yes no

HIV information and education are widely available

yes no

Part 4: Behaviour

The next set of questions is about a very personal subject – your sexual behaviour. We recognize that this may be difficult to talk about. Even so, we ask you to answer honestly – please remember that the answers will remain anonymous and only be used to design new educational programmes.

4.1 Have you ever had sexual intercourse?

yes no I prefer not to reply

4.2 How many sexual partners have you had within the last 12 months?

none one more than one
 I prefer not to reply

4.3 If you travel for your work, do you have regular or non-regular sexual partners when you're away from home?

Regular partners (including spouse, long-term relationship)

yes no I prefer not to reply

Casual (non-regular) partners

yes no I prefer not to reply

4.4 How often have you used condoms within the last 12 months?

Choose one.

At every sexual intercourse
 Sometimes
 Never
 I prefer not to reply

4.5 a) Did you use a condom at your last sexual intercourse with a non-regular partner?

yes no I prefer not to reply

b) If no, what was the reason? Choose more than one if relevant.

My partner did not want to use one
 I did not want to use one
 We wanted to use one but could not get any

4.6 Are you having or have you had a same-sex relationship?

yes no I prefer not to reply



4.7 Do you use or have you used:

a) alcohol?

- yes
- no
- I prefer not to reply

recreational drugs (e.g. amphetamines)?

- yes
- no
- I prefer not to reply

injected drugs (e.g. heroin)?

- yes
- no
- I prefer not to reply

4.8 a) Do you agree with this statement?

I could contract HIV if I continue to behave the same way as I do now.

- yes
- no

b) If yes, what would make you change? Please answer in your own words:

c) If no, why do you think you're not at risk of HIV? Please answer in your own words:

4.9 Do you know your HIV status?

- yes
- no

a) If the answer is no, why haven't you been tested? Choose more than one if relevant.

- I don't want to know because I'm afraid I may be positive
- I don't want to know because I have no access to treatment
- I don't want to be tested because the result may not be kept confidential
- I don't know where to go for a test
- other _____

b) If the answer is yes, why did you decide to take the test? Choose more than one if relevant.

- I don't like uncertainty
- I can get advice and treatment if I need it
- I want to plan my future
- If I'm negative I will make sure to stay negative
- other _____

4.10 If your workplace offered voluntary confidential testing for HIV, would you use this service?

- yes
- no

Part 5: The workplace

5.1 Does your workplace have any of the following? - a policy on (or including) HIV/AIDS?

- yes
- no

- a collective agreement on (or including) HIV/AIDS?

- yes
- no

- activities on HIV/AIDS?

- yes
- no

5.2 a) If there is an HIV/AIDS policy, how are the workers informed about it?

Choose more than one if relevant.

- Company leaflets, announcements
- Workplace training programme
- Personally from the employer
- Informally via colleagues
- other _____

b) What are the main points/principles of the policy? Choose all that are relevant.

- No discrimination related to HIV status
- No HIV testing before employment
- No dismissal of HIV-positive employees as long as fit to work
- Confidentiality of personal and medical information

- Commitment to gender equality
- Provision of HIV/AIDS activities
- Inclusion of HIV/AIDS in occupational safety and health structures
- other _____

5.3 a) If there is an HIV/AIDS programme at your workplace what are the principal activities?

- general information – posters, leaflets and occasional talks
- education on HIV through regular activities
- peer education
- counselling
- training for managers, supervisors, occupational safety and health committee, shop stewards
- condom provision
- confidential voluntary testing at the workplace (through the occupational health service or mobile clinic)
- treatment for STIs, TB and opportunistic infections
- antiretroviral (ARV) treatment for HIV
- information on/ referral to testing and treatment services locally
- other _____

b) Have you taken part in any of these activities?

- yes no

If yes, which ones?

5.4 Have you experienced, witnessed or heard of a discriminating or stigmatizing action at the workplace in relation to HIV:

by the management?

- yes no

by the occupational health service (if any)?

- yes no

by a co-worker?

- yes no

You may give more details here if you wish:

5.5 Does your union have an HIV/AIDS policy and/or does it conduct activities?

Policy

- yes no

Activities

- yes no

If no, do you think it would be useful for the union to run HIV/AIDS activities?

- yes no

5.6 Do you know about the ITF's global HIV/AIDS programme?

- yes no

If no, please see <http://www.itfglobal.org/in-focus/index.cfm/themeid/13>

That's the end of the questionnaire – thank you very much for giving your time to fill it in!



AIR,
ROAD, RAIL
OR SEA...

LET
IT BE
HIV STIGMA
FREE