EXPLORING THE CONFLICT PERSPECTIVE IN THE MANDATORY AND COMPULSORY TESTING AND TREATMENT OF HIV-AIDS IN THE COMMUNITY: A CASE STUDY OF SELECTED COMMUNITIES IN KAFUE DISTRICT

BY

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CERTIFICATE OF APPROVAL

This Dissertation by Chinyanta Amos has been submitted for examination and partial fulfilment of the requirements for the award of the Degree of Master of Science in Peace, leadership and Conflict Resolution by the University of Zambia and Zimbabwe Open University (UNZAZOU)

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Date of approval

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DEDICATION

I dedicate this dissertation to my family especially my wife Milliner, my children; Melissa, Lillian and Amos Chinyanta Jr. and all those who stood by me during the entire period of the study

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Anti-Retroviral
CAF	Canadian Armed Forces
CAPRISA	Centre for the AIDS Programme of Research in South Africa
CDC	(United States) Centres for Disease Control and Prevention
DALY	Disability-Adjusted Life Year
DART	Development of Antiretroviral Therapy in Africa
DC	District of Columbia
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immune-deficiency Virus
HPTN	HIV Prevention Trials Network
IRIS	Immune Reconstitution Initiative
LAZ	Law Association of Zambia
MRC	Medical Research Council
NAAT	Nucleic Acid Amplification Test
PIT	Patient-Initiated Test
POCT	Point-Of-Care Test
PrEP	Pre-exposure Prophylaxis
PrEx	Pre-exposure Prophylaxis Initiative
PWA	People Living with AIDS
Py	Person-years
RCT	Randomized Controlled Trial
RR	Relative Risk
RR	Reproductive Rate
START	Strategic Time of Antiretroviral Treatment
STI	Sexually Transmitted Infection

TB -	Tuberculosis
UK -	United Kingdom
UNAIDS	United Nations Programme on HIV/AIDS
UTT	Universal Testing and Treatment
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
ZARAN	Zambia AIDS Law Research and Advisory Network
ZD&HS	Zambia Democratic and Health Survey
ZMA	Zambia Medical Association

ABSTRACT

This study was aimed at exploring the communities' conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS in the fight against the pandemic. The study was guided by the following objectives using both qualitative and quantitative approaches: to determine the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS, to explore conflict perceptions of people about mandatory and compulsory testing and treatment of HIV/AIDS in the community, to examine the conflict perspective that might lead to challenges faced in mandatory and compulsory testing and treatment of HIV/AIDS in the community and to determine how the challenges resulting from the conflict perspective in the mandatory and compulsory testing and treatment can be addressed. Purposive sampling was instituted to select key informants for in-depth interviews. The study was undertaken within the guidelines of the Frustration-Aggression Theory. The study established that: people seeking medication at health centres were being frustrated by the mandatory and compulsory testing and treatment of HIV/AIDS policy's requirement that everyone seeking medication for any other illness be subjected to HIV diagnosis before receiving treatment in Kafue communities; some people within the Kafue communities, were shunning the health facilities for fear of being tested for HIV and instead opted for self-medication and that conflicting views about the policy implementation prevailed at health centres in the Kafue communities manifested by disputes and quarrels between health workers and patients. The study concluded that the Kafue communities' conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS has adversely affected government interventions in the fight against HIV/AIDS pandemic which remains a global concern. It was evident from the study that perceived intra and inter personal conflict about the mandatory and compulsory testing and treatment of HIV/AIDS policy is negatively impacting on the fight against the pandemic. The study recommends that: public health policy makers should consult widely with the people during the process of policy formulation in order to address any possible conflicts about the health intervention policies. This can be achieved through surveys and health census; the public should also be sensitized about the policies so that people are well informed.

CHAPTER ONE

INTRODUCTION

1.1. Overview

The chapter presents the background to the study and defines the problem that the study attempts to address. It states the purpose, objectives and research questions that needs to be answered. The chapter further presents the significance, theoretical framework conceptual framework, operational definition of terms and organization of the dissertation and provides the summary of the chapter.

1.2. Background of the Study

Conflict is inevitable in every society as well as organizations. It occurs within individuals, and groups, such as, families, organizations and governments. Conflict between groups or organizations potentially improve team dynamism (Ann, 2000). Conflict management skills are necessary for managing conflict that may turn out adverse in any organization for it to be effective and efficient in performing its activities. There is need for mutual co-existence and understanding among members of the organization. However, conflicts within an organization can emerge as a result of individual differences, ambitions, or from villainy between sub-groups or factions. Conflict within individuals on the other hand affect social responses to what the political, social, economic, religious and cultural spheres have to offer, such as the provision of governance, education and health care among others in the fight to eradicate the HIV and AIDS epidemic.

The advent of the Human Immunodeficiency Virus (HIV) in the last few decades has presented considerable challenges to health systems throughout the world. Many countries developed measures to combat the spread of the virus and the trends are improving, mostly due to the introduction of potent new combinations of medications, the development of effective prevention strategies and increased community awareness. These improvements would not have been possible without the mobilization of communities around the world who, recognizing their vulnerability, have taken collective action to curb the propagation of HIV. The following pages discuss the origins, development and components of community participation with respect to HIV, including examples of strong community participation initiatives. Many countries, including Zambia, have adopted the Joint United Nations Programme on HIV and AIDS (UNAIDS) ’90-90-90’ target, to

end the AIDS epidemic. In terms of this target by 2020;90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive antiretroviral therapy (ART) AND 90% of these people will be virally suppresses. The vision is that everyone should have access to HIV testing services (HTS) and each person living with HIV must be on treatment and reach viral suppression, so that no-one is born with or dies because of HIV (UNAIDS, 2016)

Governments cannot fight the AIDS epidemic alone. Government health care facilities cannot test everyone for HIV. They also do not have the resources necessary to test and treat all HIV-infected people. In addition, not all populations access healthcare facilities optimally. Many factors like long waiting times, unfriendly staff and stigma (4-7) have been cited as reasons why people do not access healthcare facilities, especially if they do not feel ill and do not recognize signs or symptoms of disease. Some populations typically do not go to healthcare facilities; this includes men because they regard these as female spaces and adolescents because they feel that health facilities are not youth friendly. However, much of the progress around increasing the number of people who know their HIV status has been achieved inside healthcare facilities. This has been done using a provider-initiated approach (Gagne, 1977).

The HIV/AIDS epidemic in Africa is increasingly becoming one of the major impediments to sustainable development, hence the need to make the necessary interventions though the formulation of rational public health policies, such as the mandatory and compulsory testing and treatment of HIV/AIDS policy. Zambia is one of the southern African countries that is severely affected by the HIV/AIDS epidemic, which has already reversed hard-won gains on national health, where the HIV/AIDS policy on mandatory and compulsory testing and treatment has recently been implemented in spite of the conflict perspective that varies according to gender among the stakeholders as indicated Dennis, (2006) that, at the global level, 46 per cent of the 16 million people currently living with HIV/AIDS are women.

The UNAIDS and WHO do not support mandatory testing of individuals on public health grounds. Voluntary testing is more likely to result in behavior change to avoid transmitting HIV to other individuals. Recognizing that many countries requires mandatory HIV testing for pre-recruitment and periodic medical assessment of military personnel of establishing fitness, UNAIDS/WHO recommended that such testing be conducted only when accompanied by counselling for both

HIV-positive and HIV-negative individuals and referral to medical and psychosocial services for those who receive a positive test result.

Increasing the demand for HIV testing and counselling services is critical for normalizing HIV, increasing the acceptance of HIV as a community issue, reducing denial, stigma and discrimination and increasing the uptake of ARV treatment and prevention. However, because of the stigma and discrimination associated with HIV/AIDS, many people do not wish to know their status. Community mobilization for HIV testing and counselling must therefore address stigma, discrimination and fear of disclosure as well as people's perceptions of the benefits of HIV testing and counselling. In some settings, mass media and marketing approaches have proved quite successful in improving people's perceptions about the benefits of knowing their status and increasing the uptake of HIV testing and counselling. However, the conflict perspective in most of these interventions has not been addressed, hence the need to investigate this aspect.

1.2. Statement of Problem

The mandatory and compulsory testing and treatment of HIV/AIDS policy was recently introduced by the health system in Zambia as an intervention in the fight to eradicate the HIV/AIDS pandemic. The conflict perspective of patients, health workers and policy makers, in the implementation of the policy has become a source of concern in the communities. This situation requires some redress before some individuals start shunning health centres for fear of being subjected to a mandatory and compulsory HIV testing. It is against this back ground that the study to explore the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS in selected communities of Kafue District was carried out.

1.3. General objective

To explore the conflict perspective in the mandatory and compulsory testing and treatment of HIV-AIDS in the community with a special case of two selected communities in Kafue district.

1.4. Specific Objectives of the Study

The specific objectives of the study are as follows:

- To determine the conflict perspective in the mandatory and compulsory testing and treatment of HIV /AIDS.

- To explore people's conflict perceptions of mandatory and compulsory testing and treatment of HIV /AIDS in the community.
- To examine the conflict perspective that may lead to challenges faced in mandatory testing and treatment of HIV/AIDS in the community.
- To determine how the challenges resulting from the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS can be addressed.

1.5. Main research Question

- What conflict perspective do people have about the mandatory and compulsory testing and treatment of HIV/AIDS in the communities of Kafue District?

1.6. Research Questions

- What determines the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS?
- What are the conflict perceptions of people about the mandatory testing and treatment of HIV/AIDS?
- What challenges result from the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS?

1.7. Significance of the Study

The study may be beneficial to corporate organizations, civil society organizations, non-governmental organizations and government wings involved in the fight against HIV-AIDS, especially those based in Kafue district as they may utilize the findings in policy formulation regarding conflict management arising from the mandatory and compulsory testing of HIV-AIDS in their communities. The study will also add up to the existing knowledge on conflict resolution and would be useful reference materials to individuals, students as well as scholars who may wish to undertake a similar research.

Most importantly, the study may go a long way in putting up an end to unnecessary conflicts, industrial unrest in corporate governance as well as enhance productivity through a peaceful co-existence between management and employees, which will impact positively on the sales, profits and the safety of the work places. The research will also serve as a reference point to further research work.

1.8. Scope of the Study

The study may seek to cover the examination of conflict resolution as a tool for effective conflict management in the mandatory and compulsory testing and treatment of HIV-AIDS in the community. To this end, the study may identify the criteria for effective conflict resolution, in the mandatory and compulsory testing and treatment of HIV-AIDS as well as the relevance of an effective conflict management system in the community.

1.9. Definition of Terms

- **Conflict:** This is a process in which one party perceives that its interest is being opposed or negatively affected by another party.
- **Conflict Management:** is the process of limiting the negative aspects of conflict while increasing the positive aspects of conflict.
- **HIV-related stigma:** refers to negative beliefs, feelings and attitudes towards people living with HIV, their families and people who work with them.
- **HIV-related discrimination,** also known as enacted HIV Stigma, refers to the unfair and unjust treatment of someone based on their real or perceived HIV status.

1.10 A Theoretical Framework

This study was guided by the Frustration-Aggression theory also known as the displacement theory which was proposed by Dollard and others in 1939.

1.10.1 The Frustration-Aggression Theory

This theory was further developed by Miller, et al. in 1941 and Berkowitz in 1969 (Berkowitz, 1989). It provides a macro approach to conflict and argues that aggression comes as a result of blocking or frustrating a person's effort to attain a goal. Furthermore, it is argued that human beings are predisposed to slide into deep, irrational hostility under certain definable conditions.

Essentially, the Frustration-Aggression theory is an attempt to explain how and why some people or groups of people become violent or aggressive during certain situations. Human behavior, though biologically determined, is largely influenced by socialization, culture and the environment. As goal oriented organisms, human beings naturally become aggressive when they

are prevented from achieving what they desire. This is what forms the nucleus of the Frustration-Aggression theory. It is established that external stimuli induce frustration which in turn precipitates aggression and aggressive action is directed to the source of frustration. An immediate choice especially when mechanisms put in place to reconcile such grievances seem to be lacking is resorting to violence. In the political sense, absence of the rule of law, ideological positions unemployment, poverty and rise in food prices, lack of accountability, poor governance and weak judicial systems often lead to frustration and violence (World Bank, 2011). This is perceived as a clear violation of human rights and can possibly lead to psychological and social tension

1.11. Summary of the Chapter

This chapter has presented an overview and the background to the study, on exploring the mandatory and compulsory testing and treatment of HIV and AIDS in selected communities of Kafue District. It has also presented the statement of the problem, research objectives, research questions, theoretical framework and significance of the study and the operational definitions of terms. The next chapter presents a literature review of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1. Overview

The chapter presents a review of research studies and other general literature on enhancing and consolidating efforts in the fight against the spread of HIV/AIDS with the common goal of reducing or eradicating its undesirable consequences of premature deaths still being experienced within the global community in spite of the frantic efforts and resources being invested in the fight. The chapter also reviews different studies from various points of view ranging from the global studies through to Zambian studies.

2.2. Global Studies

There is general agreement by public health officials that HIV testing and treatment is an effective strategy in HIV prevention. However, different opinions have arisen over the approach to take when testing clients for HIV. As world organizations seek to scale up testing services, several approaches have been coined. Among the notable approaches is compulsory and mandatory HIV testing which has provoked several debates both for and against it. There are divided views concerning mandatory HIV testing.

The US Centers for Disease Control and Prevention (CDC) was the first institution to issue guidelines on mandatory HIV testing. In their justification they wrote" we know that many infected people are not diagnosed until late in the course of their illness, when they're already sick with HIV- related conditions. By identifying people earlier through a screening program, we will allow, them to access life extending therapy, and also through prevention services, learn how to avoid transmitting HIV infection to others," (Doyle, 2006). The Center also projected that the guidelines will help end the stigma of HIV testing and lead to needed care for an estimated 250,000 Americans who don't yet know they have the disease.

CDC's guidelines were later supported by Schuklenk and Kleinsmidt in 2007. The duo analyzed the ethical and policy issues surrounding mandatory HIV testing of pregnant women and proposed that a mandatory approach to testing and treatment has the potential to significantly reduce perinatal transmission of HIV and defended the view that mandatory HIV testing is

morally required if a number of conditions can be met. Mandatory HIV testing has been embraced by some medical practitioners on the grounds that the approach is more convenient for them. In her work, Reyes (2018) wrote "Needless to say it was a big bother for us, for the patients, and for the lab, who had to do the work. In a small town, we had to "blind" the work even on the chart, since if someone found out that so and so was getting an HIV test, rumors would fly. Yes, I know all about the strict privacy rules. It's just that they don't always work. Things got a little easier when we started testing all pregnant women for HIV. It was "routine". So it wasn't insulting the lady to do the test, and it was very important to find out if she was HIV positive before she had the baby. " Her argument here, was that conflict perspective in the mandatory and compulsory HIV testing for pregnant women that hinged on the issues of human rights to privacy, should be ignored for the sake of reducing prenatal HIV transmission from mother to child during child birth. She further argued that voluntary HIV testing as opposed to the mandatory and compulsory testing and treatment of HIV/AIDS, was making it difficult in the total mother care procedures for both health workers and the pregnant mothers as it involved a lot of paper work, hence slowing down the pace of HIV testing. In her conclusion, she seems to imply that if the conflict perspective of privacy in mandatory and compulsory HIV and AIDS testing is seen to be compromising the efficiency of delivering services to expectant mothers, it can as well be done away with in order to reduce HIV infections in the newly born infants. Further, she attempted to justify her arguments by presenting statistics from various states in America that practice opt-in and opt-out-approaches to mandatory HIV testing. According to her statistics, the opt-out approach achieved higher rates (more than 85% for Tennessee) of testing for mothers than opt- in (25% for Oregon). This significant difference, according to Reyes was because mothers were routinely tested and did not need to sign a paper (written consent) in order to have the test of which the conflict perspective on privacy issues was still being sidelined (Reyes, 2018).

Other health professionals are of the opinion that mandatory HIV testing will improve the overall health of the population. In a national survey conducted by HCD Research, it was found that 63% of the general public in America and 64% of physicians believe that the overall health of the population will improve if compulsory and mandatory HIV testing and treatment is introduced. In the same survey, 60% of the general public, and 59% of physicians believe that the associated health care benefits of compulsory and mandatory HIV testing and treatment

outweigh the social implications. (Flemington, 2015). Results of the above survey show that a significant number of physicians and the general public support the concept of compulsory and mandatory testing and treatment of HIV/AIDS in the US.

On the other hand, the United Nations Program on HIV/AIDS (UNAIDS) has indicated that mandatory HIV testing has not demonstrated individual or public health benefits and can result in significant negative outcomes for those testing positive. UNAIDS argues that; mandatory HIV testing does not on its own help people to change their behavior to prevent infecting others, that it can lead to stigma and discrimination, psychological, social and economic harm to the persons concerned, discourages people from accessing health care services, and may involve false negatives for those in the window period. Such individuals then may not realize the need to seek care and to protect others from infection, and lastly that it can divert funds from more effective interventions (UNAIDS, 2016). Furthermore, UNAlDS argues that mandatory HIV testing may lead to false sense of security in the military, that over time an HIV free environment has been created and thus, there is no need to take precautions. UNAlDS also challenged the military to prove that it is different from other workplaces that make it compelling to implement HIV testing; that mandatory testing and its consequences are the least means available and will achieve its goals more effectively than voluntary counseling; and that HIV is not being singled out from other similar diseases that raise comparable issues (UNAIDS, 2016).

Similarly, some sections of society have supported UNAIDS in arguing that mandatory testing has no impact on the epidemic (Amon, 2016). It is said that, instead, such a policy will drive those who are at risk underground, and probably discourage testing at all, and in that sense, spread the infection rather than curtail it. Other sections of society have indicated that mandatory testing is discriminatory, and a violation of human rights (Amon, 2016). At the 7TH International Conference on AIDS in Asia and the Pacific (ICAAP), it was indicated that the right of a person to decide if and when they will be tested for HIV must be protected. While every effort should be made to increase the practicality of VCT, the principle of voluntary and informed consent remains paramount (Kobe, 2015).

Acts of discrimination after mandatory HIV testing have been demonstrated in many countries. For example, in destination countries in Asia and the Middle East, migrants are reported to be

treated like criminals when they test positive for HIV. They face unethical treatment by being confined and deported without explanation.

It is reported that most of the clients do not receive their test results as these are sent directly to the recruitment agencies (CARAM ASIA Report, unpublished). Acts of discrimination due to mandatory HIV testing are also shown in India and Saudi Arabia where foreign workers are confined to hospital rooms and deported if found to be HIV positive (CARAM, ASIA report, unpublished).

This is seen as a breach of confidentiality and eliminates the chance for meaningful counseling. Once returned to their home, very few migrants receive compensation or referral to health services, the majority are simply left to return to their families bewildered and devastated (CARAM, ASIA report, unpublished).

Oman (2006) observed that mandatory HIV testing leads to potential "social wreckage" devastating poorer countries with widespread HIV incidence. He doubted the fact that governments are going to fulfill their promises of guaranteeing treatment to those tested and enforcing anti-discrimination measures as Bill Clinton promised. Oman observed that HIV positive persons suffer from gross discrimination throughout the UK on an ongoing basis. This includes being denied medical treatments, jobs, travelling, denied opportunity to own land or property, education for overseas students, denied dental treatment despite it being against the law to refuse" positive" patients (Whitehead, 2016).

In Florida state and Malaysia, couples are required to present "AIDS free certificates" as a precondition, for the grant of marriage licenses. It can be concluded from the above discussions that stigma and discrimination discourage people from being tested. Hence it is important that HIV testing should include improved protection against stigma and discrimination, especially within the health care setting as well as assure access to integrated prevention, treatment and care services (Nakchbandi et al, 2013).

Other sectors of the population view mandatory testing as part of sex- surveillance and sex control by governments. They claim that the approach is without impact because governments have not availed accurate information about condoms, sexually transmitted infections (STI's),

and where women are not able to get their birth control pills and are forced to make radical choices about their bodies (Nakchbandi et al, 2015).

The value of premarital mandatory HIV testing has frequently questioned by those who hold opposing views to this approach. It is pointed out that the approach is a one-off test while the risk of acquiring HIV is lifelong and therefore does not guarantee that an individual or his partner will remain negative if they continue putting themselves at risk through sexual activities or injecting drugs. Furthermore, it is said to have limited impact in controlling the spread of HIV infection without specific measures being undertaken to prevent transmission of these infections. The other concern raised is that opponents doubt the likelihood of confidentiality of the results due to high level of stigma and discrimination that exists against HIV positive individuals (Adeeba, 2018).

It has been observed that HIV testing alone does not result in the types of behavioral changes that will prevent the transmission of the virus. It is suggested that instead it should be integrated as part of comprehensive control programs that promote behavioral change by providing social support and the means and skills to reduce or eliminate the risk of transmission. Otherwise such testing can drive the target people underground and make it more difficult for launching interventions (Ramakant, 2016).

Other people have questioned how mandatory HIV testing will work. The questions asked are; how are the people going to be rounded up, get them tested, and get the results to them. Practical problems to this approach are foreseen (Bernard, 2006). Still others have questioned whether countries have the necessary infrastructure, especially third world countries. In a country where villages and small towns don't have decent hospitals and laboratories, questions have been asked as to how the government will expect people to get themselves tested for HIV (Kuvin, 2018). These sentiments may be an indication that mandatory testing still has grey areas that people need to understand before accepting the approach. It may be that people need assurance that the change will not be to their disadvantage. As we clearly know, change brings with it a lot of uncertainties that need explanations and reassurance.

Yet others view mandatory HIV testing as unethical because it does not respect the basic principles guiding HIV testing. These are consent, counseling, and confidentiality. It is insisted that the three C's should always be used as a gold standard for testing: consent, counseling and confidentiality (Adeeba, 2018). Divided opinions over mandatory HIV testing have at times resulted in lawsuits. In Canada an electronic war operator of the naval Electronics Sense Operator sued the Canadian Armed Forces (CAF) for allegedly discriminating him by refusing to continue to employ him and by differentiating adversely in relation to his employment by restricting his duties and opportunities because of his HIV status (ZARAN, 2013). The CAF was ordered to compensate the complainant adequately for failing to make a full assessment of the complainant's condition and determine whether he was exposed to risks significantly greater than the usual risks for others.

The various concerns raised above have come from health professionals, human rights activists, and government officials. However, there have been few attempts by governments to involve the communities in the discussions.

2.3 Regional Studies

Sub-Saharan Africa is contextually unique. The social, economic and cultural contexts within which HIV infects people and spreads across the continent differ considerably from those in other parts of the world (Asante, 2017). Therefore, even the concerns raised over compulsory and mandatory HIV testing are different from other regions.

Asante (2017) pointed out that it is important that appropriate caution is exercised when prescribing policies that seem to have worked in other settings for use in Africa. The author says that although HIV testing is crucial for effective prevention, making it routine or mandatory in sub-Saharan Africa may not be feasible in the short to medium term. The author asserts that there are four major factors that make mandatory testing unsuitable in Africa; access to treatment, weak health systems, the culture of health service utilization, and stigma and discrimination.

Asante observes that Africans in general and particularly the poor do not use health services unless they are very sick or there is specific need. He says that studies show that even in times of infirmity, self-medication and the use of traditional medicine are usually the first line of action.

Therefore, testing people presenting themselves at health facilities for HIV and AIDS with or without their consent, in an environment of poor health service utilization would have limited impact on preventing HIV/AIDS as significant numbers of health services will be missed. Asante also highlights that despite having the highest number of HIV cases, there is still widespread stigma and discrimination of people living with AIDS from and together with their families in Africa. This therefore obstructs the uptake of HIV/AIDS interventions. He also said that most African health systems are faced with a critical shortage of manpower, inadequate resource allocation and utilization. Therefore, it is not logical that mandatory testing would lead to drastic improvements in HIV/AIDS prevention or treatment and care. Lastly, Asante reveals that no much progress has been made in expanding access to treatment. After the "3 by 5" initiative, only 18 out of 53 countries in Africa had 25% or more Antiretroviral coverage by June 2016 (Asante, 2017). Therefore, it is vital to scale up access to treatment while encouraging testing in sub-Saharan Africa so that HIV/AIDS is not misconceived as a death sentence. Asante emphasizes that instead of emphasizing mandatory testing, the above mentioned key barriers to HIV testing are removed. In particular, the lack of access to ARV therapy, the inadequate health workforce that has incapacitated many health systems in Africa, the culture of poor use of health services and the widespread stigma and discrimination associated with HIV/AIDS must be tackled (Asante, 2017). He further, contends that HIV/AIDS to a large extent, is a behavior-induced epidemic, and like all other such epidemics, the object of prevention lies in individual behavioral changes which cannot be brought about by a policy of routine or mandatory testing alone.

2.4. South African Studies

Akintunde's research on HIV-AIDS reveals to this study that globally, 36.7 million people were living with HIV in 2015, of which 25.6 million were in sub-Saharan Africa, arguably the epicenter of the global epidemic. South Africa has the largest HIV burden, with 7 million people living with HIV in 2015, and the largest government antiretroviral program, with 3.3 million South Africans on treatment. South Africa has a generalized HIV epidemic because transmission mostly occurs between heterosexual couples. Estimated HIV prevalence is 18% among the adult population aged 15-49 years. HIV prevalence is higher among females compared to males and among those who live along the periphery of the cities in informal dwellings compared to those who live in rural areas. Much of the HIV burden is among the poorest populations (Akintunde, 2000).

As access to antiretroviral treatment is scaled up in low and middle income countries, there is a critical opportunity to simultaneously expand access to HIV prevention, which continues to be the mainstay of the response to the HIV epidemic. Without effective HIV prevention, there will be an ever increasing number of people who will require HIV TREATMENT. Among the interventions which play a pivotal role both in treatment and in prevention, HIV testing and counselling stands out as paramount. Kalichman, (2010), South Africa's response to the HIV epidemic has evolved dramatically. Initially, in the 1990s, the South African government denied that HIV caused AIDS. The only way to prevent HIV transmission was to use condoms. In the early 2010, scientific evidence showed that ART could prevent HIV infected pregnant women from transferring HIV to their unborn babies. The health department reacted cautiously, stating that the drugs were toxic and that the health system did not have the resources to roll out a national prevention of mother to-child transmission (PMTCT) program across South Africa. Civil society organizations responded by taking the government to the Constitutional Court, which ruled that withholding the provision of PMTCT was a human rights violation. PMTCT was slowly rolled out from 2012 onwards. Transmission of HIV from mother to child subsequently dropped from 8.5% in 2008 to 2.4% in 2012. With the appointment of a new President and Health Minister in 2009, the government's response to the HIV epidemic became more urgent. South Africans were advised to test for HIV and "know their status''. After a national HIV-testing campaign (2010/2011), the proportion of adults ever tested for HIV increased from 43.7% in 2010/11 to 65.2% in 2012, with many adults tested at community-based HIV-testing services.

Between 2006 and 2011, ART provision was expanded, largely due to increased funding from international donors. This funding was largely distributed through non-governmental organizations, highlighting civil society's role in the expansion of ART coverage in South Africa. The Department of Health also played a role in expanding the ART program, by constantly increasing the eligibility criteria for HIV treatment, making ART available to more and more HIV-infected individuals. The CD4 threshold was continually increased to allow for those with higher CD4 counts to be eligible for treatment (22, 27, and 28). In September 2016, South Africa started offering ART to all people living with HIV, regardless of CD4 count (Kalichman, 2010).

South Africa's response to the HIV epidemic, initially slow, but becoming progressively more determined, with constant changes in policy and substantial progress made in the prevention and treatment of HIV, together with the continual interaction between government and civil society,

makes South Africa a unique case study. Experiences shared and lessons learned from South Africa will be valuable as the global village works toward ending the HIV epidemic by 2020. Civil society needs to continue their infighting this epidemic, and to continue to assess the needs of communities and implement programs that make a difference in the lives of individuals infected and affected by HIV.

This guidance document uses the experiences gained and lessons learnt during the past nine years, working in community-based HIV-prevention. Most of the contributions come from valuable experience gained in implementing three independent community based HIV –prevention projects funded through the CDC namely a community-based TB-HIV Integration project (2008-2012); the Community HIV/AIDS Prevention Project (COMAPP) (2011-2017) and the intervention component of the HIV Prevention Trials Network (HPTN) 071 Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (Pop ART), which is a combination HIV-prevention package (2014-current). The community-based HIV testing services referred to in this guidance document were implemented in the Cape Town Metro District and the Cape Wine Lands District of the Western Cape Province of South Africa.

The Cape Town Metro District, is a PEPFAR priority district because of the estimated 177 285 people living with HIV in the district. HIV prevalence amongst women attending antenatal clinics in this district has increased from 18.2% in 2009 to 20.4% in 2004. Across the eight health sub-districts, HIV antenatal prevalence ranges from 8.8% to 34.7%, ART coverage is approximately 79%. The Cape Wine lands is a semi-rural district outside Cape Town. It consists of five health sub-districts, where HIV antenatal prevalence ranges between 5.4% and 19.8%

Routine inclusion of laboratory-based testing involves additional logistical, resource and staff constraints, potentially undermining the feasibility of delivering an effective UTT programme. Depending on the disease stage of the individual patient and choice of ART regimen, toxicity monitoring should be kept minimum required to avoid increased risk to the patient and choice of ART regimen, toxicity monitoring should be kept to the minimum required to avoid increased risk to the patient. The Development of Antiretroviral Therapy in Africa (DART) trial established the safety and long-term sustainability of ART provision without laboratory-based monitoring in rural Uganda and Zimbabwe, although after 2 years there was a slight difference in mortality between the two arms of the trial. Many patients on immediate treatment in a Testing Treatment model will be at an earlier stage of HIV disease progression than those in the DART trial, but there is no

reason to believe and they will have greater monitoring needs, and the DART findings remain relevant for Testing and Treatment (Polgar, 2000). The level of monitoring required will vary according to treatment regime, but if standard first-line therapy is employed this could be minimal. Renal toxicities could be monitored using urine protein/albumin levels tested by dipstick as an initial screening procedure. Only those with significant proteinuria would then be referred for blood testing. Management of any complications would be according to national guidelines and would necessitate full laboratory tests as indicated it will not be feasible when developing the Testing and Treatment concept to regularly monitor CD4 counts or viral load using current laboratory -based testing. The introduction of POCTs for CD4 count. May make this more feasible, although these tests will require careful field evaluation.

The adequacy of monitoring and follow-up will need careful assessment in feasibility studies and RCTs of Testing and Treatment interventions. For example, a random sample of patients in such studies could be monitored more frequently or using additional laboratory tests (For example; renal and liver function, blood cell counts) and the data used to assess the potential adequacy of less intensive follow-up schedules.

A study done by Nyblade and Field-Nguer, 2016 in Botswana and Zambia found that stigma against HIV- positive persons and fear of discrimination were the key reasons for the low uptake of voluntary counseling and testing to prevent mother to child transmission of the virus. After making these findings, they concluded that, unless the current stigma and discrimination associated with HIV/AIDS is seriously addressed, any policy of routine or mandatory testing could even be counterproductive by driving people away. From health facilities if they know they will be tested.

In Namibia in 2000, the Labor Court of Namibia heard how an applicant was mandatorily screened for HIV and when he tested positive, was excluded on the grounds of HIV status alone, from enlistment in the* Namibian Defense Force. The applicant sued the defense force and the court made two orders; that the defense force enlists the candidate provided that his CD4 count is not below 200 and his viral load not above 100,000, and secondly, that no person may be excluded from enlistments into the defense force on the basis of such person's HIV status

(ZARAN, 2013). The above ease is a demonstration of how discriminatory mandatory testing can be and also an indication of how porous the law is. Therefore, it is important that the approach be reviewed and considers other factors that can make it more acceptable.

Apart from the military, most African countries conduct mandatory testing on all pregnant women for the prevention of mother to child transmission of HIV. This has been interpreted by some gender rights activists as a violation of women's rights. They question why mandatory testing singles out women rather than testing men from whom they likely received the virus (Rennie, 2017).

Similarly, in Africa, the issue has been debated mostly by HIV/AIDS groups, professionals, and politicians. There has been very little consultation of the general public. In his analysis of the issue in the Authors Journal Compilation of Botswana, Rennie wondered by saying, "more glaring is the absence of a community perspective: what are local communities likely to make of mandatory testing, not to mention enforced treatment? How would communities react if some of their members were tested, and had their results disclosed to them, without having a choice in the matter? Attempts to impose a policy from top-down, rather than working up from a grassroots level, is a known source of policy failure in HIV prevention" (Rennie, 2017). The above sentiments raised by Rennie are an indication that the community needs to be brought on board on the issue of compulsory and mandatory testing and treatment if any country is planning to introduce the approach. Community involvement is a vital component of any public policy.

Similarly, in Africa, those in support of the approach propose that the radical policy of compulsory and mandatory HIV testing of pregnant women may have its costs, but is a lesser evil than the death and social destruction caused by HIV/AIDS (Clark, 2016).

2.5. Zambian Studies

In Zambia, compulsory and mandatory testing approach is not new. The approach has been in existence in national blood transfusion services in order to reduce transmission in health care institutions through blood transfusion. This policy seems to have the support of all health professionals as well as the public. In 2008, when Konkola Copper Mines Limited (KCM) compelled its employees to unanimously test for HIV, there was general condemnation of the

decision by the public and HIV/AIDS activists. This practice did not continue due to widespread outcry of the public and did not seem to have the support of government (Zaccagnini, 2008).
In 2009, the then Director General of Medical services in the Defense forces announced that the military would conduct compulsory and mandatory HIV testing. In their briefing meeting, the defense forces highlighted two reasons for implementing the approach; firstly, that the harsh psychological and physical conditions of military life will affect the health of the HIV positive person. Secondly, that the costs of care and treatment of HIV positive individuals is prohibitively high and must be kept to the barest minimum (ZARAN, 2009).

However, the news about mandatory testing in the military was met with opposition from human rights groups. Zambia AIDS Law Research and Advocacy Network (ZARAN) sought audience with the defense forces and put forward the following arguments for not supporting the approach; that the policy of mandatory testing for HIV and exclusion of HIV positive applicants is a violation of human rights to which Zambia is a signatory to the International Convention on Civil and Political Rights; that conducting one test will not identify all those who have contracted HIV in the previous three months as they may be in the window period, the military will thus not have achieved their objective; that the policy is contradictory to the UNAIDS' position that mandatory testing has not demonstrated individual or public health benefits and it can result in significant negative outcomes for those testing positive. The policy has ever since been implemented in the armed forces.
In 2016, some medical practitioners differed with their leadership in the Zambia Medical Association (ZMA) over suggestions that presidential aspirants be subjected to a compulsory and mandatory HIV test before elections. In a meeting between ZMA and the Law Association of Zambia (LAZ), the move incurred questioning over the motive behind the debate. While ZMA was proposing that the move would determine a candidate's fitness for the office, the Law Association of Zambia debated that the move was discriminatory and an infringement of one's human rights (Xinhua, 2016).

The above reactions show that stigma, and discrimination are equally of major concern by those who question the value of compulsory and mandatory HIV testing. This was highlighted by ZARAN when they published information that stigma and discrimination against people living with AIDS (PWAS) are common in Zambia. They also reported that there were acts of breaches

of confidentiality in compulsory and mandatory testing, as well as dismissal on the ground of zero-positivity in some sectors. They said strongly discriminatory public attitudes are also evident from media reports of calls for stiff punitive laws against PWAs, as well as proposals for the mandatory testing of presidential candidates (Mwondela, 2016). According to Mwondela, mandatory HIV testing would not be effective unless the Constitution of Zambia adequately addresses the law on discrimination on the basis of infirmity.

Early this year, The Ministry of Health announced that government was considering introducing mandatory testing for HIV. The reason for this consideration was that people-were dying in large numbers from the disease and government has a duty to intervene. Government pointed out that mandatory testing will provide a way to ensure that those who test positive are put on treatment (International Conference on AIDS in Africa, 2018).

ZARAN expressed its position on governments plan to introduce mandatory testing. The organization made the following observations; that mandatory testing undermines human rights, and also undermines the aim that it intends to address, that of halting the spread of HIV. The network insisted that human rights must be respected at all times, even more so when people are dying. The network also observed that testing without concernt damages the credibility of health services and may discourage people needing services from obtaining them. They said that a mandatory testing program is, unlikely to pay attention to the counseling which is undertaken in voluntary testing since consent will not need to be obtained. The other argument was that mandatory testing does not identify all people with HIV because there will be false negatives for those in the window period. ZARAN also pointed out that mandatory testing is expensive and diverts resources from effective prevention strategies. Lastly, it was indicated that mandatory testing does not address human behavior, which is key in HIV prevention. On the basis of the above reasons, the network disagreed with government's position and urged them not to introduce such a policy (Mwondela, 2018)

The arguments surrounding the issue of mandatory testing leaves questions as to whether mandatory testing will be acceptable to the community or not. In a study done by Nyblade and Field-Nguer (2012), in Zambia and Botswana, the results show that many people only seek voluntary counseling and testing to determine whether a chronic illness was caused by HIV or not.

Many people go for a test when they are sick. Reasons given for not wanting to test included fear of one's own reaction if results are positive and fear of the reactions of partners, family members, and the community as a whole. The above study is in agreement with concerns raised by various persons. Similarly, in our country, the arguments over mandatory HIV testing have mainly been advanced by professionals, anti-AIDS organizations and Human rights activists. Most of the discussions seem not to consider community reactions to the impact mandatory HIV testing would have on society. It was therefore the aim of this research to explore community conflict perspectives on the issue so that their views could be brought on board. Community participation would create a sense of ownership of any such policy that would be brought forward. This could be important to the success of any HIV prevention strategies interventions.

2.6 Research gap

From the review of various literature in this study, some research gaps have been observed. It is clear that most of the sources consulted did not address the conflict aspect that need resolution in the fight against HIV-AIDS. Real issues that causes conflicts within individuals or intra and inter-group conflicts such as between medical seekers and medical care givers as well as in family relations were not talked about in the literature review. Some of the literature reviewed did not talk about calling for conflict resolution dialogue across the key players as a way of managing these conflicts when health experts and policy makers introduce mandatory and compulsory HIV testing and treatment with a view that it is relevant and beneficial to all stake holders.

2.7. Summary of the Chapter

The chapter has reviewed various sources with a view of understanding the conflict perspective in the compulsory and mandatory testing and treatment of HIV/AIDS, a historical overview of the studies on compulsory and mandatory testing and treatment of HIV/AIDS, as well as the Global, Regional and Zambian studies on the conflict perspective in the mandatory and compulsory testing and treatment of HIV and AIDS. Research gaps have also been established from the works consulted. The next chapter presents the methodology that guided this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

The main purpose of this chapter is to discuss and describe the general methodology that was used in the study. Presented in the chapter are the research design, research site, research instruments, population, sampling procedure, data collection instruments, data collection procedure, data analysis, presentation of data, validation and reliability, ethical considerations and limitations of the study.

3.2 Research Design

The study was qualitative in nature and used a descriptive survey design. This enabled the researcher to have a broader understanding of the subject under study and arrive at more persuasive findings for policy makers as well as the readers.

The qualitative approach enabled the use of open-ended questions and probing questions that gave participants chance to respond in their own words. This brought out responses concerning beliefs, opinions, emotions, social experiences and attitudes that were influenced by the conflict perceptions and perspective of mandatory and compulsory HIV testing and treatment.

3.3 Study Population

The population for the study consisted residents in the selected communities of Kafue district. According to Brynard and Hanekom (2006:55), a population refers to a group in the universe that possess specific characteristics (for example public officials with post-graduate degrees). ‘’The universe’’ refers to all subjects who possess the attributes in which the study is interested. From the prepared sampling method. In view of Babbie (1989:214), a study population is the aggregation of elements from which the sample is actually selected. This study targeted residents and health workers from Mutendere compound of Kafue district and Community-Five (C5) of Kafue Estates residential area.

3.4 Sample Size

A sample size of 40 respondents was selected using the simple purposive sampling method. Kumar (2014:244) regards purposive sampling as based on the judgement of the researcher in identifying

who may provide the information most likely to enable the researcher achieve the objective of the study.

The advantages of purposive sampling are that it is extremely useful in describing a phenomenon or developing something such as strategy, as the case of the study. The respondents that were selected for participation in this research possess the required information and were willing to share such information. These included three five (05) community residents (03) health workers and twelve (12) patients all from Mutendere Compound. Other respondents targeted were: six (06) community residents, four (04) health workers and ten (10) patients from community-five (C5). A summary of the respondents to the study and the kind of data obtained from them is provided in the Table 1.1. Below

Table 1. Summary of Respondents to the Study and the kind of data given

Target Population	Number	Kind of Data
Community Health workers (Mutendere &C5 Health centre)	07	Conflicts experienced over mandatory and compulsory HIV testing when attending to patients
Patients from Mutendere &C5 Community Health Centres	22	Conflicts experienced when making a decision to visit the health centre and at the health centre with the mandatory HIV testing policy in place
Community residents from C5 & Mutendere	11	Conflict perceptions about mandatory and compulsory HIV/AIDS testing and treatment policy.

3.5 Data Collection

The study collected qualitative data through face to face interviews. Questions from an interview guide were administered to the targeted respondents in order to collect first hand data. Originality of data was ensured by taking notes of the interview and also using a voice recorder. Secondary data was also utilized in the study, by consulting already published sources such as from the internet, journals, books, print and electronic media articles and research reports.

3.6 Data Collection Procedure

The study used questions from an interview schedule to collect data from the targeted respondents. Questions from the interview guide were administered to the target population that freely provided responses. All the responses were written down, with a few others recorded, where permitted by a particular respondent, in order to maintain their originality. Initials, instead of full names were used to identify data with the respondents. Further, the researcher had earlier submitted the research proposal to the supervisor at the University of Zambia and Zimbabwe Open University (UNZA/ZOU) who also belongs to the Research Ethics committee in order to obtain consent to conduct the study.

3.8 Ethical Considerations

Authority was sought from the University of Zambia and the Zimbabwe Open University, as well as the relevant authorities in Kafue district such as the Office of the District Commission (DC) and the Kafue Medical Office before embarking on the study. During the data collection exercise it was explained to each participant that there were no monetary benefits for participating in the study; however, informed consent was sought from the research participants. This ensured autonomy of the participants. It was explained to the research participants that the research would not pose any physical harm or risks to their lives. Research participants were assured that confidentiality of their information would be maintained and that their identity would remain anonymous. During in-depth interviews, the anonymity of participants was ensured by not mentioning names or specific places where the interviews took place. It was also explained to the "participants that they were free to terminate their participation in the research at any time without consequences. Before in-depth interviews, participants were encouraged to indicate their desire to discontinue the discussions if they so wished without facing any penalties.

3.9. Data Analysis

Ng'andu and Kasonde, (2014) defined data analysis as the manipulation of collected data for the purpose of drawing conclusions that reflect on the interests, ideas and theories that initiate the study. They added on that analysis of data can be achieved by organizing data to produce findings that require interpretation through coding and condensing the codes after which data is represented in figures or tables. This study was purely qualitative in nature and therefore data was analyzed manually. Interview notes were read thoroughly in order to gain an understanding of their content. The voice recordings were also replayed repeatedly to grasp the responses as firsthand information. The responses were then transcribed from the interview notes, as well as voice recorders, which consisted raw data and were rearranged and tabulated systematically into themes in order to translate analysis into a thematic analysis. Lastly, description of categories and subcategories of data were done, followed by identification of major themes that helped in the final analysis of the content.

3.10 Study Limitations

3.10.1 Limitations of the study are:

The study findings could not be generalized to the entire national population; some participants in the study were not very free to express themselves over the issues that were being discussed and the framing of the study questions might not have been what the participants expected.

3.11. Study delimitations

The study topic under discussion on mandatory and compulsory testing and treatment of HIV/AIDS is complex and needed to be replicated on a larger scale, in other communities' country wide. However, the study sampled only 40 respondents from selected communities of Kafue and was confined to Kafue District.

3.12. Summary of the Chapter

The chapter has presented the methodology of the study by way of the research design, research population, research methods, sampling procedure, data collection instruments, data collection procedure, data analysis, and, ethical considerations of the study. The chapter has also presented limitations and delimitations of the study. The next chapter presents the research findings.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Overview

The chapter presents the findings from the current study in the order of the following objectives: To determine the conflict perspective in the mandatory and compulsory testing and treatment of HIV /AIDS. To explore conflict perceptions of people about mandatory and compulsory testing and treatment of HIV /AIDS in the community. To examine the conflict perspective that may lead to challenges faced in mandatory testing and treatment of HIV/AIDS in the community and to determine how the challenges resulting from the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS can be addressed.

4.2 Demographic Characteristics of the Respondents

The section is subdivided under the following headings:

i Age of respondents

ii Level of education

iii Marital status.

iv Family size

The study sampled 40 respondents to find out more on the conflict perspective in the mandatory and compulsory HIV/AIDS testing and treatment in Kafue District

4.2.1 Age Distribution of Sampled Population

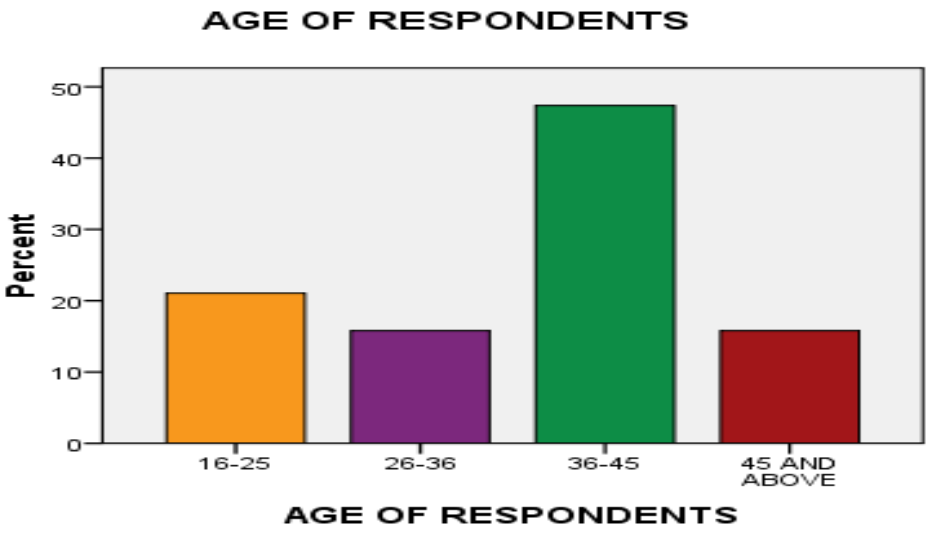
The study examined the age of the sample respondents in order to know the age group of those engaged in the study in Kafue District. Responses from the study interview questions and filled in questionnaires revealed that; 20% percent of the respondents (Table 2 & Figure 1) were aged 16-25 years, 15% were aged 26-35 years while 45 % were aged 36-45 years and 15% were aged above 45 years.

Table 2. Distribution of Age by Respondents

Age of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-25	8	20.0	21.1	21.1
	26-36	6	15.0	15.8	36.8
	36-45	18	45.0	47.4	84.2
	45 and above	6	15.0	15.8	100.0
	Total	38	95.0	100.0	
Missing	System	2	5.0		
Total		40	100.0		

Figure 1: **Age of Respondents**

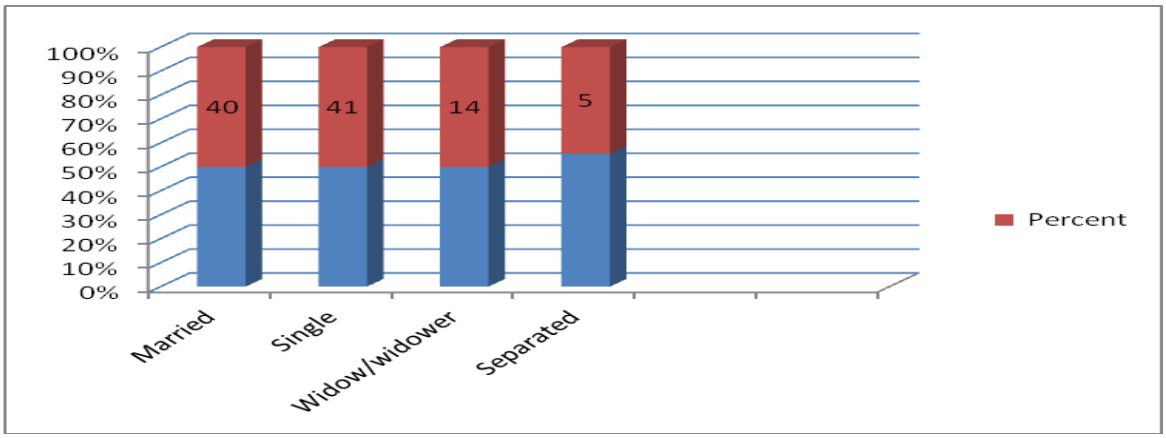


Source: Field data.

4.2.2 Marital Status of the Sampled Population

The study results revealed that the majority of respondents (Figure 2), 41% were single, 40% were married, 14% were widowed, and 5% were on separation.

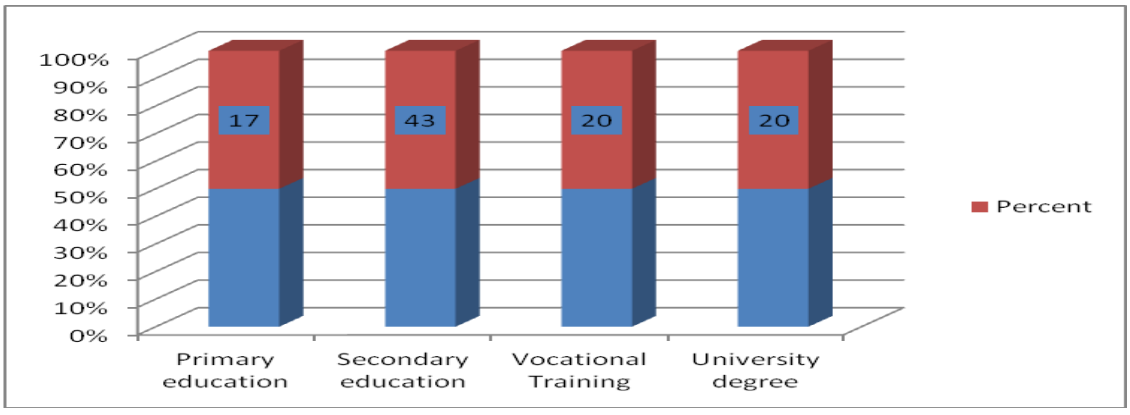
Figure:2 Marital Status of Respondents



4.2.3 Level of Education of the Sampled Population

(Figure 4.2), (43%) of respondents had secondary education, 20% had undergone vocational training and other 20% had university degrees and very few (17%) had primary education.

Figure:3 Education Level of Respondents



4.1.4 Family Size of the Respondents

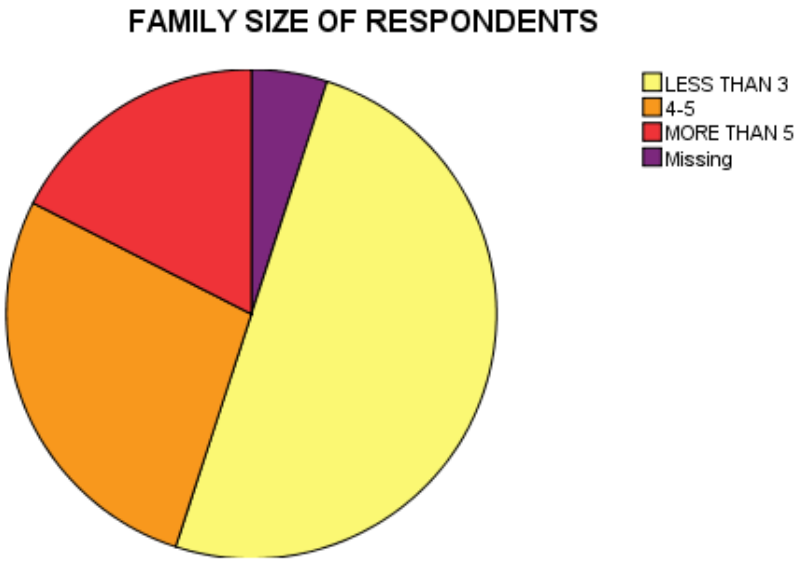
As is evident from the table 4.2, majority of the respondents (50%) had less than three children. The table also shows that 27.5% of the respondents had 4-5 family members. Only 12.5% of the respondents had a family size greater than 5 and two of the respondents were missing.

Table 3. Family Size of Respondents

Family Size of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	LESS THAN 3	20	50.0	52.6	52.6
	4-5	11	27.5	28.9	81.6
	MORE THAN 5	7	17.5	18.4	100.0
	Total	38	95.0	100.0	
Missing	System	2	5.0		
Total		40	100.0		

Figure:4 Monthly income



The above results show that most of the respondents 52.6% had no formal source of monthly income. 27.5% earned between k500 to k1, 000. And 17.5 earned above k 1,000. The figure is highly skewed to the right because the majority of respondents had no source of income.

Table 4. Monthly Income of Respondents

Monthly Income of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Earned 500	20	50.0	52.6	52.6
	Above 500	11	27.5	28.9	81.6
	MORE THAN 1000	7	17.5	18.4	100.0
	Total	38	95.0	100.0	
Missing	System	2	5.0		
Total		40	100.0		

Table 5. Type of Employment

Type of Employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NONE	28	70.0	70.0	70.0
	FORMAL	7	17.5	17.5	17.5
	INFORMAL	3	7.5	7.5	100.0
	Total	38	95.0	100.0	
Missing	System	2	5.0		
Total		40	100.0		

While the majority 70% of respondents were not employed, 17.5 % were formal employment, 7.5% were informally employed.

4.4 Qualitative Data Analysis

4.4.1. Demographic Characteristics OF Key Informants

To substantiate the qualitative data findings, in-depth interviews were conducted with ten (10) key informants. The informants were drawn from Mutendere compound and Community- Five (C5) of Kafue Estates residential area and their age was ranging between twenty-six (26) and sixty (60) years. Key informants were drawn from various fields such as teaching, nursing, counseling, military, pastoral, traditional leadership, and traditional medical practice. In order to uphold the anonymity of key informants; initials were used to identify them instead of their actual names. After categorizing data, the following common themes were identified;

- Conflict perspectives about the policy
- People's perceptions of the policy
- Challenges faced resulting from the conflict perspective of the policy
- Suggestions to address the challenges faced

4.4.2. Conflict Perspectives about the Policy

When some key informants were asked what their views concerning mandatory HIV testing were, they anonymously offered conflicting views about the policy. One of the respondents MN, who is a person living with HIV said,

MN:" I like it 100%" referring to mandatory HIV testing policy, *"I like it because I know that it is going to help a lot of people, especially men who have stigma coming to VCT."* (Nodding her head and smiling).

According to MH, this would help government to plan for the treatment of those who are sick and strengthen research into HIV cure.

JS, "me, I think that this policy is good. After all it was already started with pregnant mothers. When the policy was introduced, pregnant women used to refuse to be tested, but now they are accepting. Even at pediatric ward this policy is in place, initially women used to refuse to test for fear of being beaten by their husbands. But now they are accepting to be tested.

Education about HIV disease has reached most of the people in the community; therefore, there are very few people that are ignorant."

Another informant, MM shares the similar opinion that mandatory testing for HIV is not strange or new when he said that people have been submitting blood samples for various tests in the hospitals. He said clients are rarely given an explanation on what tests are carried out on those samples; therefore, he feels that health facilities have the capacity to test people without necessarily getting consent from them. So he feels there is nothing new about the policy. He said, *MM: "l personally feel the policy is good. Well, it may be bad in some quarters because some people feel their status should not be known when they are sick, but you see the hospital has got the potential to test everybody whether he or she wants. For example, when you have malaria and you go to the hospital, they will ask for your blood and test you for malaria, whether they pronounce to you or not, it is actually in a way mandatory, only that it is now going to be officially pronounced. So the blood we give to the hospitals is enough for us to be tested. "*

One informant from the clergy supported the policy but with some skepticism, KM said,
KM: "At the end of the day, what does government want to achieve by this policy? If the policy is intended to make people's lives better than it is welcome but if it is intended to just see people's status, then it is not helpful. "

Yet still, others felt that government has a responsibility to care for its sick citizens and therefore need to test people in order that they receive treatment. In his statement WS said,

WS" I would agree with the policy on the basis that the health of every individual matters and is of great importance not only to that individual but to the nation as a whole. I would like to agree with the policy in the sense that as long as the individual is entitled to privacy on his state of health, because I think we are coming from a background of some kind of discrimination, and some kind of stigmatization of those that have been found to have that particular disease
The sentiments of WS underscore how privacy and confidentiality are important to clients who attend health facilities, more so for those who undergo testing. Privacy and

confidentiality have been issues of great concern to those who oppose mandatory HIV testing. In order to evaluate what the community thinks about privacy and confidentiality, WS was asked, do you think health workers will still be able to maintain privacy and confidentiality of clients if this policy is introduced?

WS*: "think to a large extent health facilities have been able to maintain the confidentiality of their clients' status that visit them, of course there may be a few that may want to divulge information for one-reason or the other, which is not supposed to be the case because ethically, medical staff are not supposed to do that, but so far we have not had any rampant disclosure of the status of patients, at least this is what / have experienced as a person staying. Near a hospital"*

WS also added that in fact, maintaining clients' confidentiality and privacy is ethically required of health workers because it is not only HIV that should cause alarm but there are many other diseases that could cause embarrassment if disclosed to other. It seems from WS' perspective that the community still has confidence that health workers will still be able to maintain peoples' HIV status in confidence as they have I been doing with other health records in the past.

4.4.3. People's Perceptions of Mandatory and Compulsory HIV Testing

MN said, "*Subjecting me to an HIV test whenever I go to seek medication at the hospital for a different ailment will be like going against my conscience and I do not think that will be of any help to my health condition. I would rather go for VCT if I want to know my status even before I get sick because my conscience could have allowed me to do so"*

Key informants unanimously think that mandatory and compulsory testing for HIV would always be at conflict with one's conscience because people are not willing to be tested even when they are asked to do it voluntarily. There is a high degree of perceived intra-personal and interpersonal conflict about the new HIV/AIDS policy. The intra-personal conflict was perceived when an individual seeking medication was seen to struggle with decision making on whether to comply with the public policy or not. Interpersonal conflict on the other hand could be perceived on interaction between the health care giver and the medical seeker. One key informant, SM, from the teaching fraternity shared her own experience with the researcher during a face to face interview. She said*: "Recently, I was fatigued after a day's*

work and decided to visit the nearest health post in the community. I was received by a care giver at the clinic who looked to be so excited about the mandatory and compulsory HIV testing and treatment, she said*, instead of being referred to be treated for fatigue, I was taken in for an HIV test amidst a warning that what I should beware of by now is that the government has made it law that everyone must be tested for HIV first before you are treated. I complied and after treatment, I was told to go back after three months for another test. Before three months I went back for a different ailment and I was tested again for HIV, and treated. When I went there for the third time, they subjected me to yet another test, of which I strongly disputed with a heated debate and exchange of bitter words with that health worker and other medical officers,"* she narrated*, "after which I left without being treated and vowed never to go back."* She concluded.

Apart from the anticipated conflict perceptions, two informants, KM and JS, a pastor and program coordinator respectively were able to point out the benefits that they actually associated with testing for HIV. KM said,

KM; "right now in, people who are bedridden are few. So people have seen the benefits of coming to the hospital and getting treated. Because right now the role of caregivers is changing, the patients are no longer confined to their beds, the patients are out there working, and, on-top of that they have seen that if you live a healthy lifestyle, even if you are HIV positive you are still a normal human being as opposed to people who are still in denial. Because if there is anything that is difficult for a person is to be kept in suspense, so many people who do not know their statuses, you know they are not healthy as far as am concerned, because their minds are not free. For me, to be healthy means that your mind is free.„

JS, a home-based care coordinator also shared the same observation that, JS: "at *the moment there are no clients that are bedridden under the home-based care program. The clients are up and about, so they are the ones that are being used to encourage others to go for testing. We just visit to encourage them to eat well, do some farming, and adhere to the drugs, that's all*." It is evident from the discussions that even if there are people who have appreciated the mandatory and compulsory testing and treatment policy, there are still a lot more out there that are holding on to the conflict perspective about the policy of being tested for HIV before being treated for medical illnesses. Some members in the community have been able to perceive some conflicting views on the policy within the minds of others.

4.4.4. Challenges faced resulting from the Conflict Perspective of the Policy

As much as they were able to point out some benefits, some key informants also anticipated certain social implications of the policy. MN, who is a person living with HIV said, MN: *"some people who do not want to be tested will avoid coming to the hospital and so people will be dying in their homes."*

Another informant, KM viewed the above issue from another perspective, according to him; clients shun health facilities due to many factors other than for fear of being tested. He cited one major reason as being the tendency for Africans to believe more in traditional medicine than modern medicine.KM said,

KM: "the question is why do people shun hospitals? Is it just for fear of being tested? Maybe not. I think that the problem is that as Africans we tend to spiritualize almost everything, so we are more comfortable with a spirit oriented rather than facts-oriented environment because whatever happens in our lives, we tend to say there is something evil that has happened or there is a spirit behind that."

WS: 'I see certain interested groups taking advantage of knowing that this one is like this to try to downgrade others. Let me give an example of someone who may be aspiring to some position, as long as may be someone knows that someone is like this, because the problem we have is that people try to peddle in information that is not supposed to be disclosed to other people and would want to outdo each other basing on the status of the other person. I think that one to be a problem. "

Secondly also just changing the mindset of every human being that has tested positive. Some of them they are better off not knowing their status, they feel they are better off because they 'eel once they have known about their status that would spell death on them even if they are counseled.

The above sentiments should be of great concern to policy makers. World Health Organization emphasizes that the three C's of testing must be upheld at all times. Confidentiality is of paramount importance to clients because breech of the same can lead to social implications such as stigmatization of certain persons in society. Again, the observation made by WS that some people are not likely to change their mindset and accept their status is

also of great significance. Policy makers need to seriously consider the role of counseling in changing people's mindset and behavior. If the community can anticipate that some people may not embrace positive living even if they are counseled then policy makers need to ensure that the introduction of the policy does not compromise the quality of counseling, especially posttest counseling.

Acts of discrimination and stigma have been demonstrated in many sections of society and have been a major source of concern to those that do not support mandatory testing for HIV. However, the majority of key informants think that stigma and discrimination is likely to reduce if mandatory testing is introduced. Key informants unanimously think that stigma and discrimination has greatly reduced in the community due to a lot of sensitization that has been going on in the community through the hospital AIDS Care and Prevention Program. Therefore, they think that it will reduce even further if mandatory HIV testing is introduced because more people will know their status. One key informant WS said,

"I think the issue of stigma and discrimination will reduce because some people in the compounds are using certain terminologies to talk about it, for example they say: that one takes, that one drinks, I have started taking, have you started taking, that way, it simplifies the whole thing and helps them to run away from stigma and for people to discuss the issue more openly, I think this will help us a lot." He also added that, I think the issue of discrimination will reduce because we will come to a point where HIV/AIDS issues are issues of life and death, just like people can be tested for high blood pressure, diabetes, eye sight. I think people are beginning to accept that HIV is a disease like any other disease.„

At the center of debate concerning mandatory HIV testing is the issue of human rights violation. There have been concerns that the policy violates the right of individuals to self-determination, Therefore, discussions concerning human rights issues were critically discussed with each informant. Diverse interpretations of human rights were expressed. While one of the informants agrees that mandatory testing is a violation of human rights, she feels that this is done in the interest of saving life, which she thinks is more important than one's rights.MN said this,

MN: "it is a violation of human rights but it is for the good of you and me. Some human rights can be bent if you think it's good for such a one, then you bend it a bit for the good of one's life."

On the other hand, some informants feel that human rights should promote the well-being of the community as a whole. WS expressed his view on human rights like this,

WS: "human rights are there to entail that human beings should be treated with dignity and people should be able to know what is good for them and what is good for the rest of the friends that they live with. So actually, human rights should be able to promote a culture of protection of other human beings from the danger that one may possess because they are positive. I think human rights should also be able to embrace the issue of encouraging people" to disclose their status to people that matter or who may be infected if they are not aware of the others person's status. Human rights should be able to help people understand that one is living dangerously, and be exclusive of disclosing one's status when it matters most. "

On the other hand, KM said: *"you see to define human rights, I struggle sometimes. You see human rights should promote a better life, human rights are supposed to help us express ourselves better. So I don't know whose rights we need to follow here. Yes I know that some of these policies, if not properly handled can have all these repurcations where people think government is infringing on their rights or that government just wants to know our status for the sake of knowing. But I think the whole idea is let us look at this thing this way; "what is the motive? I think that this is going to help us to weigh on whose rights we are going to consider. It doesn't necessarily mean that just because you have been tested, then your rights are infringed upon. There are certain fundamental rights which government is failing to meet and no one does anything, why don't we take government to task? Now why should we come out so strongly on small things like HIV/AIDS which is intended to help us?"*

In as far as KM is concerned; the motive of testing should be the core issue rather than considering testing as an end in itself. The other key informants also feel that mandatory testing will be done in the interest of saving people's lives and so do not see it as a violation of human rights. It is evident that different people have different understandings of what human rights are and value them differently. However, it seems that there is agreement that human rights should be foregone if an intervention is carried out in the interest of the public.

4.4.5. Suggestions to Address the Challenges Faced

Some of the key informants feel that mandatory HIV testing has some conflict implications to government and the public concerning health reforms. Among the most notable conflict implications is that policies like that of mandatory and compulsory testing treatment are usually introduced to the people without with little or no consultation at all, which may possibly be done through surveys, hence the conflict perspectives. It is imperative that government that government formulates important public policies with the people in mind to avoid any conflicts on implementation. Therefore, key informants think that the government through its policy makers should find a way of resolving perceived conflicts arising from the introduction of the mandatory and compulsory testing and treatment of HIV/AIDS. More ARV's have to be made available for those that are willing to test and go on treatment along with the provision of drugs, for other medical illnesses or conditions. It is also felt that more health workers should be trained and oriented on how to implement the policy professionally and provide the needed services in the ART clinics and all other health centres to avoid physical confrontations in those areas. Therefore, informants feel that the nurses, doctors, and counselors have to be inducted and oriented in order to meet the targets of the policy peacefully and without conflict.

One key informant, who is also a counselor observed that although there are many lay counselors who are doing a tremendous job of helping with counseling services, they are not paid by government which also be perceived as a source of conflict. Therefore, she feels that government will need to find ways of rewarding these, so that they can continue to provide services without complaints. She further observed that lay counselors have been key in relieving the pressure of work faced in the ART and counseling units due to shortage of professional health staff.

Yet still, another key informant suggested that government will also need to increase access to testing and counseling services in the country. WS said that a lot of communities in the country have no access to testing and counseling services. Therefore, he suggests that government needs to scale up these services, especially in the rural areas. He further indicated that treatment centers will also have to be brought as close to the communities as possible. He pointed out that there will be need to develop the health infrastructure so that counseling and testing services can be more accessible by the community.

He pointed out that some people fail to come for testing or to collect their results because of bad roads or long distance to the health facilities. Therefore, these issues also need to be addressed.

These sentiments entail that the community think that the problem of low uptake of testing should be viewed holistically. Government will have to consider implementing integrated interventions apart from implementing the new policy as an end in itself.

4.4.6. Suggestions to help Government improve Implementation of the Policy

The key informants were asked if they had any suggestions to government concerning how it could effectively address the conflict perspective as well as perceived intra and interpersonal conflicts during implementation of this policy. One key informant, GK suggested that there will be need to increase sensitization of the community about the need to test everyone seeking medication at public health centres for HIV especially in rural communities. It was mentioned that sensitization of public health policies, like this one, especially in the remote areas has been very minimal, hence the need to strengthen it. It was suggested that if the conflict perspective of the policy has to be addressed effectively, sensitization should also be extended to schools, churches and the grassroots community in order to increase awareness. When asked how he thinks government can improve the uptake of testing for HIV, a key informant, who is a traditional healer answered,

LS;" *it would be good that we work together so that government can train us in counseling so that we are able to counsel and sensitize our clients as well about the upcoming public health policies as we are also willing to participate in the fight to eradicate the HIV? AIDS pandemic. "*

LS actually pointed out that he has been having difficulties convincing some of his clients to be tested even when he suspects that they may be HIV positive because of lacking counseling skills. So he feels that if mandatory HIV testing is introduced and government works closely with traditional healers, then some of the clients that are treated for witchcraft when they are actually infected with HIV can be saved. He also pointed out that in fact most people seek help from traditional healers than the hospitals and so it is imperative that government involves them as well. He pointed out that if traditional healers are trained as lay counselors, it will be easier for them to bring their clients to the hospital for testing. This, he said will help government to capture

more clients for testing. He suggested that traditional healers should also be trained in counseling skills so that they are able to effectively counsel clients that seek help from them.

A head teacher at one of the schools in the community also suggested that government needs to involve traditional leaders in the fight against HIV/ AIDS. He said that their involvement will help to reinforce the policy because people sometimes are more loyal and trusting with their traditional leaders than other people. The head teacher said that while health workers are more formal and lack understanding of cultural factors that matter to the community, traditional leaders are able to recognize and integrate cultural issues in most interventions.

Lastly, one informant feels that mandatory testing for immigrants must also be considered. According to MH, it is important that the status immigrants is known upon entry into the country because these can potentially increase the spread of HIV infection in the country if they are not screened.

4.4.7. Personal Experiences shared by Respondents

Being people from different backgrounds, the informants were able to share their personal experiences concerning testing for HIV. One of the respondents who is also a person living with HIV/AIDS MN said,

MN*:" I started treatment in June, 2013, now am able to work, but that time I was very sick, my Hb (hemoglobin level) was low, I had cryptoccoccal meningitis and unconscious. I was transfused with three pints of blood. I am able to do normal routine.„(Meaning home chores*). When asked how MN was tested, this was how she narrated her story,

MN*;" I asked for an HIV test myself because being a nurse, I had suspected it, I even told the doctor, please test me because I had been ill for a long time, its only that I was at conflict with my own conscience.* "Then the following question was posed to her,

Looking at your experience, which under which policy were you tested? VCT or mandatory HIV testing? Her response was,

MN*;" it was VCT then…I think that is what contributed to my critical illness to the point where I was unconscious, but if the mandatory and compulsory testing and treatment of HIV was in place that time, they were going to test and treat me right there and then. The reason why I don't speak well is because I had cryptoccoccal meningitis and somehow my medulla oblongata (pointing to*

the back of her head) was affected, so sometimes you find I have loss of memory, I don't speak well, but at least am able to communicate.„

MN continued by saying,

MN; "well people have a conflict perspective on the mandatory testing because it is either they do not understand the policy or the medical care givers at the hospital or health center are lacking in understanding of how to implement the policy…I have often times asked myself why people that escort their relatives to the clinic should also be subjected to mandatory HIV testing. What do you expect? Such people will completely shun the health facilities even when they fall sick themselves. Surely something should be done about it."

One other respondent (HC) who is a social worker at Kafue Estates health Centre and also involved in an HIV/AIDS programme in the community shared his experiences as well. He pointed out that medical seekers at the Centre have different and opposing views about the mandatory and compulsory testing and treatment of HIV/AIDS. HC said: *we have been facing a number of challenges of late with the introduction of the mandatory and compulsory HIV testing and treatment policy, among others heated up arguments with patients and refusal by some medical seekers to be attended to. For those who have already tested HIV positive and are on ART the challenge comes in when administering ARVs to them. You find that a patient (especially female) issued with ARVs to take for a stipulated period of three months is seen to return before the next review date and when asked, they disclose that they share the medicine with their spouses who shy away from visiting the health Centre for fear of being tested for HIV even when they suspect some symptoms, which should not be the case.*

4.5. Summary of the Chapter

The chapter has presented the findings of the study in line with the findings from the targeted population. The findings have been presented under the following headings: age of respondents; level of education; marital status and family size. A sample size of 40 respondents was used to explore the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS in the Kafue community as highlighted in the chapter.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1. Overview

This chapter discusses the findings of the study. The discussions are presented in the sequence of the study objectives outlined as: to determine the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS in the community; to explore conflict perceptions of people about mandatory and compulsory testing and treatment of HIV/AIDS in the community; to examine the conflict perspective that may lead to challenges faced in mandatory testing and treatment of HIV/AIDS in the community and to determine how the challenges resulting from the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS can be addressed.

5.2. Determinants of Conflict Perspective in Mandatory and Compulsory Testing and Treatment of HIV/AIDS

This objective of the study sought to determine the conflict perspective in the mandatory testing and treatment of HIV/AIDS in selected communities of Kafue District.

The study was conducted in Kafue District of Lusaka Province. The area is situated 45kms from Lusaka city. It is predominantly an agrarian community with very few people (5.6%) in formal employment. The majority of the people settled there are Tonga speaking with a few from other tribes, mostly those who earlier migrated from other parts of the country to go and work in the now defunct parasternal companies such as the Nitrogen Chemicals of Zambia and Kafue Textiles Limited. Other ethnic groups migrated to the area to engage in the fish industry and other businesses while taking advantage of the available road and rail modes of transport that link the capital city, Lusaka to the border areas. The commonest modes of communication used during the research were by road, mobile phone, and internet. Internet facilities are however accessible to majority of people being it a Perry urban area and not very far from the capital city of Zambia.

The area is served with a General Hospital that deals with referral cases from the community health Centres as well as two nursing colleges. My study found that majority of respondents (75%) had only heard about mandatory and compulsory HIV/AIDS testing and treatment upon visiting the community health facilities for medical attention. This finding may be explained by the fact that

the majority of persons in the communities especially those from the rural areas have little or no access to media and may therefore lack up to date information and current affairs which could keep them posted about the newly introduced public health policies. Access to information is essential for increasing people's knowledge and awareness of what is happening around them which may eventually affect their perceptions and behavior. The commonest source of information for those that heard about mandatory testing were the hospital, health posts and clinics in the area. Despite this scenario, the majority (75%) of respondents and all the key informants had conflicting views about the policy the policy. This finding was inconsistent with the US national survey that found that 63% of Americans believe that mandatory testing would improve the overall health of the US population (Fleming, 2015).

The study established that the conflict perspective in the mandatory testing and treatment of HIV/AIDS in the Kafue community was determined by lack of awareness of the policy on the part of the medical seekers and lack of sensitization about the health policy on the part of policy makers and other relevant authorities. Further, the findings of the study in chapter four affirmed that majority of respondents fall in age group of 26-45 years. It is evident here that this was a youthful and sexually active age group which could influence the conflict perspective in mandatory and compulsory testing and treatment of HIV/AIDS policy most likely to yield adverse consequences, hence the need for redress. Marital status was another determinant of the conflict perspective in mandatory and compulsory testing and treatment of HIV/AIDS, as indicated in figure 3. of chapter four. The sentiments expressed by one female informant MC, who is a second wife in a polygamous marriage, affirms positively to this finding. She said, *MC: "this policy of mandatory HIV testing to me is a good policy…but the only problem I have seen with it is that marriage relationships will suffer greatly especially for those of us coming from polygamous marriages in the cases where our husband and the other wife may not willing to be tested. I feel it will just make me suffer from BP (Hypertension) if I tested positive…I would rather go for self-medication than subjecting myself to the tests that may cause me depression and trigger other illnesses upon my life."*

Polygamous marriages are common in Kafue community probably because of the cultural orientation of the majority ethnic groups settled in the area. In this particular community, men are the major decision makers; therefore, they play a significant role in deciding whether any family

member goes for testing or not. Unfortunately, it appears most men are opposed to testing. Therefore, MC alluded to the fact that, if she went to the hospital and tested positive, she would end up losing her marriage because her husband and other wives may not be willing to be tested. Another male informant, GK (teacher) alluded to the same fact that the policy is most likely to increase death rates in the community. He said: *Nowadays, I always give it a second thought to go to the hospital when I fall sick because my wife tested HIV negative through her ante-natal visits and VCT, but she threatens to divorce me if I was found positive…I have often resisted to go for an HIV test for fear of falling into depression."*

The conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS was also found to be influenced by the level of education of the respondents, according to the findings presented in figure 3 of the findings presentation as one of the respondents MM said: *"l personally feel the policy is good. Well, it may be bad in some quarters because some people feel their status should not be known when they are sick, but you see the hospital has got the potential to test everybody whether he or she wants. For example, when you have malaria and you go to the hospital, they will ask for your blood and test you for malaria, whether they pronounce to you or not, it is actually in a way mandatory, only that it is now going to be officially pronounced. So the blood we give to the hospitals is enough for us to be tested. "*

MM in this case was of the opinion that the hospital authorities should be vested with powers to make decisions over patients' human rights to privacy as long as they are the ones in need of medical attention, probably due to little or lack of civic education

5.2. Conflict Perceptions of People in the Mandatory and Compulsory Testing and Treatment of HIV/AIDS

Based on the cohort and in-depth interviews, mostly it was thought that mandatory testing would enable government to capture more people for testing and bring about early detection of infections and ultimately people would-be put-on treatment early, but that was not the case with this study. This finding is inconsistent with the arguments that mandatory testing would bring the benefit of treating people early before their condition deteriorates. To cement their support for the policy, most (75%) people indicated that they would not accept to be tested without consent even if they were to be hospitalized.

Time was taken to discuss the issue of stigma and discrimination that have been a source of concern by a number of people. The study found that the majority (75%) of respondents felt that stigma and discrimination was not likely reduce with the introduction of mandatory and compulsory HIV testing and treatment. MN was of the opinion that men have stigma when it comes to testing for HIV/AIDS. When asked, she said:*" I like it 100%"* referring to mandatory HIV testing policy, *"I like it because I know that it is going to help a lot of people, especially men who have stigma coming to VCT."* (Nodding her head and smiling).

By this statement MN was implying that the new policy would help those that are not willing to be tested. In her opinion MN thinks that men are the ones that usually shun voluntary counseling and testing. Her opinion is actually coherent with findings of the Demographic and Health Survey 2016 which indicates that coverage for testing in females is higher (77%) than in males (72%).
In another interview, MH, a male informant thought that the policy was good because it was going to help the Ministry of Health have accurate statistics of how many people are infected. According to MH, this would help government to plan for the treatment of those who are sick and strengthen research into HIV cure. This point demonstrates that even the community understands the importance of information and statistics in planning.

These findings were contrary to the US National Survey findings that indicated that 60% of the general public and 59% of physicians in the US believe that the social implications of mandatory testing outweigh the associated health care benefits (Flemington, 2005). Key informants unanimously felt that if mandatory testing was introduced, stigma and discrimination would increase in the community. It was felt that if there had been considerable sensitization of the community on issues of mandatory and compulsory testing and treatment, people were going to be more open to discuss issues of the policy.

Although some people supported mandatory and compulsory HIV testing (20%), the majority of them (75%) still indicated that they still valued their right to privacy and consent before testing. One respondent put it this way, *"it is always good to make your own decisions, but since as Africans we are not keen to be screened for anything when we are not sick, we need such a policy."* Despite preferring voluntary to mandatory testing, most people (68%) in the cohort said they would rather forego the right of autonomy for the sake of being tested. This was expressed by

one key informant, *"the hospital has got the potential to test everybody whether he or she wants, For example, when you have malaria and you go to the hospital, they will ask for your blood and test you for malaria, whether they pronounce to you or not, it is mandatory, only that it is now going to be officially made into a policy. SQ the blood that we give to the hospitals is enough for anyone to be tested."* The sentiments of this informant is a reflection of what is actually going on in the hospitals. At most times, clients are rarely involved in negotiating for their treatment. Explanations and let alone consent are rarely obtained from them when they attend health care facilities. Because of this factor, most people do not take issues of the right to autonomy seriously because they feel it is normal for the hospital to do what they think will help their clients to recover, however, clients indicated that they would prefer to be consulted in their care. On the contrary, they pointed out that most Zambians are not willing to be screened when they are not sick, hence the need to test them under the mandatory and compulsory testing and treatment policy.

Of great importance in the discussions on mandatory testing is the issue of human rights. In its findings, the study established that while 75% of the cohort thought that mandatory testing was a violation of human rights, 20% felt it was not.. Those who felt that it was not a violation of human rights did so on the basis that government had the responsibility to protect society from people that might pose a threat to other individuals' health. The study also found that the majority (75%) of clients felt that mandatory testing would lead to more premature deaths as people would opt for self-medication as opposed to voluntary testing. While others cited benefits such as early treatment for those that will be found positive, others felt that mandatory HIV testing will lead to an increase in the spread of HIV infections.

Amidst concerns raised about mandatory testing is that it would lead to people avoiding health facilities for fear of being tested. However, the study findings were that most people (75%) indicated that the introduction of the policy would not change their health seeking behavior. This is contrary to the findings of Nakchbandi et al, who indicated that mandatory testing may create the harms of avoiding prenatal care to avoid mandatory testing. However, it is important to note that these findings were among pregnant women.

The Frustration-Aggression theory is an attempt to explain how and why some people or groups of people become violent or aggressive during certain situations. Human behavior, though biologically determined, is largely influenced by socialization, culture and the environment. As goal-oriented organisms, human beings naturally become aggressive when they are prevented from achieving what they desire. The theory proposes that when persons perceive that they are being blocked from accessing what they want, they naturally become aggressive. If there are no other means of achieving what they desire, they become frustrated. The import of this theory to the study is that people who have a medical illness desire to seek treatment of that particular illness, but in an event that they are asked to test for HIV before being treated, they feel that they feel that they are being blocked from accessing treatment. Consequently, they may become frustrated and choose to go for self-medication which can lead to depression and premature death. Therefore, time was taken to discuss with the key informants on what their perception on the mandatory and compulsory HIV testing and treatment policy, if they were subjected to HIV tests before being treated for any other medical condition.

Key informants unanimously think that mandatory and compulsory testing for HIV would always be at conflict with one's conscience because people are not willing to be tested even when they are asked to do it voluntarily. There is a high degree of perceived intra-personal and interpersonal conflict about the new HIV/AIDS policy. The intra-personal conflict was perceived when an individual seeking medication was seen to struggle with decision making on whether to comply with the public policy or not. Interpersonal conflict on the other hand could be perceived on interaction between the health care giver and the medical seeker. One key informant, SM, from the teaching fraternity shared her own experience with the researcher during a face to face interview. She said*: "Recently, I was fatigued after a day's work and decided to visit the nearest health post in the community. I was received by a care giver at the clinic who looked to be so excited about the mandatory and compulsory HIV testing and treatment,* she said*, instead of being referred to be treated for fatigue, I was taken in for an HIV test amidst a warning that what I should beware of by now is that the government has made it law that everyone must be tested for HIV first before you are treated. I complied and after treatment, I was told to go back after three months for another test. Before three months I went back for a different ailment and I was tested again for HIV, and treated. When I went there for the third time, they subjected me to yet another test, of which I strongly disputed with a heated debate and exchange of bitter words with that*

health worker and other medical officers," she narrated*, "after which I left without being treated and vowed never to go back."* She concluded.

It is evident from the informant's narration that people's conflict perceptions about the policy cannot be ruled out due to perceived ignorance on why the policy should be adhered to on the part of some medical seekers other than SM and how the policy should be implemented on the part of the policy implementers. The medical seeker in that case who is also the informant to the study seemed to have a better understanding of why the policy was formulated and introduced probably because of her caliber, but the policy implementer who was the health worker was lacking in the understanding of how to implement the policy. Both had conflicting perceptions.

However, there are still other people whose perceptions on the policy are different and in line with what the government expects. The other perception pointed out by one informant, MH was that mandatory testing will help to establish the exact number of people infected so that they are put on treatment.MH thinks that if government knows the exact magnitude of the pandemic, this will help to strengthen research into the actual cure of the disease and help government to plan accurately.

Apart from the anticipated conflict perceptions, two informants, KM and JS, a pastor and program coordinator respectively were able to point out the benefits that they actually associated with testing for HIV. KM said, *KM; "right now in, people who are bedridden are few. So people have seen the benefits of coming to the hospital and getting treated. Because right now the role of caregivers is changing, the patients are no longer confined to their beds, the patients are out there working, and, on-top of that they have seen that if you live a healthy lifestyle, even if you are HIV positive you are still a normal human being as opposed to people who are still in denial. Because if there is anything that is difficult for a person is to be kept in suspense, so many people who do not know their statuses, you know they are not healthy as far as am concerned, because their minds are not free. For me, to be healthy means that your mind is free.„*

JS, a home-based care coordinator also shared the same observation that, JS: "at *the moment there are no clients that are bedridden under the home-based care program. The clients are up and about, so they are the ones that are being used to encourage others to go for testing. We just visit*

to encourage them to eat well, do some farming, and adhere to the drugs, that's all." It is evident from the discussions that even if there are people who have appreciated the mandatory and compulsory testing and treatment policy, there are still a lot more out there that are holding on to the conflict perspective about the policy of being tested for HIV before being treated for medical illnesses. Some members in the community have been able to perceive some conflicting views on the policy within the minds of others. When some key informants were asked what their views concerning mandatory HIV testing were, they anonymously offered conflicting views about the policy. One of the respondents MN, who is a person living with HIV said, In another interview, MH, a male informant thought that the policy was good because it was going to help the Ministry of Health have accurate statistics of how many people are infected. According to MH, this would help government to plan for the treatment of those who are sick and strengthen research into HIV cure. This point demonstrates that even the community understands the importance of information and statistics in planning.

JS, "me, I think that this policy is good. After all it was already started with pregnant mothers. When the policy was introduced, pregnant women used to refuse to be tested, but now they are accepting. Even at pediatric ward this policy is in place, initially women used to refuse to test for fear of being beaten by their husbands. But now they are accepting to be tested. Education about HIV disease has reached most of the people in the community; therefore, there are very few people that are ignorant."

The rationale for JS is that the policy had already been implemented and therefore should just be rolled out to the rest of the population. She meant that there could be some resistance initially but this may phase out with sensitization. She also added that the policy would help reduce the spread of the disease because if most people knew their status, they would take precautions to avoid infecting others. According to her, most of the people that had tested positive have been helpful in encouraging others to go for testing.

Another informant, MM shares the similar opinion that mandatory testing for HIV is not strange or new when he said that people have been submitting blood samples for various tests in the hospitals. He said clients are rarely given an explanation on what tests are carried out on those samples; therefore, he feels that health facilities have the capacity to test people without necessarily getting consent from them. So he feels there is nothing new about the policy.MM said,

MM: "l personally feel the policy is good. Well, it may be bad in some quarters because some people feel their status should not be known when they are sick, but you see the hospital has got the potential to test everybody whether he or she wants. For example, when you have malaria and you go to the hospital, they will ask for your blood and test you for malaria, whether they pronounce to you or not, it is actually in a way mandatory, only that it is now going to be officially pronounced. So, the blood we give to the hospitals is enough for us to be tested. "

This observation by MM is a true reflection of what is obtaining in most of our public health facilities. The common practice is that clients are rarely well informed about the treatments and investigations that they go through. This is said to be so because of the current congestion in our health facilities coupled with a shortage of health workers.

Therefore, the community has accepted this practice more especially that the majority do not understand their rights as patients. One informant from the clergy supported the policy but with some skepticism, KM said, *KM: "At the end of the day, what does government want to achieve by this policy? If the policy is intended to make people's lives better than it is welcome but if it is intended to just see people's status, then it is not helpful. "*

Yet still, others felt that government has a responsibility to care for its sick citizens and therefore need to test people in order that they receive treatment. In his statement WS said,

WS: "I would agree with the policy on the basis that the health of every individual matters and is of great importance not only to that individual but to the nation as a whole. I would like to agree with the policy in the sense that as long as the individual is entitled to privacy on his state of health, because I think we are coming from a background of some kind of discrimination, and some kind of stigmatization of those that have been found to have that particular disease"

The sentiments of WS underscore how privacy and confidentiality are important to clients who attend health facilities, more so for those who undergo testing. Privacy and confidentiality have been issues of great concern to those who oppose mandatory HIV testing. In order to evaluate what the community thinks about privacy and confidentiality, WS was asked, do you think health workers will still be able to maintain privacy and confidentiality of clients if this policy is introduced?

WS*: "think to a large extent health facilities have been able to maintain the confidentiality of their clients' status that visit them, of course there may be a few that may want to divulge information for one-reason or the other, which is not supposed to be the case because ethically, medical staff are not supposed to do that, but so far we have not had any rampant disclosure of the status of patients, at least this is what / have experienced as a person staying. Near a hospital"*

WS also added that in fact, maintaining clients' confidentiality and privacy is ethically required of health workers because it is not only HIV that should cause alarm but there are many other diseases that could cause embarrassment if disclosed to other. It seems from WS' perspective that the community still has confidence that health workers will still be able to maintain peoples' HIV status in confidence as they have I been doing with other health records in the past.

5.3. Challenges Faced in Mandatory and Compulsory HIV/AIDS Testing and Treatment

The study revealed that the Kafue community's conflict perspective about the HIV/AIDS mandatory testing and treatment policy was deep rooted mainly because of a serious lack of awareness and understanding of the policy. It was evident that the majority of respondents were of the perception that the mandatory and compulsory testing and treatment of HIV/AIDS policy had brought with its conflicting views and perceptions that were causing people shun community health facilities where they can access the much-needed treatment of various medical illnesses or health conditions that include HIV and AIDS itself. The study also established that people, according to the majority of the respondents were at conflict with their own consciences and the policy implementers as evidenced by some cases of heated arguments at some health centres.

One other respondent (HC) who is a social worker at Kafue Estates health Centre and also involved in an HIV/AIDS programme in the community shared his experiences as well. He pointed out that medical seekers at the Centre have different and opposing views about the mandatory and compulsory testing and treatment of HIV/AIDS. Some have argued that their efforts to get treatment for various medical illnesses at the Centre are being frustrated by the demand of the new policy that they must first test for HIV and this has led to physical confrontations between patients and health workers on some occasions. HC said: *we have been facing a number of challenges of late with the introduction of the mandatory and compulsory HIV testing and treatment policy, among others heated up arguments with patients and refusal by some medical seekers to be attended to. For those who have already tested HIV positive and are on ART the challenge comes in when administering ARVs to them. You find that a patient*

(especially female) issued with ARVs to take for a stipulated period of three months is seen to return before the next review date and when asked, they disclose that they share the medicine with their spouses who shy away from visiting the health Centre for fear of being tested for HIV even when they suspect some symptoms, which should not be the case. This was a clear indication that there are many people out there whose conflict perspective on the mandatory and compulsory testing and treatment of HIV/AIDS has hindered them from seeking medical attention and this can with no doubt lead to premature deaths.

It is also evident that the uptake of the mandatory and compulsory testing and treatment of HIV/AIDS policy was relatively low in the community as people were found to be shunning the community medical facilities especially those who were yet to know their HIV status. As much as they were able to point out some benefits, some key informants also anticipated certain social implications of the policy. MN, who is a person living with HIV said, MN: *"some people who do not want to be tested will avoid coming to the hospital and so people will be dying in their homes."*

The view agrees with sentiments raised by Asante 2007 that mandatory HIV testing will cause a lot of people to shun hospitals. He argued that if most people shun the health facilities, then mandatory testing will have little impact because only a few people will be tested. However, another informant, KM viewed the above issue from another perspective, according to him; clients shun health facilities due to many factors other than for fear of being tested. He cited one major reason as being the tendency for Africans to believe more in traditional medicine than modern medicine.KM said,

KM: "the question is why do people shun hospitals? Is it just for fear of being tested? Maybe not. I think that the problem is that as Africans we tend to spiritualize almost everything, so we are more comfortable with a spirit oriented rather than facts-oriented environment because whatever happens in our lives, we tend to say there is something evil that has happened or there is a spirit behind that."

The statement by KM needs much attention because it highlights many challenges to the health care sector. There is need therefore to understand the issues that surround delayed attendance of clients to health facilities. These discussions underscore the fact that the community needs to be consulted in finding solutions to this problem, rather than making assumptions. It is clear from the

discussions that fear of being tested is not the only factor that determines whether one attends a health facility or not once they fall sick. It is therefore vital to make community consultations so that the two parties (the community and health care facilities) can reach a common understanding that will help to make general care of patients more effective and probably increase uptake of testing in our facilities.

KM further proposed that if the information gap between the health facilities and the community are closed up and intensive sensitization is done to the community, this problem may be resolved and may ultimately improve the uptake of testing as well.
WS expressed one concern with mandatory testing for HIV.

He said, *WS: 'I see certain interested groups taking advantage of knowing that this one is like this to try to downgrade others. Let me give an example of someone who may be aspiring to some position, as long as may be someone knows that someone is like this, because the problem we have is that people try to peddle in information that is not supposed to be disclosed to other people and would want to outdo each other basing on the status of the other person. I think that one to be a problem. "*

Secondly also just changing the mindset of every human being that has tested positive. Some of them they are better off not knowing their status, they feel they are better off because they 'eel once they have known about their status that would spell death on them even if they are counseled. The above sentiments should be of great concern to policy makers. World Health Organization emphasizes that the three C's of testing must be upheld at all times. Confidentiality is of paramount importance to clients because breech of the same can lead to social implications such as stigmatization of certain persons in society. Again, the observation made by WS that some people are not likely to change their mindset and accept their status is also of great significance. Policy makers need to seriously consider the role of counseling in changing people's mindset and behavior. If the community can anticipate that some people may not embrace positive living even if they are counseled then policy makers need to ensure that the introduction of the policy does not compromise the quality of counseling, especially posttest counseling.

Acts of discrimination and stigma have been demonstrated in many sections of society and have been a major source of concern to those that do not support mandatory testing for HIV. However, the majority of key informants think that stigma and discrimination is likely to reduce if mandatory testing is introduced. Key informants unanimously think that stigma and discrimination has greatly reduced in the community due to a lot of sensitization that has been going on in the community through the hospital AIDS Care and Prevention Program. Therefore, they think that it will reduce even further if mandatory HIV testing is introduced because more people will know their status. One key informant WS said,

"I think the issue of stigma and discrimination will reduce because some people in the compounds are using certain terminologies to talk about it, for example they say: that one takes, that one drinks, I have started taking, have you started taking, that way, it simplifies the whole thing and helps them to run away from stigma and for people to discuss the issue more openly, I think this will help us a lot." He also added that, I think the issue of discrimination will reduce because we will come to a point where HIV/AIDS issues are issues of life and death, just like people can be tested for high blood pressure, diabetes, eye sight. I think people are beginning to accept that HIV is a disease like any other disease.„

At the center of debate concerning mandatory HIV testing is the issue of human rights violation. There have been concerns that the policy violates the right of individuals to self-determination, Therefore, discussions concerning human rights issues were critically discussed with each informant. Diverse interpretations of human rights were expressed. While one of the informants agrees that mandatory testing is a violation of human rights, she feels that this is done in the interest of saving life, which she thinks is more important than one's rights.MN said this,

MN: "it is a violation of human rights but it is for the good of you and me. Some human rights can be bent if you think it's good for such a one, then you bend it a bit for the good of one's life."

On the other hand, some informants feel that human rights should promote the well-being of the community as a whole. WS expressed his view on human rights like this,

WS: "human rights are there to entail that human beings should be treated with dignity and people should be able to know what is good for them and what is good for the rest of the friends that they live with. So actually, human rights should be able to promote a culture of protection of other human beings from the danger that one may possess because they are positive. I think human rights should also be able to embrace the issue of encouraging people" to disclose their status to people that matter or who may be infected if they are not aware of the others person's status. Human rights should be able to help people understand that one is living dangerously, and be exclusive of disclosing one's status when it matters most. "

On the other hand, KM said: *"you see to define human rights, I struggle sometimes. You see human rights should promote a better life, human rights are supposed to help us express ourselves better. So, I don't know whose rights we need to follow here. Yes, I know that some of these policies, if not properly handled can have all these repacaurtions where people think government is infringing on their rights or that government just wants to know our status for the sake of knowing. But I think the whole idea is let us look at this thing this way; "what is the motive? I think that this is going to help us to weigh on whose rights we are going to consider. It doesn't necessarily mean that just because you have been tested, then your rights are infringed upon. There are certain fundamental rights which government is failing to meet and no one does anything, why don't we take government to task? Now why should we come out so strongly on small things like HIV/AIDS which is intended to help us?"*

In as far as KM is concerned; the motive of testing should be the core issue rather than considering testing as an end in itself. The other key informants also feel that mandatory testing will be done in the interest of saving people's lives and so do not see it as a violation of human rights. It is evident that different people have different understandings of what human rights are and value them differently. However, it seems that there is agreement that human rights should be foregone if an intervention is carried out in the interest of the public.

5.4. Possible Solutions to Challenges Faced in Mandatory and Compulsory HIV/AIDS Testing and Treatment

The conflict perspective in the fight to eradicate HIV/AIDS pandemic need to be addressed to the people's satisfaction and in turn resolve any conflicts perceived regarding the public health policy. This research findings underscore the importance of community participation in prevention programs. There is need to involve the community in all phases of a program if it has to succeed. The research interviews reveal how much importance of knowing the status through mandatory testing. However, it is evident that most HIV/AIDS prevention programs have been a failure because policy makers and health workers lack the understanding of what community values are. It is also true that prevention programs have struggled to bear positive impacts because health workers fail to implement interventions that embrace community values and perspectives. What the community holds to be them is seen to be very trivial to health workers. Culturally children are not allowed to listen to their parents when they are discussing sexual issues; similarly, it is a taboo for children to discuss sexual issues with their parents. This issue is a serious cultural barrier that needs to be addressed by policy makers. Therefore, JS thinks that the introduction of mandatory testing policy could encourage more youths to be tested as well as those who are not willing to test. However, she observed that the policy needs to be implemented with the involvement of local headmen. This, she said, would help to increase the uptake of testing especially during mobile testing clinics.

It is also evident that the community holds so much value to family ties and respect for human rights. Without taking care of this, a community program is likely not to succeed.

5.5. Summary of the Chapter

The Chapter presented the discussion of the findings. The findings were discussed in the order of the objectives to the study that sought to: determine the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS; explore perceptions of people about mandatory and compulsory testing and treatment of HIV/AIDS in the Kafue Community; examine the conflict perspective that may lead to challenges faced in mandatory testing and treatment of HIV/AIDS and determine how challenges resulting from the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS can be addressed. The conclusion of the study and recommendations are presented in chapter six which is the last chapter.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.1. Overview

The Chapter presents the conclusion and recommendations of the study. The conclusion is presented in the order of the study objectives so that it speaks to the topic of the study. Recommendations are segmented into themes that are generally addressing the challenges created by the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS, and then recommendations for future research.

6.2 Conclusion

The study was undertaken with the following objectives: to determine the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS; to explore conflict perceptions of people about mandatory and compulsory testing and treatment of HIV/AIDS in the Kafue community; to determine the conflict perspective that may lead to challenges faced in mandatory and compulsory testing and treatment of HIV/AIDS in the Kafue community and to determine how the challenges resulting from the conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS can be addressed. Both the findings and the discussions of this study revealed that the Kafue community's conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS policy was deep rooted mainly because of a serious lack of awareness and understanding of the policy. It was evident that the majority of the residents were of the perception that the HIV/ADIS mandatory and compulsory testing and treatment policy brought with its conflicting views that were causing people to shun the community health facilities where they could access the much-needed treatment of various medical illnesses and conditions that include HIV and AIDS itself. The study also established that people, according to the majority of the respondents were at conflicts with their own consciences and the policy implementers as evidenced by some cases of hinted arguments at some health centres. It was also evident that the uptake of the mandatory testing and treatment of HIV/AIDS policy was relatively low in the community as people were found to be shunning the community medical facilities especially those are yet to know their HIV status. This conflict perspective in the fight to eradicate HIV/AIDS need to be thoroughly addressed by sensitizing people and in turn resolve any conflicts regarding the public health policy.

6.3 Recommendations

- The findings of the study recommend that it is important to encourage community participation in the formulation and implementation of public policies such as the mandatory and compulsory testing and treatment of HIV/AIDS policy by the ministry of health.

- The conflict perspective in the mandatory and compulsory testing and treatment of HIV/AIDS policy should be addressed to the satisfaction of the people through awareness campaigns so that any perceived conflicts about the policy can be resolved.

- The ministry of health should involve most stake holders who including both traditional and civic leaders. Additionally, traditional and political leaders need to be fully involved in sensitizing the community on HIV/AIDS policies like the mandatory and compulsory testing and treatment policy.

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APPENDICES

Appendix 1: Sample of a Questionnaire

Dear Respondent

My name is Amos Chinyanta. I am a student at the University of Zambia and Zimbabwe Open University (UNZA/ZOU), pursuing a Master of Science degree in Peace, Leadership and Conflict Resolution (Msc.PLCR). As part of the requirements for the award of the said degree, I am required to undertake a research study on the topic of my choice, which in is this case, is to **explore the conflict perspective in the Mandatory and Compulsory Testing and Treatment of HIV/AIDS with a special case of Selected Communities in Kafue District.** You are hereby assured that the information you are going to provide will be treated with strict confidentiality and will be used for academic purposes only.

INSTRUCTIONS

1. Do not write your name on the questionnaire.
2. Please tick or write briefly in the spaces provided.
3. Kindly provide true and honest information.
4. All the information being provided by yourself should be strictly confidential.

Part One: DEMOGRAPHIC DATA FOR OFFICIAL USE ONLY

1. Age of respondent ……
2. Sex ……
   a) Male ……
   b) Female ……..
3. What is your marital status?
   a) Married …….
   b) Single …….
   c) Divorced …….
   d) Widowed ……..

4. What is your occupation?

a) Formal employment ……

b) Self-employment ……..

c) Not employed ……

5. What is your educational status?

a) None ……..

b) Primary education ……..

c) Secondary education …….

d) College/university education ……

6. What is your religion?

a) Christian …….

b) Muslim ……

c) Other (specify) ……

7. How much do you earn per month?

a) None……

b) Less than K500.00 per month ……

c) Between K500.00 and K1000.00……..

d) Over KI000.00 …….

Part Two

8. Have you ever heard of mandatory and compulsory HIV testing?

a) Yes ……..

b) No …….

9. If the answer to the above is yes, where did you hear it from?

a) From a friend ……

b) On radio…….

c) On Television……

d) At the health Centre……..

Other (specify) ……..

10. Were you subjected to an HIV test when you last visited a health Centre?

a) Yes ……..

b) No ……

11. If your answer to the above question is yes, what was your response

a) I accepted and was attended to …….

b) I refused and was not attended to……..

c) Other (specify).....

d) Do you think other people are responding well to mandatory and compulsory HIV testing?

e) Yes ……..

f) No……

12. If you were to be hospitalized, would you accept to be tested
For HIV without your consent?

a) Yes ……

b) No …….

13. Do you think mandatory and compulsory testing for HIV /AIDS has the potential to reduce the spread of the pandemic?

a) Yes ……

b) No …….

14. Do you think mandatory HIV testing has the potential to reduce stigma and discrimination?

a) Yes ……

b) No ……..

15. Do you think mandatory testing will increase access to treatment?

a) Yes …….

b) No ……..

16. Do you think mandatory testing will discourage people from seeking Health care?

a) Yes …….

b) No …….

18. Do you think one's right to consent and privacy are less important in mandatory and compulsory testing and treatment of HIV/AIDS?

a) Yes …….

b) No ……..

19. Would you rather forego your right to self-determination for the sake of testing?

a) Yes……

b) No ……..

20. Do you believe that mandatory testing is simply a violation of human rights?

a) Yes ……..

b) No ……..

21. Do you think that the benefits of mandatory testing override the risks?

a) Yes……..

b) No ……

End of Questionnaire - Thank you and God bless you

Appendix 2: Interview Guide with Clients

TOPIC: **Communities' Conflict Perspectives in the Mandatory and compulsory HIV/AIDS Testing and treatment in Kafue District**

1. How old are you today? ……
2. What is your educational status?.....
3. What is your marital status?.....
4. Have you ever been tested for HIV before?.....
5. If the answer is yes, how were you tested?.....
6. What are your experiences with mandatory and compulsory HIVAIDS testing and treatment?
7. What is your opinion concerning compulsory and mandatory HIV testing?.....

……..……

…….

8. What conflict perspective do have about mandatory and compulsory testing and treatment of HIV/AIDS? …….
9. In your opinion how do you think people are responding well to mandatory and compulsory HIV/AIDS testing and treatment?.....
10. Do you have any suggestions as to how the ministry can improve uptake of HIV testing apart from employing mandatory testing? ……

……..

……..

11. If you accept mandatory HIV testing, do you have any suggestions as to how the approach can be improved? ……..

End of Interview - Thank you and God bless you