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THE EXPERIENCES OF EMPLOYEES WHO ARE LIVING WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV), REGARDING CARE AND SUPPORT RECEIVED AT THEIR VARIOUS WORKPLACES IN THULAMELA MUNICIPALITY, VHEMBE DISTRICT OF LIMPOPO PROVINCE

by

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A thesis submitted in fulfilment of the requirements for the degree:

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DECLARATION

I, **Ndifelani Nemabaka**, declare that the thesis "**The Experiences of Employees Who Are Living with the Human Immunodeficiency Virus (HIV), Regarding Care and Support Received at Their Various Workplaces in Thulamela Municipality, Vhembe District of Limpopo Province**" hereby submitted for the degree **Magister Curationis (MCur)in Nursing Administration** at the University of Venda has not been submitted previously by me at this or any other university, that it is my own work in design and in execution, and that the sources that I have quoted have been indicated and acknowledged by means of complete references.

Ndifelani Nemabaka : .....
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Date Signed : 2014/07/15

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DEDICATION

This thesis is dedicated to all employers who are implementing HIV/AIDS support programme in the workplaces. Sincere gratitude to my husband for his continuous love and support throughout my studies and to my children for the time I have stolen away from them.

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ABSTRACT

The Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS)—collectively termed HIV/AIDS—remains the most challenging infectious disease faced by public health systems in recent times as it poses a great burden to people's socioeconomic standards and health. The disease has left some families without breadwinners, while businesses are losing experienced and skilful employees. The impact of the epidemic is seen in diverse parts of the world, most notably sub-Saharan Africa. The purpose of this study was to explore and describe the experience of employees who are living with HIV/AIDS with regard to the care and support they receive in their various workplaces and to determine how care and support can be enhanced in workplaces. The study design was qualitative, descriptive, explorative and contextual since there was a central question which needed explanation from employees who are living with HIV/AIDS with regard to the care and support that they receive from their different workplaces. Non-probability purposive sampling was used. Data were collected using a phenomenological approach involving interviews and data were analyzed using an open-coding method. Findings revealed that the participant employees received some form of support from managers, but also experienced negative attitudes and discrimination from co-workers after disclosure of their HIV-positive status. These experiences precipitated emotional pain and a sense of insecurity among participants. The study recommended the adoption of best practices in workplaces, promotion of HIV/AIDS education, prevention, counselling, designing HIV/AIDS policies and making the workplace positive and accepting.

Keywords: HIV/AIDS, employees living with HIV/AIDS, care and support

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV/ART	Anti-Retroviral Drugs/Anti-Retroviral Treatment
DoH	Department of Health
EAP	Employee Assistant Programme
HIV	Human Immunodeficiency Virus
HCT	HIV Counseling and Testing
HSRC	Human Sciences Research Council
ILO	International Labour Organization
LRA	Labour Relations Act
NMF	Nelson Mandela Foundation
NSP	National Strategic Plan for HIV/AIDS and Sexually Transmittable Infections
MDG	Millennium Development Goal
MRC	Medical Research Council
PLWHA	People/Person(s) Living with HIV/AIDS
SA	South Africa(n)
SAFAIDS	Southern Africa HIV and AIDS Information Dissemination
STI	Sexually Transmitted Infection(s)
TAG	Technical Assistance Guidelines
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

HIV/AIDS continues to pose a grave threat to people's health and living standards. It has been estimated that more than 1.8 million people have lost their lives due to HIV/AIDS-related causes (WHO, 2011:11). Most of these are adults of working age. HIV/AIDS is a major challenge to the business sector since it affects people from all walks of life such as hotel staff, business people and migrant workers (UNAIDS, 2006:8). Cichoki (2007) stated that, previously, employees were not able to continue working after an HIV diagnosis because they were diagnosed after contracting grave opportunistic infections; hence they were too sick that they died soon after the diagnosis.

The impact of HIV/AIDS cuts across all sectors of economic activities and social life. HIV/AIDS not only reduces the stock of human capital, but also the capacity to maintain the required turnover of many sought after skills and training like engineers, doctors, teachers, artisans and others. The impact of the disease on the workforce increases expenditure on the one hand and decreases productivity on the other. In fact, economists posit that even when unemployment rates are high, retirement and death of a large number of skilled and unskilled workers will cause an increase in wages (Pennap, Chaanda & Ezirike, 2011:165). The HIV/AIDS epidemic has become a global development disaster with implications for health, human development, food production and security, economy and national security, among others.

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It has also gradually become a leading cause of morbidity and mortality amongst those in their reproductive and economically productive years (Frank, 2005:3). Most people living with HIV/AIDS (PLWHA) in Africa are between the ages of 15-49 years, the prime age range of their working lives. Frank (2005:3) reported that HIV/AIDS is one of the major causes of mortality in the workforce. According to International Labour Organization (ILO) estimates in 2005, about 2 million workers globally were unable to work due to HIV/AIDS and related illnesses. This figure is expected to double to 4 million by 2015. The ILO estimated that by 2010, the total force will be over 9% smaller in 35 countries of sub-Saharan Africa affected by the HIV/AIDS scourge with >20% losses of total labour supply in most of the affected countries. It also noted that by 2015 there will be further losses of up to 12% with labour supply of 30-40% smaller in countries with very high disease prevalence. This is expected to affect productivity and income across the economies in Africa (Economic Commission for Africa, 2004). In the African workplace, some major factors fuelling the epidemic have been identified as illiteracy, business dominated by men, access to alcohol and workplace located far from permanent residences.

The effects of HIV/AIDS on the labour force and on all persons of working age are measurable in their overall impact on economic growth and development. On the whole, there is decreased productivity due to increased absenteeism which includes absence of infected persons and care givers from work and also other employee absence to attend funerals of co-workers or relatives. A South African sugar company posited that HIV-positive employees took a total of 55 days off as sick leave in the last 2 years of their lives (Bill, 2005). East African businesses have reported absenteeism as accounting for 25-54% of company costs (UNAIDS, 2003). In another study, out of 1000 companies in Southern Africa, 9% reported a significant negative impact due to

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HIV/AIDS. Unskilled labour is increased by the number of children who are forced into labour as a result of parental or guardian incapacitation or loss due to HIV/AIDS. This ultimately threatens the goals of eliminating child labour and promoting sustainable development. This often results from untimely retirement due to ill health, employee death and hiring of ad-hoc staff to fill in the gap due to absenteeism. As mentioned, the epidemic is most prevalent among the 15-49 year age group which comprises a large number of the workforce. The epidemic therefore reduces the stock of skills and experience of the labour force which further threatens the goal of poverty reduction. It is estimated that the annual per capital growth in half of the countries in sub-Saharan Africa is falling by 0.5-1.2% as a direct result of HIV/AIDS (UNAIDS, 2003).

With the support of the world of work, employers can assist in reducing the scourge by supporting employees and caring for the infected and affected. Now employees can return to work because when they are diagnosed early, and for those too sick, there will be treatments which make them recover (www.aids.about.com/hiv/aids). Employees spend most of their time at work, hence world of work is therefore relevant to fight HIV/AIDS (Rosen, 2006:8).

1.2 Background to the Study

Globally, the total number of people who acquired HIV in 2010 is 2.7 million, contributing to total of 34 million of PLWHA in 2010. The number of people dying from AIDS-related conditions in 2010 was 1.8 million. This figure has decreased from the figure in 2008 which was 2.0 million (WHO 2011:1-2). In America, in 2007, almost every large or small company had employees with HIV/AIDS (Russi, 2007:247-25). The epidemic in sub-Saharan Africa is rampant and its impact on

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national productivity is telling. In 2009, almost two thirds of all adults and children living with HIV/AIDS, globally, lived in sub-Saharan Africa—this is estimated to be 68% in a region with 12% of the global population (WHO 2011:13). In 2008, sub-Saharan Africa had 67% of HIV infections worldwide (UNAIDS, 2009:23).

The impact of the HIV/AIDS epidemic on the economy has been a concern since its onset. It is widely held that the HIV/AIDS epidemic is responsible for slowing the rate of growth of the gross national product of many heavily affected countries (Haacker, 2005:241). In some cases, the gross national product (GNP) growth could decrease by more than 1 percentage point for every 10 per cent HIV prevalence. The HIV/AIDS epidemic can affect the economy in a number of ways such as a slowing or reversing growth in labour supply. The economic impact can vary according to the sector of the economy, the degree to which HIV/AIDS affects hard-to-replace skilled labour and whether there is a substantial pool of surplus labour. Savings and investments of families will be reduced owing to the increase in HIV/AIDS-related health expenditures. If children's education, health and nutrition suffer as a result, prospects for long-term economic growth and development will decline (Ashford, 2006:2).

The AIDS epidemic may also divert public spending from investments in physical and human capital to health expenditures (Ashford, 2006:2). This will, over time, lead to slower growth of the gross domestic product (GDP). Foreign and domestic private investment might also decline if potential investors become convinced that the epidemic is seriously undermining the rate of return to investment. The HIV/AIDS epidemic may also deepen poverty of the most affected countries by decreasing the growth rate of per capita income and by selectively impoverishing the individuals and families that are directly affected. Among others, the effects of HIV on the size of the

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working population tend to reduce total output and worsen the dependency ratio. More children and elderly people may have to be supported by a smaller active labour force (Ogunmefun, 2008:15-16).

Zimbabwe is estimated to have 1.7 million PLWHA and still ranks amongst the countries in Southern Africa worst affected by HIV/AIDS (Kaseke, 2009:2). The percentage of the workforce in Zimbabwe lost to AIDS is projected to reach 29 per cent by 2020 (Kaseke, 2009:2). Furthermore, Botswana and Swaziland have higher prevalent rates (30% within the 15-49 year age group) and Lesotho stands at 23.5 %.In Swaziland, 60% of deaths are due to HIV/AIDS. In the light of these facts, there is an increase in death of breadwinners, at productive age group; hence, the source of labour in business and of income in households are both affected (Muwanga, 2004:53-54). In Lesotho, it had been confirmed that twenty out of fifty six deaths are HIV/AIDS-related (Birdsall & Kelly, 2007:15).

South Africa with a total population of about 50 million had PLWHA of 5.24 million by mid 2010 and between the ages of 15-49 it was 10.5 % (Statistics South Africa, 2010:3-6). South Africa, as a country, has the largest number of PLWHA in the world, which is approximately 14% (Chelty & Michel, 2005:45). It is estimated that of the 5.24 million South Africans living with HIV/AIDS, the highest prevalence is among those aged 15-49 years (Statistics South Africa, 2010:3-6). These statistics reflect that HIV/AIDS is highly prevalent among the working age group in their most productive years. The late South African president, Nelson Mandela, recognized that businesses were faced with losses of personnel, productivity and profit due to HIV/AIDS (Abdool & Abdool, 2005:25). In 2010, South Africa launched an HIV counselling and testing campaign with the objective to increase access to treatment, care and support (Geyer,

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2010:11).

South Africa, with about 5.26 million PLWHA, ranks top globally, considering its high infection rate and the size of its current population which is approximately 52.98 million (Statistics South Africa, 2013:2). Considering its impact on the economy, HIV/AIDS has become one of the critical priorities for the South African government as well as for its business community. Found mainly among adults between 20 and 40 years old, HIV/AIDS has a direct impact on the workforce and the most productive years of a person's life. With stigma labelled to it and an inhibiting cultural environment, statistics on the prevalence of HIV/AIDS in South African society are still rather vague (HSRC/NMF, 2002).

According to data from the Medical Research Council (MRC) by 2010, approximately 6 million South African will have died due to AIDS-related illnesses. Data of the Bureau of Economic Research projected that HIV prevalence will peak in 2006 at 16.7% for the total population and 25.5% amongst the labour force. As the HSRC/NMF survey showed, there is currently no significant difference of those working or not working (14.2% vs. 12.1%). Particular sectors of the economy are the most vulnerable ones such as mining where HIV/AIDS prevalence is already at 35%. Equally high infection rates are known from the transport and educational sectors.

In general, HIV/AIDS will reverse the progress in economic development, particularly through the decline of life expectancy. Reduction of high skilled labour might not be replaceable in the short run. A less experienced and particularly young workforce might result in declining productivity. At company level, HIV/AIDS poses a serious threat to profitability as well as to competitiveness (Lwanda, 2006:22). Additional

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costs to the company occur through absenteeism from work due to care giving needs in the family or funeral attendances, loss of labour and productivity due to associated illness, emotional burden, work stress and lower morale of infected and affected workers (Lwanda, 2006:22). HIV/AIDS also threatens the social fabric, as the illness of family breadwinners may result in their absence from work. The absenteeism results in loss of income or temporary loss of income, as the AIDS-related illness increases it exhausts the family savings in order to cover for medical costs (Ashford, 2006:2). AIDS-affected households often make a rapid transition from a relative wealth to relative poverty. Community's attitudes towards caring and support can contribute negatively or positively. This implies that individuals or family have to cope with the stigma attached to their family member infected with the virus.

The ILO has also recognised that workplaces need to respond to HIV/AIDS because of the impact is patently obvious in the labour sector. The ILO called on the private sector to contribute to prevention of HIV/AIDS through education and information and to provide a safe work environment so that the workplace may not be the source of infection. The ILO devised codes of practice on HIV/AIDS and the world of work. This organization also recommended that workers, their families and their dependants should have access to and benefits from prevention, treatment, care and support in relation to HIV/AIDS (ILO, 2010:200). In view of these guidelines, some countries have agreed to HIV/AIDS workplace programmes and policy implementation in their workplaces.

Those who implemented HIV/AIDS programmes are reaping the fruits, however, there are still a number of set backs in companies that lack HIV/AIDS policies. Phaswana-Mafuya & Peltzer (2007:316-317), in their study on HIV/AIDS policies in tertiary

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institutions, found that they had HIV/AIDS policies and employees in Universities, Technikons and Further Education and Training Colleges had a receptive attitudes towards HIV/AIDS policies in their institutions. This showed that the institutions are aware that HIV/AIDS affects their efficiency running. Lengwe-Katembula (2008:47) confirmed that some companies have formulated HIV/AIDS policy programme in response to the epidemic and its effects. Companies like De Beers, Mercedes-Benz South Africa, and some municipalities have developed HIV/AIDS policies to support their infected employees. For example, in the introduction of Mercedes-Benz South Africa HIV/AIDS policy it is said that the company wanted to extend quality prevention, treatment, care and support, to employees, their dependants and the community (www.moneybiz.org). It is thus imperative for workplaces to be proactive in prevention and treatment strategies so that workers' life expectancy can be increased and the social ills that come with HIV/AIDS can be reduced.

Government has also developed HIV/AIDS policy guidelines in response to employees living with HIV/AIDS which include non-discrimination, leave administration, privacy and confidentiality, and disability retirement. This is further supported by other policies and legislation such as the Constitution of South Africa Act 108 of 1996, Basic Conditions of Employment Act No. 75 of 1997, The Code of Good Practice on key aspects of HIV/AIDS and employment, and the South African Labour Relations Act No. 66 of 1995, as amended. Surely, such legislations and policies ensure that workers or employees' rights need to be protected in workplaces. The ILO also suggested that workers with HIV illnesses should be able to work in appropriate conditions for as long as they are medically fit (UNAIDS, 2005:4).

In the Limpopo Province, the number of PLWHA is increasing every day and there are

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many migrant workers who are leaving their work due to HIV/AIDS-related illness. Limpopo Province's population is estimated at 5.4 million and HIV prevalence amongst antenatal women was at 15.1% in 2007; 14.7% in 2008; 14.3% in 2009 and 17.0% in 2010. In 2010, Limpopo provincial HIV prevalence amongst 15-49 year old antenatal women was 19.7% (South Africa (SA) Department of Health, 2011:26).

The Vhembe District in the Limpopo Province is also facing challenges of HIV/AIDS. On a daily basis, voluntary counselling and testing (VCT) sites admit new HIV-infected people, including adults of working age. HIV prevalence in the Limpopo Province is estimated at 17.0% amongst antenatal women. In 2008, Vhembe District was reported to have 14.7% confirmed cases of HIV-infected women attending antenatal clinics. Hence, workplaces that are faced with the challenge of HIV/AIDS can no longer ignore the impact of the epidemic on their productivity. The above considerations prompted the researcher to explore and describe the experiences of workers living with HIV/AIDS regarding care and support they received in their respective workplaces.

1.3 Problem Statement

The researcher is a professional nurse who works in an HIV/AIDS programme at one of the clinics in the Vhembe District and has observed that problems impede the roll-out of anti-retroviral drugs (ARV) in the Thulamela Municipality. This delay is associated with poor adherence to ARV, leading to drug resistance, complex case management as low adherence to ARV results in more side effects, increases in ARV costs due to scaling up of treatment schedules, and the need to move from first- to second- and third-line therapies. Adherence to ARV is an important facet of HIV/AIDS management because it is a strong predictor for disease progression.

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Moreover, gaps were identified in the management of HIV/AIDS, as services are not offered during weekends and after hours, which makes workers to default as they cannot frequently request permission to collect treatment due to issues of confidentiality and discrimination surrounding HIV/AIDS in their workplaces.

The researcher informally interviewed a manager of one private clinic which has been rolling out antiretroviral treatments (ART) and found that in 2009 and 2010, 66.5% and 66.8%, respectively, of patients on ARV were employed. Employees who defaulted in 2009 were 0.6% and this figure increased in 2010 to 1.3%. The researcher was concerned because the employees were attending the clinic regularly, however, when they returned back to work they started defaulting. Therefore, the researcher sought to explore and understand their experiences regarding HIV/AIDS care and support they received in their places of work.

Miller, Ketlapile, Smith & Rosen (2010:48-54) also reported that some HIV-positive clients defaulted on ART due to fear of stigma in the workplace which constrained them to request time-off to go to the clinic. Van Dyk (2008:269-282) pointed out fear of stigma, secrecy and lack of support as some of the causes why employees defaulted. Most employees defaulted because they had to take some time off from work, had to wait in long queues and, as such, were afraid of losing their jobs (Zulu, 2009:29). These studies were performed in other regions of South Africa.

Hence, the researcher elected to study the experiences of employees who are living with the HIV/AIDS, regarding care and support received at their various workplaces in the Thulamela Municipality, Vhembe District of the Limpopo Province.

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1.4 Significance of the Study

The results of the study will assist occupational health care professionals, managers and employers to plan, implement and improve HIV/AIDS support and care programmes in workplace. The results should also encourage managers in particular organizations to develop and adopt relevant HIV/AIDS policies and procedures.

1.5 Purpose of the Study

The purpose of this study was to explore and describe the experiences of employees with HIV/AIDS regarding care and support that they receive in their workplaces in the Thulamela Municipality, Vhembe District of the Limpopo Province.

1.6 Objective of the Study

To identify and describe the experience of employees with HIV/AIDS regarding to the care and support at their workplaces.

1.7 Research Question

What is the experience of employees with HIV/AIDS regarding care and support at their workplaces?

1.8 Definitions of Key Concepts

1.8.1 Experience

Process of gaining knowledge or skill acquired from doing or seeing things (Hawker & Soanes, 2008:349). In this study, experience it will mean the physical, psychological and social knowledge that employees infected with HIV gain in their workplaces.

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1.8.2 Employee

Any person who is employed by or work for an employer and who receives or is entitled to remuneration or work under direction or supervision of an employer or any other person (Labour Relations Act No.66 of 1995, as amended). In this study, an employee will mean any person living with HIV/AIDS who is employed and earning a wage.

1.8.3 Care

Care refers to commitment to welfare of another or to look after (Hawkers & Soanes, 2008:143). In this study, care will be assistance provided to mediate the effects of various stresses caused by HIV/AIDS.

1.8.4 Support

To prevent someone from giving way, backing him/her up or bear all or part of the weight of someone (Simpson & Weiner, 1999:257; Hawker & Soanes, 2008:1041). In this study, support will mean practical or emotional help provided to employees with HIV/AIDS by colleagues, employers or managers.

1.9 Paradigmatic Perspective

A paradigmatic perspective is a collection of logically connected concepts and propositions that provide a theoretical orientation that frequently guides research approaches towards the topic. Paradigms are the building blocks of science and are part and parcel of building a scientific base for a profession (De Vos, 2009:443). Furthermore, as expanded by Niewenhuis, cited in Maree (2007:48), a paradigm is a set of beliefs or assumptions about fundamental aspects of reality which give rise to a

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particular world view and also represent what we think about the world and can serve as the lens or organizing principle by which reality is interpreted. Kuhn, as cited in Brink (2007:22) notes that there are discipline-specific methods of structuring reality:

- **Meta-Theoretical**—the researcher believes that people need help, such as acting for another, guiding and directing, providing physical and psychological support, providing and maintaining an environment that is supportive. Employees with HIV/AIDS need such kind of assistance in their work environment. For example, there are times where the employee with HIV/AIDS needs psychological support from co-workers and the manager.
- **Theoretical**—Watson's theory of human science and human caring will be adapted to describe the theoretical framework of support and care. A caring environment, according to Watson as cited in Toomey & Alligood (2002:149) and Fitzgerald, Pearson, &Vaughan, (2005:217) is one that offers the development of potential while allowing the person to choose the best action for him or herself at a given point in time. Effective caring promotes health and individual growth and can assist the person to gain control, become knowledgeable and promote health changes. Caring is built upon factors like developing a helping relationship, installation of faith and hope, and provision for a supportive, corrective and or corrective mental physical socio-cultural and spiritual environment (Tomey & Alligood, 2002:149-150; Fitzgerald, Pearson & Vaughan, 2005:218-219).

Developing a helping and caring relationship is a mode of communication characterized by congruence, empathy and warmth. Employees with HIV/AIDS will be able to disclose their HIV status and their concerns when

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the work environment provides warmth and empathy. Employees with HIV/AIDS sometimes become hopeless and need colleagues and managers who can instil faith, hope and beliefs that are meaningful to the employee.

Provision of supportive and caring environment may assist employees with HIV/AIDS to be able to cope with their condition. Employees spend most of their time in their workplaces which are vital places where care and support are needed for employees with HIV/AIDS to cope with life and be productive.

1.10 Conclusion

This chapter outlined the following: background to the study based on other studies conducted before, statement of problem, significance of the study, purpose of the study, objective of the study, research question, definition of key concepts and paradigmatic perspective. The following chapter covers the literature review.

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CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Literature review is a process that involves finding, reading, understanding and forming conclusions about the published research and theory on a particular topic (Burns & Grove, 2003:117). Good research does not exist in a vacuum—research findings should be an extension of previous knowledge and theory as well as a guide for future research activity. A literature review provides a critical summary of research on a topic of interest to put a research problem in context (Polit & Beck, 2004:722). A review of literature is conducted to generate a picture of what is known about a particular situation and the knowledge gaps that exist in a situation, i.e., to put the researcher's effort in perspective, and situating the topic in a larger knowledge pool (de Vos, Strydom, Fouche & Delport, 2011:134). Reviewing relevant studies enables the researcher to clarify which problems have been investigated, which require further investigation or replication and which have not been investigated (Burns & Grove, 2003:118)

2.2 Purpose of the Literature Review

The literature review in quantitative research clarifies the research problem and research topic by acquainting the researcher with what has been done about the topic in the field. The relevant theory and strategies used verify the significance of the research problem (Burns & Groove, 2003:117). In this study, the literature has been

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reviewed based on the research problem and the research questions. Emphasis has been given to organizational workplace support and care received by employees living with HIV/AIDS. The influence of workplace support and care is very much important in building the self-concept of the employee and contribute to job satisfaction.

2.3 Literature Reviewed

Literature is based on factors that influence the organizational context within which workplace HIV/AIDS support activities are implemented or overlooked. There are various factors that influence organizational support, as well as legislative frameworks pertaining to HIV/AIDS support in the workplace. The organization's mission indicates its purpose, philosophy and values that underscore the norms and guidelines to behaviour. The information was selected from literature published in nursing, psychology and organizational psychology that dealt with HIV/AIDS support and care provided by the family, informal and formal caregivers, businesses and organizations. The appropriate context of this study thus pertains to HIV/AIDS care and support as experienced by employees in workplaces.

2.4 The HIV/AIDS Epidemic

At the end of 2010, 34 million people were living with HIV/AIDS globally. The number of people newly infected with HIV declined globally though there are variations in the regions. According to the World Health Organization (WHO), there are regions with decreasing numbers of people dying from HIV/AIDS-related conditions while others have shown increasing numbers in 2010.The number of people dying from HIV/AIDS-related conditions increased in Eastern Europe and Central Asia to 90,000, while the figures for the Middle East and North Africa have increased

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from 22 000 to 35 000 people, and that of East Asia from 24 000 to 56 000 (WHO, 2010:11).

It is estimated that at the end of 2009, 1.8 million people were newly infected with HIV in sub-Saharan Africa (UNAIDS, 2010:16-21). In 2010, people newly infected with HIV in sub-Saharan Africa were 1.9 million. The number of people who died due to HIV-related conditions in sub-Saharan decreased from 2.5 million in 1995 to 1.8 million in 2010, which is 30% fewer to those who died in 2004 (WHO, 2011:17). Zimbabwe's capital, Harare, was estimated to have a 5.5% HIV incidence rate which slowed down to 1% in 2010. South Africa's HIV epidemic remains high in global terms. PLWHA in mid-2010 totalled 5.24 million, the highest prevalence among the 15-49 year age group (Statistics South Africa, 2010:3-6). The statistics suggest that there is hope in ART and the number of PLWHA is increasing since there is reduction in number of deaths due to AIDS-related conditions. This means that workplaces must be ready to implement care and support programmes for employees living with HIV/AIDS in order to enhance the effects of ART. Employees who are newly infected with HIV should be free to come forward for treatment if they have seen that the organization is ready to support employees with HIV/AIDS.

2.5 Impact of HIV/AIDS

HIV/AIDS has wide-ranging effects globally, including physical and psychological impact on the individual, the family, organizations and governments. HIV/AIDS can no longer be taken as a mere health challenge since it affects all spheres of life, including the workplace environment.

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2.5.1 Physical Impact on Individuals

There are four stages of HIV/AIDS as outlined by the Department of Health (DoH, 2008:182-183) and van Dyk (2008:33-59).

STAGE I

The time between the infection with the virus and when antibodies are developed in the blood stream marks a stage when HIV infection in the body is difficult to detect. The body starts to develop HIV antibodies—this is called seroconversion. The infected individual starts to develop flu-like symptoms and swollen lymph nodes. Employees with multiple partners can spread the infection without knowing that they have HIV. This means that employees must be educated about safe sex and how to protect themselves against HIV infection and transmitting the virus to others.

STAGE II

This stage can be called wellness stage. Many people experience a symptom free period during which they look and feel well, but the HIV will be busy replicating and destroying the immune system. The only way to know that one is infected with HIV is through testing. An employee with HIV needs counselling, support and information about lifestyle modifications at this stage, including condom use.

Stage III

This is an HIV ill time. HIV continues to destroy the immune system and the body starts to become weak and weight loss occurs. Early signs of HIV develop such as genital sores, swollen lymph nodes, oral thrush, signs of tuberculosis and chronic diarrhoea. This is the time when the employee will have frequent visits to the clinic or doctor or hospital to control opportunistic infections. Some employees will be started

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on ART at this stage. In South Africa, it is recommended that people with HIV/AIDS can start with ART if in stage III, $CD4^+$ cell count 350 or below, if they have tuberculosis and are clinically ill.

STAGE IV

This is the AIDS stage. There is severe loss of immune cells and the body develops symptoms associated with AIDS. The employee will become conscious of AIDS. This is the time when the employee experiences serious co-morbidities or diseases like cancer, tuberculosis, pneumonia and others, and hence needs special supportive care and medications since most HIV-infected individuals die at this stage. The employee may become too ill that he/she may have to go on extended leave and some may face early retirement due to ill health. The employer needs to be well informed about labour laws applicable to HIV-infected workers to avoid lawsuits. HIV compromises the immune system in such a way that previously rare diseases now become more common, including pneumocystic carinii, extra pulmonary tuberculosis and cancer; hence, the overall effects of HIV are deleterious to the human body.

2.5.2 Psychological Impact on Individuals

HIV/AIDS is a disease that affects an individual psychologically since it is associated with stigma and discrimination (Chaudior, Fisher & Simoni, 2011:1618). When an individual is diagnosed with HIV, most common reactions include anger, guilt, shame and self-loathing. Others undergo profound psychological reactions like depression or other mental illnesses (van Dyk, 2008:276-278). One study reported a frequency of 43.8% depression in PLWHA (Jagannath, Unnikrishnan, Heade, Ramapuram, Rao, Achappa, Madi & Kotian, 2011:288-292). Some HIV-positive individuals may refuse VCT for HIV and hence evade the necessity to seek treatment (Moratioa, 2007:27).

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Psychologically, an individual may suffer fear, loss, grief, anxiety, denial, low self-esteem, depression or suicidal behaviours. When employees discover that they are HIV-positive, they go through a series of stages and may manifest any or all of the components of bereavement similar to that described by Kubler Ross, as cited in van Dyk (2008:3010). The first reaction is shock and denial—the employee feels numb with disbelief. Some may go from one facility to the other, testing for HIV trying to check if the positive results are indeed true. In some cases, employees may ignore their HIV-positive status and continue to live like nothing has happened.

The second reaction is anger—the employees feel guilty about the infection and become angry with those they believe infected them. Third, withdrawal sets in—they recognize the stigma associated with HIV/AIDS and they may be uncertain on how others will react, and hence avoid disclosing their HIV status. Fourth, the bargaining stage where the individual may feel free to tell some selected significant others about their HIV status. This is the time when the employees can disclose to the manager and some fellow employees. Then the employees may look for others with the same condition and obtain peer support. The employees can join or form support groups. The last stage is acceptance, where the employees come to terms with HIV/AIDS. Employees accept that they have HIV and life still goes on (Ross, Mizwa, Danawi, Cogan, Klein, Magongo & Kganakga, 2005:312; van Dyk 2008:301; Zefi, 2013:411-424). People are different, hence, some may follow stages consecutively, some may be stuck at a certain stage and others may tend to work through several stages concurrently.

When an employee becomes too ill, i.e., severe symptomatic and terminal phases of AIDS, they experience depression, hopelessness and helplessness. Depression is

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common amongst employees with HIV/AIDS. Depression is increased by internalized shame regarding previous risk behaviours and fear that others will find out about their risk behaviours and HIV infection, hence they feel dirty an ashamed (Zhang, Zhang &Aleong, 2011:67). Depression is also increased by seeing others becoming ill and experiencing alienation.

Individuals with HIV/AIDS may suffer from being angry at themselves, face discrimination and predictions of a painful death at an early age (Thom, 2009:8). Thus, there may be some neurocognitive impairments and symptoms that might limit the employee living with HIV/AIDS, including forgetfulness, lack of concentration, apathy, withdrawal, decrease alertness, confusion and disorientation. Limited social and occupational activities may be aggravated by problems with physical image caused by physical disfigurement and neurocognitive dysfunction, poor sense of control over the environment and perception of loss of mastery of self (Singh, 2009:30). This means that HIV/AIDS comprehensive care and support must include psychological aspects.

2.5.3 Impact on Households

HIV/AIDS also impacts on family members or significant others. Significant others may experience shock and denial after disclosure of the loved one's HIV status; hence there may be rejection and isolation of the infected individual. HIV/AIDS increases the risk of family union instability—separation or divorce. Parental bereavement due to child death may also have a negative impact on union stability. When the partner has died, partnering and remarriage of the widow can have profound effect on social and residential arrangements for new partners and their children (Hosegood, 2009:19:31; Zhang, Zhang, Aleong & Fuller-Thomson, 2011:67).

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When the employee is a breadwinner, the family experience financial loss due to frequent visits to the doctor and if too ill to leave work there will be no source of income. This means that significant others of the infected employee have needs like their loved one, e.g. acceptance, respect, certainty, affiliation, support love and care (van Dyk, 2008:270).HIV/AIDS increases the number of orphans in society. The child may loose one or both parents. This also increases the problem of child labour as the orphaned children try to support themselves (Taylor & Maithya, 2007:29; Kaseke, 2009:3). This means that children whose parents are no longer working or have died due to HIV/AIDS have no other choice if there is no one to support them—they have to go to work for survival.

HIV/AIDS leads to oppurtunistic infections like tuberculosis. Pulmonary tuberculosis can be spread to those that are in contact with the infected individual, e.g., family members. Members of the family can fall victims to tuberculosis (Daftary, 2012:1512). When the infected parent is too ill, a child may leave school in order to care for the sick parent. Other family members may also leave work in order to care for the sick relative. Family members are also affected by HIV/AIDS stigma, as they may be rejected by community members because they are related to a person with HIV/AIDS. Some societies do not associate easily with people who are family of an AIDS person (Campbell, Nair, Maimane & Nicholson, 2007:403-16).

2.5.3.1 Food Security

When the sole breadwinner is afflicted with HIV/AIDS and is too ill to work, the family will not have a means of support (Ogunmefun, 2008:20; Lekalakala 2011:567). Even if the breadwinner leaves work in order to care for the sick at home the family will lose that means of support (Jefferis, Sipnhambe, Kinghorn, 2006:16-17). If the

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adult member in a family that depend on farming has HIV/AIDS and is unable to be productive, food security is also affected (Ashford, 2006:3). Therefore, HIV/AIDS affects the availability of food in the family. Women are usually involved in producing, purchasing and preparing food, so when a woman is diagnosed HIV-positive, household food security is impacted, as these responsibilities shift to younger, more inexperienced women in the home. Women are also primary caregivers (Ogunmefun, 2008:1). Caring for ill family members means less time is available for food production and preparation. The death of a relative who left children who need support will increase the demand of the amount of food for the family who will foster those orphans (Jefferis et al., 2006:17).

2.5.3.2 Changes in Family Structure

Infected adults may return home from work being sick or even at the advance stage of the disease. They tend to be cared for by their mothers if there is no wife or if she is already dead (Ogunmefun, 2008:15-16). The sick employee can move to the mother's house or the mother may come to care for him/her. If both parents are dead, the orphans may go to the granny or to another relative to be cared for. Where there is no one to care for the orphans, the household will become a child-headed domiciliary (Meintjies, Hall, Meresa & Boulle, 2009 1-4; Magotlane & Chauke, 2010:24-32). In such a scenario the likelihood of child labour increases when the orphans leave school and seek for job to be able to support themselves and other young siblings (Nkomo, 2006:1-9; South African Catholic Bishop's Conference, 2009:1-3). Thus, it is evident that family structure changes when the mother or both parents have HIV/AIDS, become too ill or die, and when an adult living alone becomes too ill.

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2.5.3.3 Burden on Older Persons

Older persons have become the primary provider of care for their sons/daughters who are sick with HIV/AIDS. Most of with HIV-infected people are nursed at home. Most care givers are the mothers of the infected person. Elderly persons are at the stage of their lives when they were supposed to be cared for—instead they are expected to care for the sick. If that sick person dies, the remaining siblings are to be taken care for. Schaltz (2007:151) reported an increase in elderly persons' responsibility to care for sick and orphaned children. HIV/AIDS affects the elderly persons who are caring for the sick person with HIV/AIDS physically and psychologically. Physically, the elderly person is old enough to be cared for and due to sick adult children they, instead, have to take the caring responsibility (Ogunmefun, 2008:15-16).

Psychologically, the elderly's experience of hopelessness and loneliness, shame and fear of being infected are documented (Landman, 2008:57). Infected elderly women feel humiliated by their sexuality because of the myth that the elderly are asexual and their own fear makes them not to seek health care and support since they fear stigmatization (Mokgele, 2011:568-569). Elderly persons are also at risk of contracting HIV/AIDS and hence an early death. Economically, elderly persons face enormous strain due to medical expenses of sick adult children and funeral cost if s/he dies (Ashford, 2006:2). Orphans of parents who died of HIV/AIDS have their own demands like school fees or medical expenses if they are infected. Those who are already on social grants tend to use that social grant to care for those siblings. In this manner, elderly persons affected by HIV/AIDS no longer enjoy their late years—they live a life of burden and bereavement.

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2.5.3.4 Effects on Children

Children of the parents with HIV/AIDS are affected by the illness of their parents. If the parent is too and needs constant care and there is no one else to give care, the child may leave school to care for the parent. The older child also takes on the responsibility of doing household chores and hence does not have time to play with other children (Lyons, 2008:3). While caring for the sick parent, the child may be infected with HIV. When the parent cannot go to work due to HIV/AIDS-related illness there will be no support, thus the child will be forced to go to seek for job in order to support the family (Nkomo, 2006:43). Psychologically, the child may live with stigma, shame and the fear that one day the parent will die and no one will take care of the family (van Dyk, 2008:347). After the death of parents, the children may be taken in by a foster family and move to a new community. This may be a traumatic experience, depending on the availability of the support and care in the new environment (Nkomo, 2006:43). These altered roles and responsibilities assumed by the younger generation within families affected by HIV/AIDS are just some of the widespread burdens of the disease to society.

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2.5.4 Impact on Organizations

Employees are the main assets in the organization and when they are ill the organization is also affected. The organization cannot ignore the effects of HIV/AIDS on productivity. Impact of HIV/AIDS on workplaces includes direct and indirect costs. Direct costs include sick leave, medical care and funeral expenses. Indirect costs include lower productivity due to sick workers not on duty or when they are weak and cannot work in a required pace. There is also strain on the other employees who will have to do extra work when a sick colleague is on sick leave or cannot handle that type

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of work. Furthermore, staff demoralization, injuries to employees and damage to equipment due to unfit employees can contribute to indirect costs. When an HIV-infected employee becomes too ill to continue working, there will be a loss of an experienced worker and the need for the company to recruit and train new employees to replace those too ill to work (Scott, Skovdal, Campbell, Madanhire, Nyamukapa & Simon, 2011:5).

Several studies agree that there are enormous costs that HIV have on organizations (ILO 2008:5; Kaseke, 2009:3; Scott et al., 2011:5). There are direct costs associated with HIV/AIDS like medical care for frequently sick employee who need regular treatment for opportunistic infections. When disease progressed to terminal stage and the employee dies, then death benefits and funeral costs are necessitated. The organization will be affected by indirect costs through lower productivity from sick employees which put strain on all employees because they take extra work that the other employees cannot handle. This leads to staff demoralization. Employees who are unfit can injure themselves or damage equipment, adding another cost to the organization.

There is unanticipated time that is lost when an employee has taken leave to attend a funeral, and due to sickness. In a study by the ministry of Small and Medium Enterprise (SME) development in Zimbabwe, the average time lost to each SME as a result of funerals, sickness and absenteeism was estimated to cost Z$3.8 billion over twelve months (Chibukire, 2007: 5). The organization has extra expenditure on recruiting and training new staff to refill the loss of experienced staff and institutional memory (Scott et al., 2011:5). This implies that the workplace that is engaged on

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HIVAIDS prevention, care and support of employees is investing in its future and cutting costs related to HIV/AIDS in workplace.

2.5.4.1 Organizational Culture

The organization's vision, mission, strategy, goals and values impart guidelines to its norms and behaviour, including social responsibility to the community and well-being of employees. Organizational culture influences the nature and outcomes of performances and can as well influence the provision or influence of support interventions. Therefore, policies and procedures are necessary to ensure a supportive organizational climate. Managers need to be committed to HIV/AIDS policies and programmes as they have authority to incorporate them into a responsible and caring work ethic (Mabuza, 2011:26).

Successful organizations are characterized by strong values and a compelling, guiding vision that communicates what behaviour is appropriate and what is not. Employees' problems are private, but there are times when they cause poor job performance like when an employee is affected psychologically after HIV diagnosis or when HIV progressed to advance stages. Supervisors and managers must be able to detect employees whose work performances deteriorate due to increased absenteeism, problems with instructions and loss of enthusiasm for work (Mogorosi, 2009:347). It is the manager's responsibility to consider every employee as a unique individual since employees with other problems not related to HIV can also present with poor work performances. This means that those employees with HIV will be assisted in order to re-establish their productivity levels.

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2.5.4.2 HIV/AIDS Policy for Organizations

Organizations are legally obliged to provide a supportive and non-discriminatory environment for all employees. Providing workplace support programmes can reduce the impact of HIV/AIDS on the organization. Lengwe-Katembula (2008:47) confirmed that some companies have formulated HIV/AIDS policy programme in respond to the epidemic and its effects. Companies like De Beers, Mercedes-Benz South Africa and some municipalities have developed HIV/AIDS policies to support their infected employees. For example, in the introduction of Mercedes-Benz South Africa HIV/AIDS policy it is said the company wanted to extend quality prevention, treatment, care and support to employees, their dependants and the community (www.moneybiz.org). Likewise, the HIV/AIDS policy and plan of the Nongoma Local Municipality in the north-eastern part of Zululand in the KwaZulu-Natal province of South Africa prohibits unfair discrimination against HIV-infected employees.*

When developing an HIV/AIDS policy, it is advisable to include the rights of employees to confidentiality and non-disclosure. The policy must give affirmation of the rights of employees to fair access to benefits, promotion, pay and continued employment, regardless of HIV status. The policy should furthermore give a clear statement of zero tolerance to discrimination and employees should be directed on what to do if they have an HIV/AIDS-related complaint (Scott et al., 2011:8)

2.5.4.3 HIV/AIDS Employee Assistant Programme for Organizations

An HIV/AIDS Employee Assistant Programme (EAP) provides counselling for employees and their families. The purpose of this programme is to help employees

*http://www.nongoma.org.za/index.php/mfma-documents/policies-and-bylaws/summary/3-policies-and-bylaws/16-municipality-hiv-aids-policy

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who are facing personal problems by assessing the nature of their problems and making referrals to appropriate resources (Mogorosi, 2009:344). Some of the problems that are handled through EAP include management of HIV/AIDS and support to the infected and affected employees through psychological assistance. This programme is generally staffed with professionals like psychologists, nurses, social workers, medical officers, labour relations personnel and HIV/AIDS counsellors. HIVAIDS is one of the major problems that are attended to on a daily basis by EAP practitioners (Jantjie, 2009:1). Through this programme, employees with HIV/AIDS can have access to counselling and support in the workplaces.

There are challenges that delay implementation of HIV/ADS workplace EAP, including cost, time, stigma and discrimination, lack of an all-encompassing workplace health programme (Chibukire, 2007:9).

Cost

This includes cost of professionals who will run the programme and financial resources to procure drugs, especially ARV for employees who need them. Cost to implement an HIV/AIDS programme can be viewed as challenging to the company if the difference is not calculated. Neglected employee with HIV/AIDS impose indirect costs to the company through sickness and leave benefits, absenteeism, recruitment and training, funeral expenses and pension payments (Scott, Skovdal, Campbell, Madanhire, Nyamukapa & Gregson, 2011:5). However, it does not mean that if an employee is HIV-infected that s/he will remain unproductive and not effective—ARV can help return previously unproductive employee to being a full productive member of the workforce for longer time (Sephuma, 2008:1).

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TIME

Most companies are concerned with production and find it difficult to allow employees to conduct HIV/AIDS activities at work (Chibukire, 2007:9). These activities are very important since they minimize the long-term impact of HIV/AIDS on the company. Employers must show that they are committed to HIV/AIDS programmes and allow the employees to run workplace programmes in a stipulated time.

STIGMA AND DISCRIMINATION

Employees are reluctant to roll out to HIV/AIDS programmes in the workplace because of fear of stigma and discrimination that may include loss of jobs, decreased benefits and victimization. Discrimination of employees on the basis of their HIV status discourages them to become involved in the programme and this may delay them to be tested and receive beneficial ART. Employers must be exemplary in the workplace and show zero tolerance to stigma and discrimination against employees with HIV/AIDS. This will encourage employees to enrol in HIV/AIDS programme (Scott et al., 2011:9).

LACK OF ALL-ENCOMPASSING WORKPLACE HEALTH PROGRAMME

Sometimes HIV/AIDS workplace programmes concentrate on issues concerning HIVAIDS only and do not attend to other conditions HIV/AIDS-related conditions or co-morbidities such as tuberculosis, opportunistic infections and cancer. Employees with HIV can develop active tuberculosis, if exposed to the disease. It is, accordingly, advisable for the company to include other communicable diseases in HIV/AIDS programmes (Chibukire, 2007:10). This programme may be effective if the staff act

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professionally and the employees trust that the services are provided within the boundaries of confidentiality and privacy.

2.5.4.4 Legislation that Supports Employees with HIV/AIDS

HIV/AIDS is characterized by stigma and discrimination which makes it not so easy to deal with the disease in the workplace (SA NSP, 2007:13). In the midst of stigma and discrimination, there are legislations that protect employees in as far as HIV/AIDS issues are concerned.

Employment Equity Act, No. 55 of 1998

The focus of the Employment Equity Act, No. 55 of 1998 is on elimination of unfair discrimination to create equal opportunities for PLWHA. The Act prohibits mandatory screening of individuals, unless the labour court justifies such testing (Employment Equity Act, No. 55 of 1998). This means that in the event that the company or organization wishes to conduct HIV testing as an admission requirement for an employee benefit scheme, they need to approach the Labour court. The organization will have to set out justification in order to obtain the permission to do so.

The Labour Relations Act (LRA) No. 66 of 1995

Section 187(1)(f) of the LRA No. 66 of 1995 states that an employee with HIV/AIDS may not be dismissed simply because s/he has HIV/AIDS. When there are valid reasons related to their capacity to continue working and fair procedures have been followed, their services may be terminated in accordance with Section 188(1) (i). The fair reason for dismissal includes capacity, conduct and employer's operational requirements—which must be done in accordance with fair procedures. The LRA

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condemns discrimination and embraces the ideal of PLWHA as an integral part of the workforce.

ILO Code of Practice on HIV/AIDS and the World at Work

The ILO recognizes that HIV/AIDS is a public health emergency and believes that the workplace is key in preventing the spread of the epidemic as well as providing information and assistance on treatment and support. This principle made the ILO publish the Code of Practice in 2001 to serve as the framework for action related to the workplace (ILO, 2001:3-4). The Code of Practice contains key principles for policy development and practical guidelines for programmes at enterprise, community and national levels. In the workplace, HIV/AIDS issues should be recognized and treated like any other chronic illness with no discrimination on the basis of real or perceived HIV status. The ILO has also showed that gender equality is to be considered where women in workplace should be empowered with the aim to prevent further transmission of HIV. Workplaces should be safe and healthy to facilitate physical and mental health in relation to work and adaptation of work. Social dialogue must encourage cooperation between the government, employer and employee which means that employees with HIV/AIDS should be actively involved in HIV/AIDS policies and programmes. No HIV screening in workplace with a purpose of exclusion from employment or work process should be practised. Confidentiality should be maintained in the handling of employee personal data relating HIV status, and the infected employee must receive care and support without discrimination. The ILO also urges employers to continue with employment relationships with employees who must remain working for as long as medically fit. The ILO showed that strategies to prevent HIV/AIDS in workplaces should be employed.

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Technical Assistance Guidelines (TAG) by Department of Labour South Africa

Technical Assistance Guidelines (TAG) on the code of good practice helps employers and trade unions on how to deal with HIV-related discrimination and to respond to the impact of HIV/AIDS in the workplace. It specifically prohibits unfair discrimination and ensures that testing takes place in accordance with the Employment Equity Act. It also promotes a safe working environment, compensation for those who contracted the disease, protection from unfair dismissal and promotion of an accessible grievance procedure to deal with HIV/AIDS-related disputes. In times where the employee is temporarily unable to continue to work, the employer investigates the extent of the incapacity and offer alternatives to dismissal. Employees are considered for permanent incapacity when the nature of capacity and the employee's capability of performing work is reviewed. The extent of the employee to perform work, the degree to which the employee's duties can be adapted and the availability of alternative work are to be considered before employee is regarded incapable of performing his/her duty. The employer is also supposed to check the employee's status, length of service, cause of the incapacity and the likelihood of recovery or improvement. The size of business, the effect of the employee's absence on the employer's operation and the effect of the employee's disability on the welfare and safety of others are considered as stipulated by the Department of Labour.

Constitution of South Africa Act, No. 108 of 1996

Unfair discrimination on any basis, including an individual's HIV/AIDS status is considered illegal in terms of the Constitution Act No. 108 (1996). Section 9 of the Constitution of South Africa provides that every person is entitled to equality before the law and equal protection of the law and no employee should be discriminated pertaining to his/her HIV status. The Constitution of South Africa promotes human

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dignity, equality and respect for human rights and labour laws require organizations or institutions to oblige in providing a safe and discrimination-free working environment for all—employees have rights to a safe working environment that is supportive and caring.

2.5.5 Impact on Governments

Millennium Development Goal (MDG) number six focuses on the eradication of HIVAIDS and malaria and other diseases by the year 2015. The government is affected by HIV/AIDS to a similar extent as companies, individuals and families since all are part of the government. Low productivity in companies affects the revenues of the country. Internationally and nationally, the fight against HIV/AIDS is a serious concern of the South African National Strategic Plan (NSP) for HIV/AIDS and Sexually Transmittable Infections (STI) (SA NSP, 2007; WHO, 2011

The South African government has made the fight against this disease one of its top priorities. In order to guide the national response, the National Department of Health (DoH) updated previous commitments and developed the NSP for HIV/AIDS and STI 2007-2011 (DoH, 2007:8). The NSP outlines four key priority areas for the — prevention; treatment, care and support; research, monitoring and surveillance; and human rights and access to justice. In addition, the government recognized that prevention is the key effort in the overall response to HIV/AIDS and that VCT provides access to the continuum of prevention, treatment, care and support (DoH, 2007:13). In August 2011, the Deputy President of South Africa announced changes in the eligibility criteria for ART with all HIV-positive people with $CD4^+$ count of <350 being eligible for treatment (DoH, 2010:1-6).

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HIV/AIDS imposes a burden on the government through increased illnesses, some of which that need to be attended in the government facilities. When PLWHA are eligible for ART, monthly expenditure on health facility continues. In a report given by Econoconsult about the economic impact of HIV/AIDS it was found that the government expenditure has increased in orphan allowance, HIV/AIDS prevention programmes and ART (Jefferis, Siphambe & Kinghorn, 2006:76-88). Another study in Kenya revealed that government's expenditure on health care facilities increases due to treatments of opportunistic infection and ART (Taylor & Maithya, 2007:14). HIV/AIDS robs societies of productive workers, professionals, political leaders, friends, relatives and soldiers to protect the country. This undermines the country's economic growth and development potential and hence the fight against HIV/AIDS has to be intensified.

2.6 HIV/AIDS Care and Support in the Workplace

Care and support in the workplace are mostly derived from managers or employers. This may include medical aid assistance, workplace HIV prevention, workplace HIV counselling and testing (HCT), treatment, social and nutritional support, accommodation of employees with HIV/AIDS, confidentiality and empowerment of employees on HIV-related issues (Kaseke 2009:5). Other employees can help by showing acceptance and giving social and moral support and avoid isolation and discrimination (Sephuma, 2008:3).

2.6.1 Medical Assistance

Previously, PLWHA experienced difficulty in procuring health and life assurance because insurance companies did not accept any HIV-positive clients for cover. Some

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insurance companies deliberately increased premiums for PLWHA. The implementation of the Medical Schemes Act No. 131 of 1998 in South Africa changed the status quo and currently most medical aid schemes are geared towards giving PLWHA the support they need for their health and productive life. The medical aid schemes provide for the treatment of HIV provided the member disclosed his/her HIV status to the scheme. Confidentiality is maintained by all involved in the care. Besides prescribed minimum benefits, members have access to a network of professionals for pre- and post-test counselling, doctors, specialists, specific interventions like pathological tests, reminders to go for tests or consultations, ART and other treatments and HIV/AIDS-specific call centres (Council for Medical Schemes accessed in www.medical.AID.co.za).

The Medical Schemes Act No. 131 of 1998 prohibits unfair discrimination on a number of grounds and it forbids risk rating which is about making people pay more because they are seen as member of high risk group, like PLWHA. This Act provides that the premiums payable by member must be determined on the basis of income or number of dependants, or both. Premiums cannot be determined on the bases of any other ground such as sex; past or present state of health of applicant or his/her dependants. The Act further imposes a penalty on late joiners of the scheme who are the applicant or the dependant who at the date of applying for membership is 40 years or older and has not been a member of any other scheme during the period of two years before applying for membership. Payment may include a payment of higher premium. Most large companies have provision for ART for their employees via medical aid schemes or in-house provisions. Contract employers and those from small companies rely on government systems since they do not have such access.

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2.6.2 Workplace HIV Prevention and Education

Workplace initiatives to prevent HIV make employees aware of HIV, encourage behaviour changes and create a non-discriminative environment. In Zimbabwe, workplace initiatives on HIV prevention are focusing on giving information, education and promotion on the use of condoms. Information is disseminated through posters, printed material and drama (Kaseke, 2009:4). The ILO (2008:26) indicated that it is important "to constantly reinforce the simple facts about HIV infection, how it is spread and not spread and how to prevent it; contradict the persisting myth about HIV and AIDS combat the superstitions and taboos to sexual behaviour and promote and support behaviour change".

Prevention is better than cure and in the case of HIV/AIDS prevention costs less than to treat an HIV-infected employee. Information and awareness rising is not as expensive as companies may think and assistance can be obtained from different donors (Chibukire, 2007:9). Awareness activities are aimed at ensuring that all staff members are aware of transmission of HIV and its prevention. Awareness activities include distribution of red ribbons and pamphlets, talks by PLWHA and celebrating World AIDS days in the workplace (Mabuza, 2011:20). The use of clear, simple, direct and easy-to-remember messages is good when giving information about HIV/AIDS. The ILO recommends the use of cost-effective information-education activities and materials like testimonies of PLWHA, film showing, posters, bulletin boards, T-shirts, caps and company publications.

The organization can incorporate an HIV/AIDS programme into any existing organizational programmes on health and safety issues. Employees can also be educated on HIV through participatory education through which employees are given

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tasks to do in the form of questions to let them be active parts of education process. In this way, employees experience and explore, and are able to assess their knowledge which can help them to reduce risks. Then, practical measures to support behaviour change are necessary like provision of free condoms and on worksite HCT services. In South Africa, condoms are freely distributed by government; therefore the company can communicate with the relevant department for regular supplies, yet another way to show that the workplace is concerned about HIV prevention (ILO, 2008:27-33).

2.6.3 Workplace HIV Counselling and Testing

HIV/AIDS counselling and testing (HCT) is an entry point to HIV/AIDS treatment, care and support. An individual goes on counselling and make an informed choice about being tested (Mabuza, 2011:25; Scott et al., 2011:8). Employees are helped to accept their HIV status, even if is positive or negative and are encouraged to take responsibility for their sexual health and HIV prevention. Workplaces cannot support the employees until they have been tested and know their HIV status. Testing detects infection before the employee becomes sick, thus giving the opportunity to access appropriate treatments and avoid re-infection or infecting others.

Scott et al. (2011:8) proposed methods that would encourage employees to go for HIV testing. HIV testing attracts more employees if it is done by external agencies on the worksite rather than sending employees offsite. Employees are also encouraged to test if testing is linked to education about support available for HIV-positive employees, and managers are not able to access the results. If workers are given time off to go for test and results are received at the time of the test, employees are attracted for testing. Management must be the first to test in order to encourage employees to follow the leaders who lead by example. This means that HIV testing at the workplace will

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reduce employees' fear about HIV and diminish stigma and discrimination. According to the Employment Equity Act No. 55 of 1998, organizations are strongly discouraged on mandating HIV tests for employees or applicants.

2.6.4 Social Support

Patel, as cited in Lyons (2010:15-16) defined social support as a concept recognizing that people exist in varying degrees in the nature through which they can receive and give aid and in which they engage in interaction. Social support includes tangible components like financial and physical aid; and intangible components such as encouragement and guidance. Social support can be obtained from friends, co-workers, family, spiritual advisors, health care workers and members of one's community (Galvann, Davis, Banks & Bing, 2008:428-436; Harris & Larsen, 2008:401-415). Adedimeji, Alawock & Adutoli (2010:36) considered social support in five categories. The emotional category includes love and sympathy. Then instrumental or tangible like finance, information and guidance or feedback on behaviours, offering appraisal which help the person to evaluate him/herself. Another study discussed sources of social support as primarily related to family and friends the subsequently to community-based support, government agencies and the health care industry (Shippy, 2007:7-8).

Harris & Larsen (2008:401-415) furthermore attested that counsellors and health care workers are important in providing referral information for wellness, counselling and medical treatment. It is therefore clear that social support is important to employees with HIVAIDS in order for them to deal with the condition associated with death, stigma and discrimination. Supporting employees with HVAIDS ensure restoration of

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the social functioning of the individual who may have experienced some form of trauma after HIV diagnosis.

2.6.5 Nutrition

Employees with HIV/AIDS have increased risk of becoming malnourished due to inadequate dietary intake, nutritional losses, metabolic changes and chronic infections. Adequate nutrition in employees with HIV/AIDS has multiple beneficial effects such as prevention of malnutrition and wasting, and the achievement and maintenance of optimal body weight. The body can thus fight opportunistic infections and delay the progression of HIV. Good nutrition also helps to improve the effect of ART; hence it improves quality of life (DoH, 2007:1).

In a study about knowledge, attitude and perception of HIV/AIDS response programmes by service staff at the University of Venda, it was reported that the institution has a nutritional programme for those staff members who are living with HIV/AIDS—they are given supplementary food parcels. This helps the staff living with HIV/AIDS to meet their dietary requirements (Chikonzo, 2012:21). This action was also recommended to companies so that they too can add nutritional supplementation to their wellness programmes since some employees are unable to meet their dietary requirements.

Some employees have to take treatments on an empty stomach because they are unable to afford to have food daily and this can lead to discontinuation of treatment due to discomfort of taking treatment on an empty stomach (Scott, Skovdal, Campbell, Madanhire, Nyamukapa & Gregson 2011:6). Uganda has food security support the dietary needs of PLWHA (Kussima, 2006:20). Everyone needs proper nutrition, but to

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the employee with HIV/AIDS the demand increases due to the fight against infection; hence, to an employee with HIV/AIDS nutrition is part of the treatment package.

2.6.6 Accommodating Employees with HIV/AIDS in the Workplace

As HIV progresses, the employee will, at times, be unable to continue with normal routine schedules. Sometimes employees with HIV/AIDS must go for follow-up every month or two and they may need workplace approval for such visits to the health care facility. Employees with HIV/AIDS need reasonable alteration in work schedule in order to continue being productive (Scott et al., 2011:10-11). Employment Equity Act No 55 of 1998 section 1 also states about reasonable accommodation which includes any modification or adjustment to a job or to a working environment which will enable an employee to have access to or participate or advance in employment (DoL, 1998). This helps the employee to continue to work as long as they are capable. However, because of the advanced treatments available to HIV-infected individuals, some may improve and resume their normal duties.

Job Accommodation Network provided some ideas on how to facilitate PLWHA in the workplace; for employees with fatigue/weakness the following ideas can reduce or eliminate lifting or walking—flexibility to sit or stand in a rest area with cot, frequent breaks, job sharing and telephone. Employees with chronic diarrhoea may need to work near rest rooms and have flexible work schedules. If the employee has decreased cognitive ability, reduced workload, prioritize job assignment and the use of a diary to arrange his/her own work can be helpful. Employees with respiratory problems may need good ventilation, avoidance of high temperatures, workstations free from dust and fellow employees need to wash their hands more frequently. Skin infections may need the employee to work in an environment free from infectious agents or chemicals

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and to avoid activities that could harm the skin (Job Accommodation Network, 2013:5-8).

The ILO (2010:4) indicated that employees with HIV/AIDS must be given a chance to continue to carry their duties for as long as they are medically fit. This means that duties of the employee with HIV/AIDS must be adjusted to fit his/her conditions until such time when the medical doctor confirmed that s/he is medically unfit to continue working. It is then that the employee can be given retirement due to ill health. Findings in a study about workplace initiatives for management of HIV/AIDS showed that the employees with HIV/AIDS are assigned to do lighter jobs if they are unable to continue with their present jobs. It was further reported that it mostly happen in large enterprises, those in small enterprises are disadvantaged because of the slight chances of redeployment (Kaseke, 2009:2).

2.6.7 Confidentiality

Workplaces that have HIV/AIDS policies have included that confidentiality will be maintained at all times. Sanlam's HIV/AIDS policy states that Sanlam respects the individual's right to confidentiality and will not do an HIV test for employment purposes. Information about the positive HIV status of employee will remain confidential. If employee discloses his/her HIV, the manager must regard this as confidential unless the employee specifically indicates this in writing (Sanlam, 2005:5). The HIV/AIDS policy and plan 2010/2011 of the Nongoma Municipality also states that an employee with HIV/AIDS retains rights and obligations like any other employee and confidentiality will be maintained at all times. Stegling (2007:29) outlined the ILO principles of which confidentiality was one. Thus, personal data of an employee relating to an employee's HIV status should be kept confidential.

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Recommendation number four on what companies do to support HIV positive workers is to make confidentiality a priority (Scott et al., 2011:9). Every employee has the right to control who knows about his/her HIV status. Some employees do not get tested or stick to treatment, fearing that others will know that they have HIV/AIDS. Employers must not disclose an employee's HIV status unless they have the permission from employee to do so. Confidentiality around HIV is so serious due to the stigma associated with HIV/AIDS.

2.6.8 Employee Empowerment

Empowerment is indispensable to all employees whether they have HIV/AIDS or not. In a study on the impact of workplace-based HIV/AIDS risk reduction, training and intervention, employees showed willingness to test, disclose and to support other employees with full-blown AIDS at work (Chimbetete & Gwandure, 2011:11-19). Employees need to be informed about HIV transmission, prevention, workplace policy, and positive living, testing, treatment, care and support. Companies that opted to include this training in the employee's induction course include Sanlam. The workplace should provide the platform for education and training programme on HIV/AIDS. One way of informing an HIV/AIDS education and training programme is to base it on knowledge, attitudes and practices study. Knowledge, attitudes and practices study generally administered as a questionnaire, explores the knowledge, attitudes and practices of individuals in a group (Mabuza, 2011:25).

Employees can also be trained to teach others about HIV/AIDS, i.e., to be a peer educator. Employees with HIV/AIDS and who are interested in speaking openly about their HIV status can be effective peer educators. Other employees will see that there is someone who they know that is having HIV and is leading a normal and positive life.

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This may help in changing attitudes and behaviours about the disease. Some of the fears that employees have about HIV can be changed and stigma can be lessened if peer education is done by an employee living with HIV (Scott et al., 2011:11). Employee empowerment will also help women in the workplace to be empowered to prevent spread of infection, to be able to cope with HIV and to negotiate safer sex with their partners (Department of Public Service and Administration, 2002:80-81; Mabuza, 2011:25).

2.7 Stigma and Discrimination

Since first reported, HIV/AIDS has been associated with stigma and discrimination which are some of the driving forces of HIV/AIDS in South Africa. (Soul City, 2007:11). Different studies support the definition by Goffman which states that stigma is an "attribute that is deeply discrediting" (Campbell, Nair, Maimane & Sibiya 2005:8; Visser 2007:49-69; Genberg, Kawichi, Chigono, Sendah, Chariyalertsak, Konda & Celentano 2008:778; Mbonu, van den Borne & de Vries, 2009:4). This means that an individual with HIV/AIDS occupy a discredited identity and place in the society and is labelled as an outcast and immoral citizen (Mbonu et al., 2009:1-2).Campbell et al. (2005:8) and Visser (2007:49) highlighted causes of stigma. These causes may be explained as workplace stigma against HIV/AIDS, which may be fear of contagion, fear of illness, lack of information and open discussion about HIV/AIDS, fear of death and the fact that HIV/AIDS is linked with sex and has no cure.

In a study on HIV/AIDS discrimination, it was confirmed that 70% of respondents indicated that they were still facing discrimination at work (Mohd, 2006:585-587). This study was supported by a survey which showed that one in five employees had

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lost their job due to their HIV/AIDS status (Simbayi, Kalichman, Strebel, Cloete, Henda & Mqeketo, 2007:1823-1831). Furthermore, it was reported that stigmatized people may be denied the ordinary privileges of social life, and if they are perceived to be guilty may be punished in an attempt to protect others (van Dyk, 2008:304).

Employees with HIV/AIDS may be punished through termination of employment, denial of access to medical schemes and other measures of exclusion. Stigma and discrimination in the workplace make infected employees unable to request time off to collect medication (Miller, Ketlapile, Smith & Rosen, 2010:48-56). In light of this it was found that as more time was required to attend clinical follow-up, employees defaulted because they were afraid they would lose their jobs due to frequently being away from the workplace (Zulu, 2009: 29).

Employees with HIV stage three or four may face some challenges in workplaces which discriminate against individuals with HVI/AIDS because they frequently visit clinics for opportunistic infections and more especially when they are not yet on ART. To those already on ART, such a situation results in increased defaulters amongst employees with HIV/AIDS which, in turn, leads to poor recovery (Soul City, 2007:37).

Stigma and discrimination have negative effects on HIV-infected individuals, but care and support can make a tremendous difference in PLWHA. Edwin Cameron, a young human rights lawyer at the age of 33 years discovered that he was HIV-positive. In one of his lectures he explained his experience after he was told that he was infected with HIV (Cameron, 2010:6-7). He said that he was uncounselled, unsupported, unadvised and "I saw a grim future ahead," and years ahead were years of fear, silence

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and inner shame. He said he was infected with possibly the most stigmatized disease in human history and there was a sense of shame and embarrassment. There was no support from friends and work colleagues. Cameron (2010:6-7) acknowledged the care and support he received from clinicians who worked with HIV campaigns and information propagation—that was where he was free to disclose and assist in campaigns.

Teni-Xego, an assistant nurse thought she could not survive when she found that she had HIV in 2002, but through the care and support she received from family, friends work colleagues, and her doctor she is still alive today. Teni-Xego started ART in 2003 and managed to start a comprehensive Diploma in Nursing, during which time she also received support from tutors and started a support group on the campus in 2009 (Teni-Xego, 2009:54).In sub-Saharan Africa where there is increased visibility of PLWHA, one will expect that stigma and discrimination against HIV/AIDS will be lessened, but it is still reported to be rife in different studies (Genberg et al., 2008:772-780; Mbonu et al., 2009:1-4; Daftary, 2012:1512-1519).

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2.8 Disclosure

Disclosure is an act of giving people new or secret information and different researchers have found that in HIV/AIDS it is characterized by dilemma (Stutterheim, Shipirinda, Boss, Pryor, Bruin, Nellen, Kok, Prins & Schaalma, 2011:195-205; Chaudior, Fisher & Simoni, 2011:1618). An employee faces a dilemma of disclosing his/her HIV status to the employer or co-workers because it can either promote healthy sound support and psychological well-being or can lead to rejection and negative interaction. There are different theories of disclosure. One can disclose as illness

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advance or when perceived benefits are more than the costs of disclosure (Chaudoir, Fisher & Simoni, 2011:1618).

Disclosure is covered in the Constitution of South Africa Act No. 108 of 1996. The right to privacy which is the right of the individual to restrict availability to others about certain attributes of a person. This also means that the individual has the right to choose to disclose and to whom s/he wants to disclose an HIV status. Studies have identified common reasons of disclosure as HIV prevention, to receive support, relationship ties and to explain obvious changes. Common reasons of non-disclosure are fear of stigma and discrimination (Ssali, Atuyambe, Tunwine, Seguja, Neluse, Nannungi, Ryan & Wagner 2010:1-8; Muwanga, 2012:12). In the workplace, advantages of disclosing have been identified as to ensure that the employer create a supportive. Workplaces must create an environment that encourages the employees with HIV/AIDS to disclose freely.

2.8 Conclusion

PLWHA in the workplace need more than drugs, they need to be handled as any other employee with chronic illness. HIV/AIDS is now well managed with drugs. Moreover, employees need care and support to be able to cope with the diagnosis and treatment. Workplaces have the duty to fight stigma and discrimination against HV/AIDS. Chapter 2 outlined the issues relating to the impact that HIV/AIDS have on the individual and family as well as the organization, in particular policies and regulations affecting organization. The discussion included knowledge of policies, legislations and attitudes of workers and the organization towards implementing and maintaining a supportive and non-discriminatory workplace for its employees, especially those infected with HIV. In Chapter 3 the research methodology adopted to

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explore the experiences of care and support received by employees living with HIV/AIDS will be explained.

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CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology used in this study. HIV/AIDS is an exceptionally sensitive issue, and the researcher noted that when choosing the research method to be used for the study.

3.2 Research Methodology

3.2.1 Qualitative Research

A qualitative study is an investigation of phenomena, typically in an in-depth and holistic fashion through the collection of rich narrative materials using a flexible research design. It is a way of finding out what people think and feel through observing, interviewing and reading documents (Brink, 2011:11). In addition Niewenhuis, as cited in Maree (2007:48) defined qualitative research as an attempt to gather rich descriptive data in respect of a particular phenomenon or content aimed at developing a good understanding of what is being observed or studied and is focused on the views and understanding of individuals or groups about the world with the intention on constructing meaning of their experiences. Qualitative research is concerned with understanding the process and social and cultural contexts that underlie various behaviour patterns by interacting with and observing participants in their natural environment.

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In this study, the researcher interviewed and delineated the experiences of employees with HIV/AIDS with regard to care and support they received from their different workplaces. Twenty four employees with HIV/AIDS were interviewed and extensive data collected which was organized to reinforce the description of what employees with HIV/AIDS were experiencing with regard to care and support in their workplaces.

3.2.2 Research Design

A research design is a plan that the researcher uses to conduct study. De Vos, Strydom, Fouche & Delport (2011:110) define a research design as a blueprint for conducting a study that maximizes control of factors that could interfere with the study's desired results. It is the plan of what is going to be observed. It also explains the details clearly in a manner that anyone that will like to follow the proposed procedure will be able to do exactly as the researcher has done (Barbie, 2007:87). This means that the researcher gives a detailed plan/guide of how the study is going to be conducted and various logistics on how the researcher intends to execute it. Descriptive, exploratory and contextual study will be used.

3.2.2.1 Descriptive Study

A descriptive study seeks to gain meaning and description of what exists. Brink (2007:109) defined a descriptive study as a means of discovering new meaning, describing what exists, determining frequencies with which something occurs and categorizing information. In this study, the researcher was able to describe the experience of employees with HIV/AIDS in regard to care and support and determine its frequencies, and this information was categorized.

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3.2.2.2 Explorative Study

An explorative study explores a phenomenon in depth. Brink (2007:114) indicated that an explorative study is aimed at exploring the dimensions of a phenomenon and the manner in which they are related. The exploratory study helps to uncover unknown research areas and gain new insights into phenomena under study (de Vos et al., 2011:95-96). In this study, in-depth information was gathered by means of interviews in order to explore experiences of employees with HIV/AIDS with regard to care and support they received at their workplace. The researcher explored the employees' experiences in depth by using follow-up questions to gain clarity and more information.

3.2.2.3 Contextual Study

A contextual study focuses on investigating a phenomenon because of its contextual significance with the aim of producing an extensive description of the phenomenon, group or event within the context of a unique setting of the domain of the phenomenon. A phenomenon must be studied in its natural setting because individuals make meaning from themselves, within their own contexts (Lincoln & Guba, 1985:189). The study described in this thesis is contextual because it was undertaken in a clinic where employees with HIV/AIDS attended their follow-up sessions and were free to talk about HIV/AIDS issues. Thus, the researcher managed to collect rich descriptive data in this study.

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3.2.3 Study Setting

The study setting is where the study is conducted. The setting for data collection, according to De Vos et al, (2005:22), is the field or place where participants live or experience their lives. The study was conducted in a regional hospital in the Vhembe District. The Vhembe District is one of the districts in Limpopo Province situated in the northern part of the province and it shares borders with Capricorn and Mopani district municipalities in the eastern and western parts, respectively. The sharing of borders extend to Zimbabwe and Botswana in the northwest and Mozambique in the southeast through the Kruger National Park, respectively.

The Vhembe District comprises mainly rural areas in which 194 386 people are employed. The Thulamela Municipality is comprised of part of the former Venda and Gazankulu homelands in which 81 928 people are employed (2010-2011 IDP Review, 2011:9). Vhembe District is comprised of six community hospitals and one regional hospital (Tshilidzini) where all community hospitals refer their patients to. All community hospitals, including the regional hospital, have ART sites. The present study was situated at Tshedza Care Centre situated in Tshilidzini Hospital. Participants included those who were referred from community hospitals. Tshilidzini Hospital is more accessible to the researcher. In addition, some of the patients who were undergoing treatment at the hospital were those whom the researcher referred from the clinic where she has been working.

3.2.4 Study Population

The population of the study included individuals who possessed specific characteristics that the researcher wanted to study and represented the entire aggregation of cases in which the researcher was interested (de Vos et al., 2011: 223).

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A study population is the totality of people, events, organization units, case records or other sampling units that the research problem is concerned with (Brink, 2007:127). According to Wellman, Kruger & Mitchell (2005: 52-53), population is the study object which may be individuals, organizations, human products and events or conditions to which they are exposed and is a full set of cases from which the sample is taken. The population of this study were employees who were living with HIV/AIDS and who were attending follow-up visits for HIV/AIDS at the Tshedza Care Centre.

3.2.5 Study Sampling and Sampling Method

Sampling is the process of selecting a portion of the population to participate in a research study. Sample is the subject or portion of the total population meaning that it is the part of population that the researcher will use to answer the research question (Brink, 2007:123). A sample is comprised of elements of the population considered for actual inclusion in the study and can be viewed as subjects or measurements drawn from a population in which the researcher is interested (de Vos et al., 2011:390-391).

Sampling in qualitative research is based on data saturation and it can thus be inferred that in qualitative research non-probability sampling is used almost without exception (de Vos et al., 2011:390). In this study, non-probability sampling was used and researcher attempted to seek out individuals in a setting where employees with HIV/AIDS are more likely to be found. Convenience sampling was used and participants were included in the study because they happened to be in the right place (Royse, 2008:213; de Vos et al., 2011:390). Participants continued to be selected for the study until data saturation was reached. Participants were recruited from clients that came for follow-up visits at Tshedza Care Centre at the time of study and those

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who signed informed consent were included to be part of the study. Patient files were used to find those who were working and clients were asked to confirm this. Participants were employed, male and female aged from 20 years to 50 years and who were living with HIV/AIDS. The researcher had access to patients in Tshedza Care Centre to establish rapport, recruit them and make appointments for data collection for the study.

3.3 Data Collection—The Qualitative Interview

The researcher used face-to-face interviews as a method of data collection from those employees who came for follow-up visits at the time of study. The researcher used one of the cubicles in Tshedza Care Centre for interviewing the participants. The researcher thus used the environment that was more common and familiar to them. This helped the participants to relax and to be free for open discussion of the sensitive issue of HIV/AIDS. Permission was obtained from each participant to use audiotape during interviews so that no important information was missed (Rubin & Rubin, 2005:159).

A qualitative interview is an interaction between the interviewer and the participants of the study. The interviewer has the plan of what is to be studied, including the topic to be covered and interviewer is also familiar with the question to be asked (Babbie, 2007:306). Furthermore, the qualitative interview as means of collecting data is an attempt to understand the world from a participant's point of view and unfold the meaning of people's experiences and to uncover the lived world prior to scientific explanations (De Vos et al., 2005:287).

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The researcher used an informal interview that was guided by the participant's perceptions. The central question was, **"What is your experience of care and support in the workplace?"** Follow-up questions in the interview guide were used to allow deeper and more thoughtful responses from participants.

Field notes are written account of things a researcher heard, saw, experienced, and thought in the course of collecting or reflecting on the data obtained during study (de Vos et al., 2011:359). Field notes were used during data collection. Important notes that the researcher saw and heard during interviews were taken in order to derive a clear meaning of the responses of the participants. These notes helped the researcher during data analysis to clearly interpret participants' responses.

3.4 Ethical Considerations

De Vos et al. (2009:57) explain ethics as a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants. It is about protecting the rights of human subjects, balancing the benefits and the risks in the study, obtaining informed consent and submitting a research proposal for institutional review. Ethics defines what is or is not legitimate to do or what morals the research procedure involves (Neumann, 2011:129).

3.4.1 Permission to Conduct the Research

Permission to conduct research was obtained from the:

- University of Venda Higher Degrees Committee/School of Health Science Research Committee
- University of Venda Health, Safety and Research Ethics Committee
- Provincial Government of the Limpopo Province

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- Tshilidzini Hospital
- Participants

3.4.2 Voluntary Participation

According to Royse (2008:62) participants have the right to be informed about the purpose of the research and voluntarily choose to subject to scrutiny inherent in research. All research participants must voluntarily decide whether they want to be part of the study and must be competent enough to understand their choice (de Vos et al., 2011:116).

In this study, the researcher informed participants that they were not forced to participate in the research—they were free to choose to participate or not. The purpose of the study was explained to them and they were made aware of the fact that their participation will assist managers in workplace to understand and implement care and support necessary for employees with HIV/AIDS. Their rights to participate or refuse to participate were also outlined. They were familiarized with the identity of the researcher assured of anonymity and confidentiality of records, and where to receive information about participants' rights or questions about the study. No participant was forced or threatened to participate in the study. Participants were clear that this was a research study, not part of their treatment at Tshedza Care Centre and that non-participation would not result in loss of HIV/AIDS care benefits, and that participation was voluntarily without any fear or prejudice.

3.4.3 Confidentiality and Anonymity

Confidentiality is the agreement between persons that limit access to private information. This means that the researcher can identify the person's names and

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responses then promises not to make it known to the public. This signifies that the participants' identities will be kept secret. The names may be attached to the information and held by the researcher in confidence for retrieval and no information would be released in a way that permits linking specific individuals to the response that the public can identify the participant (Babbie, 2007:65; Neumann, 2011:141). The information collected from the participants was kept safe in a lockable cabinet to which no one had access, except the researcher. Contact numbers were kept in case follow-up would be needed and were destroyed after the data collection process was completed.

Anonymity implies that no one, including the researcher, should be able to identify the research participants afterwards. Participants must remain nameless and their identity protected. The researcher may provide a social picture or demographic of an individual and give fictitious names or codes to make individuals unknown (De Vos et al., 2005:61; Royse, 2008:65; De Vos, 2011:119-120; Neumann 2011:139). In this study, none of the participants' names were attached to their responses and the researcher agreed with the participants that no identification of participants will be made known to the public.

In this research, participants were given codes or pseudonyms in order for them to remain anonymous so that no link between the individual identities of the participants and to the research data could be made. There was no link made between the responses and the participants; hence, neither the researcher nor the reader can identify a given response with the participant. Potentially sensitive or private information were protected and kept safe and the research participant was not identified by any means or by any person.

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3.4.4 Avoidance of Harm

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Participants in research may be injured physically or emotionally during the research process (De Vos et al., 2005:58). In this study, the researcher made sure that the participants were protected from psychological harm by spending enough time with them when they asked questions about HIV/AIDS and the law and referral were made to relevant officers. Questions were structured in a way to avoid harm to the participants and were always monitored to check any sign of distress. Debriefing was done to inform the participants about the research and to neutralize any resultant negative feelings. There was no victimization of clients who refused to participate (De Vos et al., 2005:58; Royse, 2008:66).

3.4.5 Informed Consent

De Vos et al. (2005:58) stated that obtaining informed consent implies that all possible information on the goal of the study procedures which will be followed, possible advantages and disadvantages as well as dangers that participants might be exposed to, should be rendered to participants or their legal representatives. Informed consent usually implies that a written statement that explains aspects of a study to participants and asks for their voluntary agreement to participate before the study begins (Neumann, 2011:135-136).In this study, participants were given information about the nature, purpose and benefits of the study as well as possible discomfort which may be encountered by them. Consent forms were given to those who could read and the consent form was read to those who could not read. Only participants who were willing to participate were allowed to sign consent forms.

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3.4.6 Respect for Person

According to Brink (2006:32), participants need to be respected during a research study as they are autonomous and their rights to self determination need to be considered always. In this study, participants were treated as clients and the right to self determination was observed; no client was forced to participate. Participants were given information about the purpose of the study and were asked to participate without any prejudice. Participants were aware that they were free to withdraw at any time if they were no longer willing to continue with the study and they were reassured that they were not going to lose any benefits and the right to be treated and receive ART at Tshedza Care Centre.

3.5 Data Analysis

Data analysis is the systematic organization and synthesis of research findings with the purpose of imposing some order on a large body of knowledge for general conclusions to be reached and communicated in a research report (De Vos et al., 2005:333). It is a process of bringing order, structure and meaning to the mass of data collected and a way to consolidate relationships among categories of data. The researcher used Tesch's eight steps in data analysis (Tesch, 1990:155; Creswell, 2003:200).

STEP 1: GETTING A SENSE OF THE WHOLE

The researcher read carefully the transcripts while jotting down ideas as they came to mind in order to get a sense of the transcripts.

STEP 2: PICKING UP ONE INTERVIEW DOCUMENT

The researcher picked interview documents one by one and checked the meanings and wrote thoughts that emanated on the margins of each document.

STEP 3: MAKE A LIST OF ALL TOPICS

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The researcher developed a profile of topics that were similar and clustered them as major, minor or unique from the interviews in order to formulate topics from the data obtained.

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STEP 4: ABBREVIATE THE TOPICS AS CODES

The researcher abbreviated formulated topics as codes and wrote them next to the appropriate segment of the text, reviewing to check if new categories or codes emerged.

STEP 5: FINDING THE MOST DESCRIPTIVE WORD

The researcher found the most descriptive wording for the identified topics and turned them into categories by grouping related topics and indicating their relationships.

STEP 6: MAKING THE FINAL DECISION

The researcher made a final decision on the abbreviation of each category and codes were written alphabetically.

STEP 7: ASSEMBLE SIMILAR CATEGORIES OF DATA

The researcher assembled data material belonging to one category in one place and performed a preliminary analysis.

STEP 8: RECORDING OF DATA

Existing data were recoded, where necessary.

3.6 Measures to Ensure Trustworthiness

The goal of qualitative research is to accurately represent the participants' experiences. Guba's model for trustworthiness suggests ways for reducing bias in the results (Guba, 1981). The model identifies four aspects of trustworthiness: credibility, transferability, dependability, conformability and neutrality.

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3.6.1 Credibility

This is to establish confidence in the truth of the findings. Credibility refers to the truth value obtained from the discovery of human experiences as it is lived and perceived by informants (Lincoln & Guba, 1985:301). The researcher ensured that the participants were accurately identified and described (de Vos et al., 2011:420). The researcher has done the following to ensure credibility: prolonged engagement, member checking, field notes, peer review and reflexivity.

PROLONGED ENGAGEMENT

The researcher continued to collect data until data saturation occurred. Participants continued to be sampled until no new themes emerged. In depth-interviews were done where rich information was found. The researcher used the participants' own language—23 were Tshivenda speaking and the researcher thus did not have any communication problem. Only one participant was Shangaan speaking, but it was not a problem since the researcher was also able to speak Shangaan and the participant was free to use his/her own language. The researcher also established rapport to make it possible to get to sensitive issues. Participants were willing to open up to the researcher and spoke freely about sensitive issues which they never could disclose previously.

- **MEMBER CHECKING**

Follow-up interviews were done to validate data from audiotape and field notes. Feedback was given to participants to check if information was correctly captured. Several engagements with the participants helped the researcher to gain more information on the experiences of employees with HIV/AIDS with regard to the care

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and support they received in their different workplaces. The researcher was able to interpret the experiences of the employees as they perceive it. Verifications were logged in the researcher's notepad. Participants were pleased that the report would be a true reflection of their experiences.

- **FIELD NOTES**

Field notes are written accounts of the things that the researcher hears, observes, experiences and thinks about during the course of the interview and they reflect the most probable scenario of a phenomenon (Babbie, 2007:311). After each interview, the researcher immediately sat down and compiled notes in the sequence they occurred. Notes were taken during and after interviews and some needed verification so that the researcher could develop a clear understanding of what the participant intended to convey. The researcher also took notes of the observed non-verbal cues during interviews and noted important or supporting information. Some non-verbal cues were followed up and participants gave more detailed information that was not verbally emphasized. An audiotape was used to record conversations with the participants. These were listened to several times and different categories noted. Audiotape recordings were also given to other researchers to listen in order to review the categories captured.

- **PEER REVIEW**

Different meetings were held with professional nurse researchers. Discrete comments facilitated the effective analysis of the data. Several meetings were held with the supervisor who checked, corrected, guided and discussed the qualitative research process with the researcher.

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- **REFLEXIVITY**

The researcher's own characteristics can affect what is seen and how it is interpreted (Babbie, 2007:292). Participants were interviewed at Tshedza Care Centre. No one opted to be interviewed at home or at work. All participants indicated that Tshedza Care Centre was the most appropriate venue to them as there were no distinctive environmental influences. Non-verbal cues and elements relevant to the research problem were identified and noted.

3.6.2 Transferability

De Vos et al. (2011:346) stated that transferability is achieved by describing how well the context of the study and background information of the participants converge. This aspect also refers to the probability that the results have meaning to others of the same situatioan. This is the extent to which the study can be transferred to other settings and still preserve the same meaning, inferences and interpretation from a completed research (Lincoln & Guba, 1985:216; Babbie, 2007:277). The researcher described the research methodology, sample and further provided a dense description of the results supported by direct quotations of participants.

3.6.3 Dependability

The inquiry auditor, generally a peer, followed the process and procedure used by the researcher and determined if they were acceptable (de Vos et al., 2011:420). This study was presented to the research committee of the Department of Health at the University of Venda who evaluated and corrected data and interpretations where necessary (Babbie, 2007:277).

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3.6.4 Conformability

Conformability guarantees that the findings, conclusion and recommendations are supported by data which means that there is an internal agreement between the investigator's interpretations and the actual evidence (Lincoln & Guba, 1985:217; de Vos et al., 2005:347). The researcher should not be biased and his/her perspectives and motivations should not impact on the study. In this study, the researcher obtained valued information through prolonged participation and decreasing the researcher and the participants' conversation, without allowing biased or own perspectives to influence the conversation.

3.6.5 Neutrality

The degree to which the findings are solely from the participants and conditions of the research and not of biases, motivations and perspectives, signify that the research procedure and results are free from biases (Krefting, 1991:216). Raw data were recorded on an audiotape, reduced and summarized by reconstructing, synthesizing categorizing themes, definitions and relationships, findings and conclusions, interpretations, inferences and a final report prepared. The researcher and an independent auditor reached consensus on the above categories to ensure that the researcher avoided imposing her own ideas.

3.7 Conclusion

In this chapter the researcher outlined the research plan and methods that were used during the study, viz., study population, sampling, data collection, data analysis. The researcher also showed how ethical issues and measures to ensure trustworthiness were observed. The following chapter is a discussion of findings of the study.

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CHAPTER 4

RESEARCH FINDINGS AND LITERATURE CONTROL

4.1 Introduction

HIV/AIDS mostly affects adults of working age and far exceeds any other health threat to the well-being of South African employees. The epidemic has the potential to reduce economic growth by reduction of the number of workers. HIV affects adults of working age who are still active and productive and can contribute significantly to the economy. Companies have a duty to support employees to remain productive even though they are infected with HIV because employees living with HIV can continue to be productive for years if diagnosed early and consistently adhere to treatments (Gray, 2006:52).

Since employees spend most of their time at work they need an organization that provides support and care for them to be able to reduce the impact of HIV/AIDS. The Joint United Nations Programme on HIV/AIDS (UNAIDS) reported some of the major impacts of HIV/AIDS in the workplace, including loss of experienced workers, absenteeism due to HIV/AIDS-related illnesses, increased recruitment and training costs, increased labour turnover which reduces productivity because of replacing workers who are more skilled or senior workers, lower productivity of new recruits and increased health costs (UNAIDS 1998:3).

The economic impact of HIV/AIDS can furthermore be explained in terms of direct and indirect costs. Direct costs include sick leave and funeral expenditures whereas indirect costs relate to lower productivity, especially from sick employees.

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Furthermore, HIV/AIDS places strain on other employees because they have to help out with extra duties of their sick co-workers and this contributes to staff demoralization. Injuries to other staff and damage to equipment or products may be caused by unfit workers infected with HIV. When employees with HIV retire due to ill health, there will be loss of experienced workers. This will lead to recruiting and training of new employees (Scott, Skovdal, Campbell, Madanhire, Nyamukapa & Gregson, 2011:5-6). Therefore, companies can prevent and reduce costs by supporting employees with HIV/AIDS and helping them to manage their burden of illness.

4.2 Biographical Background

In this study, 24 participants between the ages 20 and 50 years and of whom 17 were females and 7 males were interviewed. Twelve of the participants were labourers and 12 were working in secular jobs. Twenty three were taking ART and one was not yet on treatment.

4.3 Themes Identified by Data Analysis—Interpretation and Literature Control

The researcher gathered information on the experiences of employees with regard to care and support in their respective workplaces. Data analysis of the interview transcripts yielded three themes which were reinforced by categories and sub-categories, as arranged in Table 4.1 and discussed below.

Table 4.1: Themes associated with experiences of employees who are living with HIV and support they received at their various workplaces in Thulamela Municipality, Vhembe District Limpopo Province

THEMES	CATEGORIES	SUB-CATEGORIES
1. Expression of diverse experiences of support by managers and co-workers	1.1 Support and care from managers and co-workers	1.1.1 Emotional support
		1.1.2 Nutritional support

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			1.1.3	Personal relations
			1.1.4	Social support
			1.1.5	Flexi-time to attend a check-up
			1.1.6	Relocation of jobs
		1.2	Stigma and discrimination	1.2.1 Gossiping
				1.2.2 Isolation
				1.2.3 Avoid sharing
				1.2.4 Loss of benefits
				1.2.5 Loss of job
				1.2.6 Loss of friends
				1.2.7 Violation of employee's rights
2.	Expression of positive feelings of self	2.1	Emotional self-worth	2.1.1 Self-confidence
				2.1.2 Socialization
		2.2	Feeling of self-content	2.2.1 Positive living
3.	Expression of concerns related to disclosure and non-disclosure	3.1	Disclosure to the manager	3.1.1 Too ill to hide HIV/AIDS symptoms
				3.1.2 Gaining manager's support during follow-up days
		3.2	Fear of insecurity	3.2.1 Fear of lack of confidentiality
				3.2.2 Fear of loss of job security
				3.2.3 Fear of loss of sound social support
				3.2.4 Fear of embarrassment

4.3.1 Theme 1: Expression of Diverse Experiences of Support by Managers and Co-Workers

During the interviews, employees expressed different experiences from their managers

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and co-workers. Support is critical to the lives of human beings, as positive support can build the esteem of an individual, and negative support can break the individual and lower the morale of positive living. The theme addressed both positive and negative support under the following sub-categories: support and care from managers and co-workers, stigma and discrimination.

4.3.1.1 Category 1.1: Support and Care from Managers and Co-Workers

Participants expressed how they gained support from their managers and other employees. Participants received support and care from their managers the first day they disclosed their HIV status and some were encouraged by their managers to go for testing and who continually supported them throughout. Some employees were not diagnosed yet, but other workers perceived them as being HIV-positive and gave care and support with kindness. Managers who encourage, support and care for employees with HIV/AIDS are not only carrying out an ethical duty, but are doing good business as steps taken to boost HIV/AIDS management that keep employees healthier and productive for many years will pay dividends (Scott et al 2011:13). Like any person with chronic illness, employees with HIV/AIDS have health, emotional, spiritual, nutritional, social and physical needs. To this end, care and support in the workplace will show that the organization is committed to help employees meet some of the needs that are realistic. In this study, support and care by managers and co-workers were supported by the following sub-categories: emotional support, nutritional support, personal relations, social support, flexi-time to attend check-ups and relocation of jobs.

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4.3.1.1.1 Sub-Category 1.1.1: Emotional Support

Numerous organizations have good care and policies and procedures in place for their HIV-infected employees. Employees are free at work and, because of such provisions. They feel safe, emotionally supported and accepted at work. This is how one participant acknowledged his support: "*Where I work, management displays much support maybe it is because there is one person in management living with HIV. If you report that you are ill they will phone you, asking if you did go to the clinic, and must take treatments and so on*". Another participant indicated: "*From the time I started treatment, my supervisor used to encourage me, showing me that life is still going on. I must never be discouraged.*"

Furthermore support was also encountered from co-workers, as expressed by a participant: "*I also have support from the sister that I work with. She is the one with support since she tells me that I must not worry this is just an illness like any other illnesses. You must comply and adhere to your treatments, eat nutritious foods, abstain from different sexes; you must use condoms, and do not look down upon yourself and neglect yourself. HIV illness is like any other disease. You must refer to those people with this condition and who have accepted it. You must not think about this always you must accept.*"

These statements indicate the impact of support on the affected individuals, as they displayed a positive attitude towards life and have confidence to continue with life. They do not have suicidal ideas or unwillingness to live. This shows that support for employees with HIV instils hope which encourages the individual to fight against the inability to cope and fosters the belief that life is worth living in the present and in the future (Moosa & Jeena, 2010:40). Without support one is hopeless and employees

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with HIV/AIDS think of death when thinking of HIV/AIDS this was supported by one participant's reaction during interview. One participant started crying during the interview. When a follow-up was done, it was understood that the participant perceived HIV/AIDS as a death sentence and that no one was going to be able to care for her family and that she would also lose all her employee's benefits. Support and care that employees receive in the workplace can reduce stress and depression that often undermine immune functioning and speed up disease progression (Gwagwa, 2010:26-27).

4.3.1.1.2 Sub-Category 1.1.2: Nutritional Support

A healthy diet, vitamin and mineral supplementation and defensive eating may increase the human immune response to HIV infection as well as prevent opportunistic infections (van Dyk, 2008:377).The majority of PLWHA cannot afford to have a daily well-balanced diet on their own. One participant reported how the management gave them nutritional support: "*In our company we are given milk almost weekly because we are working in a dusty area. Each morning we are given food supplements in a form of soft porridge. I have also seen this soft porridge in the pharmacy, it is written different vitamins.*"Some employees with HIV can be appropriately managed by nutritional improvement and some of the symptoms like wasting, body weakness, dizziness and anaemia can subside.

Furthermore, nutrition also promotes good response to medical treatment and increases quality of life with slow progression of the disease. Nutrition is also key to health maintenance (www.pronutrition.org); hence, access to healthy food is a central component of HIV management. This is because good nutrition strengthens the immune system and keeps employees with HIV healthier for longer. It was found that

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some HIV-infected people on ART end up discontinuing treatment because of the discomfort associated with taking medicines on an empty stomach. Accordingly, it was recommended that employers can add nutritional supplementation to their employees' wellness programme to help employees with HIV stay stronger for longer (Scott et al., 2011:11).

A healthy diet does not necessarily imply expensive foods and supplements, but can be provided by local and cheaper alternatives. Individuals with HIV/AIDS require greater amounts of protein and micronutrients to support their weakened immune systems (Evans, MacNamara, Maskew, Selibas, van Amsterdam, Baines, Webster & Sanne, 2008:1009-113). Proteins are body building foods for development of muscles, teeth, bones, immune cells such as T and B lymphocytes. This food group must constitute 20% of each meal and are found in milk, beans, soya, lentils, eggs, red meat, liver, chicken, cheese, peanuts and Mopani worms. Protective foods include minerals and vitamins mainly derived from fruits and vegetables such as carrots, pumpkins, yellow sweet potatoes, guavas, pawpaw (papaya), cabbage, cauliflowers, tomatoes, oranges, spinach and green beans. Protective foods must constitute 40% of each meal and are vital for fighting infections, recovering from infections and strengthening the immune system.

Energy giving foods (carbohydrates and starch) must constitute 40% of each meal and include potatoes, samp, wheat, sweet potatoes, oats, maltabela (sorghum), whole-wheat or brown bread and rye (van Dyk, 2008:377-378). Vitamin and mineral supplements may enhance immune system functions when taken in moderation. Beta carotene boosts immune system and vitamin A keeps the lining of the gut, lungs and skin healthy. Vitamin E maintains the immune and nervous system while vitamin B_{12}

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boosts production of T cells. Individual with HIV/AIDS needs calcium which strengthens bones and teeth and vitamin C which fights infections and helps recovery from infections. Selenium activates T cells whereas zinc is essential to the immune system. Iron builds blood supply and individuals with HIV/AIDS also need copper, magnesium and antioxidants which boost the immune system (van Dyk, 2008:377-378). HIV infection compromise the nutritional status of an individual and this speeds up the progression of HIV infection, that is, an undernourished HIV person have micronutrient deficiencies which lead to further immune suppression and oxidant stress. There is subsequent acceleration of HIV replication, $CD4^+$ and T cell depletion which reduce immune competence and increase susceptibility to opportunistic infections which results in increased risk to early death (DoH, 2007:1).Furthermore, it had been highlighted that HIV/AIDS and poor nutrition have a cyclical relationship where one problem causes another, that is, poor nutrition due to poor food intake, increased nutrient usage by the body weakens the immune system which, in turn, decreases the ability of the body to fight secondary infections which in turn lead to poor nutrition and so the cycle continues.

Defensive eating is important in individuals with HIV/AIDS in order to avoid food-borne illnesses by following basic food safety. Individual with HIV/AIDS need to store and handle food hygienically. They should eat properly cooked meat and eggs, and avoid raw sea food, wash fruits and vegetables well and drinking safe water, and if water is suspected to be contaminated it should be boiled. Too many processed foods and sugar are to be avoided because they encourage oral thrush and vaginal thrush. Even though adequate nutrition cannot cure HIV, it is essential to maintain the immune system and physical activity to achieve optimal health and delay the progression of the disease in employees with HIV (DoH, 2007:1).To this end,

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nutritional support should form an integral part of a comprehensive care programme for employees with HIV.

4.3.1.1.3 Sub-Category 1.1.3: Personal Relations

Some participants reported that there was no change in their relationships with the other employees and they still shared food with them like before. The other employees did not reject what employees with HIV have touched and they were living in harmony with no anxiety that they would be infected with casual contact with an HIV-infected person. One employee said: "*I do not have problem with my co-worker, we do share food during lunch. Everyone in the group is free to take what s/he wants from my lunch box and I am also free to take what is there in their lunch box even If I touched food with my hand they are free to take like as I do to them.*"

Another employee explained how endearing one of her co-workers was: "*The lady that I am working with is very sweet she does not reject my food nor refuse when I want to taste her food, we share as usual.*"Another participant described how her co-workers accepted her for sharing: "*If I am holding fruit in my hands they will come asking to have a share like we use to before. It is only a matter of observing normal precautionary measures like avoiding blood and human fluids and people give themselves stress due to lack of knowledge. At our workplace we are like family.*"

Macready (2010:1) reported negative findings in a study where one in four participants indicated that someone would not kiss them or share food or drink with them because they are living with HIV. Most people do not want to share food or drink with a person who is HIV-positive because of the belief that HIV can be transmitted with everyday activity and people with HIV should be avoided (van Dyk, 2008:46). Every individual

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wants to have personal relations because it gives a sense of belonging and acceptance. The findings of this study may be attributed to the fact that knowledge about HIV/AIDS is positively impacting on the attitudes and dispelling myths regarding the disease.

4.3.1.1.4 Sub-Category 1.1.4: Social Support

Some participants reported that when they were sick and unable to come to work the managers and co-workers visited them at hospital and their respective homes. This shows that they care about the welfare of their employees with HIV. This is how some employees acknowledged the manager and co-workers who visited them during sick days; One said: "*Even when I am sick and unable to go to work, managers and other employees come to visit me. They do not mind though I am in hospital they come to see me. If I spend two or more days not coming to work they follow me.*"Another employee recounted: *"I became very sick and it was serious, but my managers and others at work use to come to support me. I was admitted in hospital for a long time, but I saw them coming each time rotating to make sure that each day there was visitor from work. I was so encouraged, given hope for the future and I was very thankful to have colleagues who are there when days are tough."*

Individuals infected with HIV are more vulnerable to social isolation and usually withdraw from social contact. Hence, they are encouraged to interact with co-workers and friends (van Dyk, 2008:402). Visiting an ill employee with HIV is yet another way of supporting him/her.

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to go for follow-ups, employees defaulted because they feared that they would lose their jobs through frequent times away from their workplaces (Zulu, 2009:29).

In this study, some employees reported that they were granted flexible working hours by their managers and were thus free to attend clinic for follow-ups. Current legislation protects HIV-infected employees, e.g., according to the Basic Conditions of Employment Act No. 75 of 1997, "An employer must pay an employee for a day sick leave the wage the employee would ordinarily have receives for work on that day and on the employee's usual pay day." This means that when an employee goes to clinic for follow-up, it must not affect his/her wage. Thus, managers must deal with HIV as any other chronic illness and allow workers to go for follow-up treatment (Bouard, 2009:86; Pretorius, 2009:34).

4.3.1.1.6 Sub-Category 1.1.6: Relocation of Jobs

Employees with HIV often face circumstances that require employers to make reasonable adjustments to their work schedules to allow them to continue being employed. In this study, some participants were transferred from strenuous duties to less demanding tasks in order to lessen their illness burden. Employees with HIV experience times when they are too weak to continue with their normal duties hence they may need lighter task. One participant reported that management shifted her to a lighter job: "*Where I work now is better, it is not strenuous like in the medical and surgical wards because there is lot of work. I do not have problem so far because they have changed me to work in outpatient department since I have community and primary health care.*"

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Similarly, another employee acknowledged how she was shifted to a lighter job, " *I work alone. I am allocated to open water from the dam. That is why I do not have any person I am working with. This work is not so strenuous.*" The fact that the employee with HIV is weak due to illness does not mean that the employee must be retrenched, the manager have to check for alternatives to relocate the ill employee. In a study on workplace initiatives for management of HIV/AIDS, analogous results were reported in that employees were assigned to do lighter jobs if they were unable to continue with their present jobs. It was further reported that such job shifting mostly happen in large enterprises; those in small enterprises are disadvantaged because of unfavourable chances of redeployment (Kaseke, 2009:2). The Employment Equity Act No. 55 of 1998 section 1 states that reasonable accommodation means any modification or adjustment to a job or to a working environment that will enable an employee to have access to or participate or advance in employment.

A study on what companies can do to support HIV-positive workers recommended that there must be adjustment of duties for HIV employees, when necessary. It was further noted that work to the HIV employees offers an identity and sense of purpose and a way of maintaining a normal role in the society and hence a small percent of reasonable accommodation is very important to the employee to remain a productive member of the workforce (Scott et al., 2011:10). Where an employee is unable to perform his/her normal duties due to HIV illness, the employer must try to seek an alternative job which can be done by allowing the employee living with HIV to perform less hard duties. This is so because employees with HIV can be productive. With recent advances in ART, PLWHA can return to be productive and effective members of the workforce (Chibukire in Southern Africa HIV and AIDS Information Dissemination / SAFAIDS, 2007:10).

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This is also supported by the key principles of the ILO code of practice on HIV/AIDS and the World of Work Principle number 8 which states that "HIV is not a reason for termination of employment and any employee with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions" (ILO, 2010:200). Several countries have formulated legislations that encourage employers to provide accommodation for employees with HIV. In the USA, the Disability Act of 1990 requires the employer to provide reasonable accommodation for employees with HIV. This includes modifying and restructuring of jobs, changing schedules or transferring marginal functions to other employees (Dreger, 2009:243-250). Pereira (2010:139-147) asserted that contentions of inability to work must be supported by scientific evidence and occupational doctors must keep confidential all medical information of employees with HIV. Thus, employees with HIV should be adjusted to fit his/her condition until such time when medical doctors confirmed that s/he is medically unfit to continue working and it is then that employee can be given early retirement due to ill health.

This means that an employee with an HIV-related illness should not be denied the chance to continue to carry out their duties with reasonable accommodation if necessary, for as long as they are medically fit to do so (ILO, 2010:4). Therefore, employers must be aware that employees with HIV want to continue working since this gives them a sense of identity (Scott et al., 2011:10).Care and support of employees with HIV/AIDS is cheaper and cannot be compared with costs that the company incur if employees with HIV/AIDS become too ill and die. If employees with HIV are supported and their condition improves, they require minimal time off from work to collect treatments or attend follow-up counselling.

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4.3.1.2 Category 1.2: Stigma and Discrimination

HIV is a sexually transmitted infection (STI) which is associated with death and is the cause of many fear and prejudices due to lack of knowledge. Negative experiences and lack of support can have devastating effects on the quality of life of an individual with an STI—it can affect the physical, psychosocial and religious being. HIV/AIDS attracts a greater degree of social undesirability and people affected are labelled as outcasts and immoral due to the social taboo and circumstances through which it is transmitted, e.g., unprotected sexual intercourse practices and sharing of hypodermic needles during drug abuse (Daftary, 2012:1512). Since the first day HIV/AIDS has been recognized as a disease, it was defined by stigma and discrimination. Stigma is a mark or sign of disgrace (Soanes & Hawkes, 2009:1019). It is an attribute or quality that discredits an individual in the eyes of others and defines others as discredible and unworthy (UNAIDS, 2006:2; Daftary, 2012: 1513). Furthermore, the stigmatized person is seen to possess a spoiled or polluted identity that deviates from social norms and which deserves sanctioning. In other words, stigma is a mark of blame; rejection, disapproval, and shame that the society places on conduct and conditions that repel it or elicit its moral censure (Cameron, 2010:8).

There are different forms of stigma. Internal stigma refers to individual shame which is associated with HIV/AIDS and fear of being discriminated against due to illness. Internal stigma can especially be disempowering to employees living with HIV/AIDS to a point where they blame themselves, experience feelings of worthlessness and shame and accept the mistreatment by managers and co-workers, or they even cease to seek treatment and counselling. External stigma is "rooted mainly in fear and judgment of what is different, leading to blame, distancing, and discrimination. It is an

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attempt to promote social order but, ironically, it breaks down communities" (Brouard, 2009:1).

Bharat, Aggleton & Tyer, as cited in Bond, Chase& Aggleton (2002:340) showed that there are three different types of HIV/AIDS-related stigma, viz., self-stigma, perceived stigma and enacted stigma. Self-stigma manifests when the employee blames him/herself because s/he is having HIV/AIDS. Perceived stigma is the fear that an employee may have been around being stigmatized if s/he is having HIV/AIDS and choose to disclose. Enacted stigma is when an employee is discriminated against because s/he has or is thought to be having HIV/AIDS.

Discrimination is unfair treatment of different categories of people on the ground of race, gender, sexual preferences or disease (Soanes & Hawkes, 2009:283). Different studies have shown that stigma and discrimination still exist in workplaces and it can be seen where employees with HIV/AIDS are not treated like others with chronic diseases (Mohd, 2006:587; Poku ,2007:133;van Dyk, 2008:461;Sparague et al., 2011:17-19). When ART was introduced, HIV/AIDS was managed as a chronic illness since there was no cure but to increase human dignity and prolong life. There are reports about discrimination in some major companies and government institutions (Honermann, 2009:6). The South African National Defence Force (SANDF) also had a health classification policy which prevented recruits and soldiers with HIV from recruitment, external redeployment or promotion for the reason of the potentially dangerous and rigorous nature of the military.

Another case was Jacques Chan Hoffman versus South African Airways which was refused to employ an HIV-positive people on the grounds that they could not be

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inoculated for yellow fever, and that their employment would pose health hazards to themselves and others and that they would not live very long. However, the case was won on medical grounds that an HIV-positive person can be inoculated for yellow fever provided the $CD4^+$ count is more than 350 and use of ART could prolong the life of an HIV-positive person and hence they would be fit and are no health hazards to other employees, passengers and themselves. In this study, HIV-positive participants also reported stigma and discrimination that they experienced in their workplaces. This shows that living with HIV in this world of stigma and discrimination can lead to impairment of human dignity of poor employees (Dyan, 2009:8). This category was supported by the following sub-categories: gossiping, isolation and loss of benefits and loss of friends.

4.3.1.2.1 Sub-Category 1.2.1: Gossiping

Gossip is a conversation that spreads personal information and it is a rumour or talk of a personal, sensational or intimate nature. During interviews, participants reported that other employees gossiped about them—some co-workers had evidence about the HIV status of the participants and others were just suspecting. Some participants reported that other employees would start to talk about HIV when they see employees with HIV approaching. Others will keep quite when an employee with HIV comes near and change the topic in a way that one can surmise that they were talking about him or her.

One participant reported "*I was having pressure at work; it was very difficult to go to work when I think how other workers were gossiping about my HIV-positive status. There were people who were gossiping about me. One day I informed my boss who called a meeting and showed that it is illegal to say about someone's condition. And from that time they no longer gossiped about me*". Gossiping can affect the morale and

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well-being of an individual, as one feels belittled, disrespected and his/her personality tarnished in a way.

Furthermore, a gossip can be spread by people one trusted like a friend or roommate. Here is how another participant was affected: "*It happened sometimes or let me say some weeks ago. I went to work and one person that I worked with remained and unpacked my goods and found that I take ARV tablets. And he went out gossiping. That is what is giving me headaches. I was badly affected. He went out telling other co-workers that I am HIV-positive.*"Gossip is sometimes perpetuated by the visibility of effects of illness on the body where there may be weight loss, skin diseases which reinforce transparency of the patient's infectivity and proximity to death (Daftary, 2012:1515).

In another case, the amount of disability grant that one receives turned to a hot gossip that the participant was HIV positive: "*Maybe your friend has seen you withdrawing money from the shop; money for disability grant. She will go and tell others asking them what is going on with that one. It will end up others suspecting that maybe there is something.*"Though everyone has the right to confidentiality in case of gossiping, others are suspecting that an employee has HIV with or without real information (Scott et al., 2011:9). It is important that people are educated to respect privacy and confidentiality of other peoples' lives, this will promote good labour practices.

4.3.1.2.2 Sub-Category 1.2.2: Isolation

There are myths attached to HIV such as the disease is a curse, God sent plague and others are ignorant on how HIV is transmitted. During interviews, some participants reported that others did not want to touch them or their possessions. Anything they use

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to eat or drink was considered contaminated; no one wanted to touch it any more. One participant said "*If you take a beaker to drink water, I have seen this; no one will ever use that beaker, especially the one who have seen you using it.*"Another participant reported how other employees did not want to share with a person with HIV: "*Maybe she is using a cup or teaspoon and I ask to use it also, she refuses. And because I know I will think that she has heard about HIV, or maybe you ask someone a jersey when feeling cold you will hear one saying not my jersey, it will come back contaminated. Even though you wear nice clothes you are discriminated. Though you look beautiful, you will hear them saying that it was not supposed to be this colour while you were feeling that it is the best to you.*"These statements reflect the negative attitudes of co-workers, if attitudes are negative it results in resistance or reluctance to preventative behaviours as workers themselves do not regard themselves as being at risk of becoming infected, and they can delay even the creation or adopting of HIV/AIDS preventive strategies in the workplace.

In a study on stigma, it was found that depression and isolation were common among people with HIV/AIDS and that almost half of the respondents had encountered one who was afraid to have casual contact with them because they have HIV/AIDS. Furthermore, more than one in three of the respondents agreed that they often felt alone and isolated because they had HIV/AIDS (MacReady, 2010:1-3). Van Dyk (2008:46-47) also expressed some of the myths that people have about HIV transmission. It was scientifically proven that HIV is not transmitted by sharing eating utensils if basic hygiene is maintained, sharing clothes, towels or bed linen, sharing food water, plates, cups or spoons.

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People are living with countless fears on how they can contract HIV from fellow employees. Similar findings were reported in 2002 that people distanced themselves from individuals with HIV and avoided touching utensils, clothes and linen used by individual with HIV (Bond, Chase & Aggleton, 2002:347). Some employees went to the extent that they refused to work side-by-side with employees with HIV (Puku, 2007:133). This means that employees living with HIV/AIDS are pushed into solitary confinement by negative attitudes; humans are social organisms who need to interact with others in order to remain sane. And while the infected becomes a lonelier person, they withdraw and become shy because of attitudes.

4.3.1.2.3 Sub-Category 1.2.3: Avoid Sharing

Misconception and fear about HIV/AIDS lead others to avoid sharing with the infected person (van Dyk, 2008:46- 47). What is surprising is that no one knows when the person is infected, but they stop sharing the moment it is known that that person has HIV/AIDS. One participant's experience: "*You do not know them. I saw how they behave by that other employee who disclose to us in the meeting hoping there will be support, but instead it was hell. If he touches any person's mug it was destroyed there and then. The beaker that he used for water no one will ever touch it or use it. One day I was touched when he asked an umbrella when going out and it was raining and the answer was I will not give you I do not want my umbrella to be contaminated.*"

This shows that employees know that HIV is infectious, but they are ignorant on how it is transmitted and managed. Other employees still hold the attitude that one with HIV/AIDS is to be blamed, rejected, and deserve sanctioning (Cameron, 2010:8; Daftary, 2012:1513). Ignorance about HIV/AIDS still exists even though a lot that was done trying to educate people about HIV/AIDS. This shows that employees need to be

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taught about transmission of HIV/AIDS and how stigma affects the employee who is living with HIV/AIDS.

4.3.1.2.4 Sub-Category 1.2.4: Loss of Benefits

During interviews, one participant was transported the clinic regularly for follow-up treatments, but when the manager became aware of the HIV status no transport was released to take the participant to the clinic: "*The time when I started to be sick work car used to be released and take me to the clinic for follow-up treatments, but the time when my HIV status was known it was withdrawn and I go to the clinic with public transport.*". Stigma against HIV/AIDS also involves acts of punishment by people towards infected persons because of the belief that they have caused their own ailment. In this case, the employer continued to offer transport for as long as the employee was known to be ill, but was not aware of the employee's HIV status. The moment it was discovered that the employee was ill due to HIV that benefit was withdrawn. This can be due to the stigma attached to HIV where an individual will be blamed and rejected due to social taboo circumstances through which HIV is transmitted, for example, sexual practices and drug use (Daftary, 2012: 1512).

HIV/AIDS related stigma has shown to act as a barrier to HIV testing and counselling, prevention and care services (Genberg, Hlavka, Konda, Maman Chariyalertsak, Chigono, Mbambo, Modiba, Rooyen & Celentano, 2009: 2279). Van Dyk further reported that stigmatized people may be denied the ordinary privileges of social life, and if they are perceived guilty, seek to punish them which may include termination of employment, denial of access to medical schemes and other measures of exclusion which sometimes are presented as an attempt to protect others (van Dyk, 2008: 304). These practices are an achronistic, considering various legislations that prohibit such

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conduct in the workplace. The Labour Relations Act, for instance, prohibits unfair discrimination on any ground, including HIV/AIDS. Employee with HIV/AIDS still deserves workplace benefits like any other employee with chronic disease.

4.3.1.2.5 Sub-Category 1.2.5: Loss of Job

In this study, none of the participants reported job losses, but one participant who was a shop steward at the time of the interview was still handling a pending case of an employee who was dismissed from the workplace due to an HIV-positive status: "*Yes, right now I have a case that is still pending. I am a union organizer. There is one company here around where I work which has retrenched employee because of positive HIV status. I contacted the boss and he said it is because she is having AIDS. This means that if you are known to have HIV you will lose job.*"This supports the view that discrimination is still wide spread in some workplaces, but there are companies that have taken extra measures to support employees with HIV. Employees with HIV/AIDS are supposed to continue working until a medical doctor proved with scientific evidence that s/he is medically unfit not just because s/he is having HIV. Some employers believe that people with HIV are sick, unproductive and will be a burden to their companies while employees fear that they will lose their jobs if their HIV status is known. Several such cases have been reported in Southern Africa and some companies were successfully prosecuted (Chibukire, 2007:10). Fear of job losses makes employees reluctant to undergo VCT.

Westerlaak, as cited in (ILO, 2011:2) has also reported that there are employees on fixed contracts that may not be renewed when the employee's HIV status is known. The Dutch HIV association received some 150 complaints of this nature per year. This was not different to the SANDF policy where an employee with HIV was not allowed

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for external deployment and promotion (HSRC, 2009:6). Unfair dismissal of employees living with HIV sends a negative message that employees living with HIV are unproductive, a threat to work safety and that an AIDS-free environment can be maintained by dismissing such employees. Therefore, this high level of stigma and discrimination makes it difficult for employees to access available HIV/AIDS services. HIV/AIDS stigma and discrimination act as barriers to VCT (Genberg et al., 2009:2279).

Department of Labour (1996, 1997) prohibit unfair discrimination. The Labour Relations Act No. 6 of 1996 section 185 states that every employee has the right not to be unfairly dismissed. The Act goes on in section 188(1) a (i) to state that an employee may be lawfully dismissed if that employee is too ill to continue working (DoL, 1996). Furthermore in section 8 of the same Act there is a Code of good conduct on dismissal where it sets fair reasons and procedures that must be followed and guidelines to be used when dismissing an employee for temporary or permanent disability. The Act goes on to differentiate temporal and permanent incapacity. In the case of permanent incapacity, an employer must try the following: find alternate work, adapt the work environment or accommodate the employee's incapacity. With temporary incapacity, the employer must first try to investigate the extent of incapacity and alternatives of dismissal considering the nature of the job, period of absence, seriousness of illness, and possibility of temporary replacement. The Code prohibits the dismissal of an employee on the basis of his/her HIV status. Where necessary, the employee with HIV may be dismissed on the basis of misconduct, incapacity, or operation requirement, but not simply because of living with HIV/AIDS. During the incapacity proceedings, the HIV status of employees must always be kept confidential. Every individual, even though ill with HIV/AIDS-related conditions, deserves respect, support and care, and

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not punishment (DoL, 1997).

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4.3.1.2.6 Sub-Category 1.2.6: Loss of Friends

Many participants reported that some of their friends no longer wanted to be with them: "*Even when they arrange social gathering or trips, employees with HIV are no longer included by their friends. Nowadays when they arrange their trips I am no longer included, even in their social gatherings I am not included as part of the team I have lost friends.*"Individuals with HIV/AIDS need support from friends. Another participant has lost friends at work who suspected her to be having HIV, but fortunately she remained friends with one lady to whom she has disclosed her HIV status, and she is the one who used to protect her from gossips: "*I remained with one lady who stood with me during times of gossip; she is the one that used to protect me. She loves me, and she is the one that I disclosed my HIV status to. Other friends are avoiding me these days.*" Similar reports described that people separate themselves from individuals with HIV in an attempt to preserve their own identity and avoid association with people known to have the condition which is regarded as undesirable, unacceptable and the disease of a marginalized group (Crosby, 2004:2106; Rebecca & Lou, 2004: 37; Daftary, 2012:1517). The reality of transmission of HIV/AIDS cannot be avoided by leaving out friends with HIV/AIDS since friends are pillars of support and care for an ill person.

4.3.1.2.7 Sub-Category 1.2.7: Violation of Employees' Rights

Employees reported that they were called by names like "those with illness or those with HIV". One participant reported on how they were called when they reported back from clinic: "*When coming back from clinic our supervisor will be calling us like*

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those with illness or those with HIV are complaining they are just too lazy to work, they must finish all the works they have been allocated. This is our supervisor's remarks when we come from clinic to collect our treatments. This supervisor is very cheeky when you ask to go to clinic. That is why I just come to the clinic without asking the permission I will give him sick note when I go back to work today."

HIV stigma may be expressed by stigmatizing language, behaviours, verbal discrediting and verbal harassment (UNAIDS, 2010:1). Discrimination is a human rights violation and that is why it is prohibited. The South African Government has enacted legislation to protect and respect employees' rights. In section 10 of the Constitution of South Africa it is stated that everyone has the dignity and the right to be respected. Employees as members of the state have rights to dignity and benefits of the law (Dyan, 2009:6). The supervisor's comments from above quotation are dehumanizing and instil feelings of inferiority in employee with HIV/AIDS.

Some of the participants reported that the days they went for check-up were granted without pay. Some participants were expected to report that they were going for check-up, but still they were not paid for the day as a sick day leave provision. Some of the participants went to the extent to change their rest days with the other employees in order to have time to go for check-ups. Others have defaulted their follow-up visits due to the attitudes of employers: "*In our workplace we are not paid for a day used for follow-up, that is taken as you were absent day's pay is deducted from your salary. Even though you come with a sick note, it is not considered. We use a clocking tag. If I can arrive now my hours are counted from there onwards.*" Another participant reported: "*At our workplace they use no job no pay. The day you did not work you are not paid whether you come with sick note or not.*" Employees

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should be informed about the laws that pertain to how employees are to be treated in the workplace since others showed that they are not aware of what is rightful behaviour in the workplaces.

According to Chapter 3, section 22 of the Basic Conditions of Employment Act No. 75 of 1997, an employee is entitled to an amount of paid sick leave equal to the number of the days the employee would work during a period of six weeks in every leave cycle. Furthermore, the employer must pay an employee for a day's sick leave the wage the employee would ordinarily have received for work on that day and on the employee's usual pay day. If the employee is absent for more than two consecutive days or on more than two occasions during an eight week period and does not produce a medical certificate stating that the employee was unable to work for that period of the employee's absence on account of sickness or injury, is then that the employer is not required to pay the employee. Some of the employees were not aware that if they produced a medical certificate the employer must pay them the days they were absent on account of sickness.

Those who knew that they were entitled to payment were afraid that they would be forced to disclose to the employer if they have not yet disclosed. Stigma and discrimination have wide-ranging effects on HIV/AIDS prevention and management and, therefore, destigmatization of HIV and legal protection from discrimination are important factors in efforts to reduce the burden of disease.

4.3.2 Theme 2: Expression of Positive Feelings of Self

During the interviews, participants expressed feelings of positive self. Participants who expressed feelings of positive self included those who have disclosed their HIV

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status in the workplace and also those who did not disclosed their HIV status. Most of them have disclosed to significant others who are more supportive. Most of them were employees who were unable to accept that they have HIV and have undergone intensive counselling until they accepted the condition. Participants were able to share HIV information and counsel others. This category was supported by emotional self-worth.

4.3.2.1 Category 2.1: Emotional feeling of Self-Worth

Some participants have progressed from denial to acceptance, but it took some time. Most of the participants have been diagnosed with HIV more than a year ago. These were employees who have developed meaning in life and to them life was considered worth living even though they lived with HIV/AIDS. Some participants were members of support groups which have helped in their personal growth. Some reported that they felt life was valuable when their HIV status was known because they were more conscious of how to care for themselves. Participants showed self-confidence even though they had HIV/AIDS. This category was supported by self-confidence and socialization.

4.3.2.1.1 Sub-Category 2.1.1: Self-Confidence

Some participants showed self-confidence as they did not feel ashamed or embarrassed of having HIV, thus they were not depressed by living with HIV/AIDS. Participants who showed self-confidence reported that it did not start as a simple behaviour since it was difficult to accept that they must live with HIV/AIDS. Participants also reported that it was through the support they received from workplaces and counselling from the care centre: "*Even when there is imbizo I go and*

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I am not shy. I even tell others that they must be tested for HIV and know their status. I tell them that I am better than you who do not know your HIV status. I know how to care for myself. But for the first time I was not accepting that I am HIV-positive and I used to cry always until I was counselled at the care centre and then I started to realize that I will die before HIV actually killed me. Now I am so free even at work I am so free and I am coping well. I follow all the instructions I am told here like positive living, safer sex and adherence to treatments time schedule. My CD4 was 112 when I started in 2007 now they are above 700."Until an employee has accepted the condition s/he is unable to gain confidence and have courage to live with HIV/AIDS.

Other participants were assisted by joining support groups which have helped them in personal growth, self-esteem and self-worth. One cannot underestimate the important roles that the workplace has in employees with HIV. Workplaces give a sense of belonging and if the environment is supportive and caring, the employee's emotional self-worth is nurtured (Geyer, 2011:12).By contrast, if the environment is not supportive; employees with HIV/AIDS suffer severe threats to their self-esteem. Rejection by friends or work colleagues and the inability to continue with a career can cause harm to self-confidence and loss of identity, leading to reduced self-worth (van Dyk, 2008:268). Furthermore, employees not yet on ART, but with physical symptoms of HIV infection such as physical wasting and powerlessness also contribute to lowering of self-esteem. These indications need employees to boost self-confidence or self-esteem which will help to protect their health, avoid new STI, delay HIV/AIDS disease progression, and reinfection, prevent disease transmission, and adopt a wellness lifestyle aimed at prolonging life.

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4.3.2.1.2 Sub-Category 2.1.2: Socialization

Participants reported that they were free to socialize with other employees: "*I am so free in our workplace. You cannot even know that I am ill because I am living just like any other employees. When they arrange trips I am also part of them. I do not want to isolate myself from others. This has made other employees to be able to accept me. If we are in a trip and we are supposed to swim I also swim with them in the same pool, I do not have problem. No one will come and make you accept yourself, you are the one to accept yourself, it is then others will accept you. Even though it will be difficult in the beginning it is better to be free to socialize because people accept a person who has accepted him/herself.*"

Participants who have accepted their condition and have attended support groups are the ones who felt free to socialize and they were not ashamed and had no internalized HIV stigma. Stigma may be internalized by the individual and that may be seen as a form of feeling of shame, self-blame and worthlessness which, if combined with feelings of isolation from society, may lead to depression, self-imposed withdrawal and even suicide (UNAIDS, 2010:1). It was furthermore indicated that stigma may be reduced by empowerment of PLWHA. Empowerment may be through giving updated HIV/AIDS information and media activities that foster interaction among PLWHA most at risk. When people are given information about HIV/AIDS they can choose whether to act in a fair or prejudiced way towards individuals with HIVAIDS and those with HIVAIDS can choose to socialize with others and be open or to lock up themselves in a shell of stigma. Ultimately, employees with social interaction deterioration and sense of social isolation can gain by information about HIV and how to live with it, and encourage social interaction with co-workers and friends (van Dyk,

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2008:402; WHO 2012:1).

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4.3.2.2 Category 2.2: Feeling of Self-Content

During interviews, there were employees who reported that although they received support from their managers they still had to face discrimination from other employees: *"I feel strong and self-supported because I have accepted myself as having HIV and there is no other way it can be removed from my blood. Hence, I am not moved by those behaviours; and I just feel sorry for those ignorant employees and I wish the company can arrange workshops about HIV so that they can be clarified of misconceptions by the people with enough knowledge."*

These employees have hope and vision for their future, hence they can cope well even if not all of them were given support in the workplace: "*I do not want to be stressed by somebody. I have accepted that I have HIV and I will die having it. I don't want to depress myself by people with lack of knowledge. I have vision of my life and I want to live for my children because they are still young. When other employees are talking bad about me I am not moved I just tell them that they do not know what they are talking about and I am not angry to them, they are doing this because of lack of knowledge. Most of the time they wonder why am I not taking it serious in a way that there are others who thought maybe it is a lie that I have HIV since I use to be sweet to them and try to clear their misconceptions about HIV…Hmmm (laughing). To me HIV is nothing more than an illness that needs acceptance. I do not wait for support from outside; I encourage and support myself; I check my unfulfilled goals and focus on them.*"

Moosa & Jeena (2010:40) also reported results on feelings of hopelessness in stable

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HIV-positive patients on ARV that corroborate the findings of this study. It was rationalized that when an individual has hope, the fight against coping with HIV is a battle already won as the individual has a belief that life is worth living, both in the present and in the future. All diseases have a psychological impact on people's lives and a disease like HIV/AIDS which is persistently stigmatized is more serious and needs individuals who can encourage others to be tested rather than die in the face of the HIV stigma (Cameron, 2010:12). This category was supported by positive living.

4.3.2.2.1 Sub-Category 2.2.1: Positive Living

HIV/AIDS is one of those conditions that need behaviour changes and adjustment to new living styles as part of its management. Participants reported how they changed their lives after they had been diagnosed with HIV/AIDS and this has helped them to continue with life: "*After I found that I am HIV-positive I used to cry until I seek for counselling, and joined a support group. I got more information on HIV and positive living. I love myself that is why I am so clean; you cannot differentiate who is the patient and who is the care giver here. I even tell others at work that I am so lucky that I went for HIV test because it has changed my life. I wish that those who know about HIV can come to our workplace and give talk to this people who are ignorant to HIV. I love my life and care for it.*"This is how another participant is supported on positive living: "*In our company we always have braais together with our supervisor using same braai stand. After work we go out for exercise like playing football or taking a walk. After dinner we sit together with friends and chat and that is where I have found that I am not alone with HIV. We are many and we share information about HIV together and how to live fulfilling life though one is having HIV and to change lifestylelike quitting smoking, drinking, and changing sexual activities and be more*

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spiritual. I am now a changed person. I used to change life partners, but now I can see it is not a good thing since I will be infecting others and have re-infection.''

These findings support the fact that people become used to living with HIV/AIDS and the participants reported choosing life and changing their lifestyle. Participants who were homosexuals have changed their sexual activities after they were diagnosed and started on medications (Gray, 2006:49). Positive living is a powerful morale booster and has a positive effect on a person's immune system and promotes a better quality life. Positive living includes a proper diet, exercising, enough rest and sleep, socializing, seeking information about HIV and treatment, stress prevention and management, love for oneself, taking measures to prevent re-infection and avoid infecting others and joining a support group (van Dyk, 2008:291).

4.3.3 Theme 3: Expression of Concerns Related to Disclosure and Non-Disclosure

Disclosure is the passing on of confidential and medical information which is related to oneself or another person, verbally or in writing (Pretorius, 2009:33). The employee discovers his/her HIV status and decides whether to disclose to someone. Van Dyk, (2008:280) also noted that the decision to disclose or not to disclose is very serious as it may have life changing results. In this study, few participants have chosen to disclose as many were fearful of disclosing their HIV status. Some have disclosed to their managers and co-employees, while others have not disclosed to anyone in their workplaces. There are others who have disclosed because they were too ill that they could no longer keep it secret. They ended up disclosing to their managers in order to gain sympathy and favour from their managers since they were spending more time away from work due to HIV illnesses.

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The Disclosure Process Model adapted in HIV disclosure involves decision making and an outcome process, and also highlights the impact of antecedent goals, the disclosure event itself, a mediation process and outcome and feedback loop (Chaudior, Fisher & Simoni, 2011:1619). The findings of this study can be explained in terms of this model as participants with this approached goals focused on pursuing a rewarding or desired outcome and those with avoidance goals focused on avoiding negative outcomes of the stigma surrounding HIV/AIDS such as social rejection and conflicts. Furthermore, the approach goals are associated with attention to positive stimuli, positive effects and approach-focused coping strategies, whereas avoidance goals are linkedto attention to negative stimuli, negative effects, and avoidance-focused coping strategies. The disclosure model further predicts that employees living with HIV and have what they call approach disclosure is more likely to benefit from disclosure compared to employees with avoidance disclosure goals. This theme was supported by the following categories: disclosure to the manager and fear of insecurity.

4.3.3.1 Category 3.1: Disclosure to the Manager

Disclosure is the act of making known private and confidential medical or other information relating to oneself or another person (Pretorious, 2009:33).Disclosure of HIV/AIDS can be verbal or written in three ways: "An individual finds about his/her status and choose to disclose; a health worker finds a client's HIV/AIDS status and choose to disclose; a third party (private or public institution, for example, the employer or schools finds out someone's HIV status and decide to disclose (Dyani, 2009:6). No individual is forced to disclose but must be counselled to find a motivation to disclose.

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4.3.3.1.1 Sub-Category 3.1.1: Too Ill to Conceal HIV/AIDS Symptoms

Participants who have disclosed to their managers were in most cases admitted in hospital due to physically obvious AIDS symptoms. This is how one employee disclosed to the manager "*Yes I told him that I have HIV because I became ill in front of his eyes, I became seriously ill and I was admitted and he saw me changing. In fact I disclosed because I wanted him to know that every month I will go to collect treatment and if I did not disclose there will be a problem when I want to go for follow-up treatment monthly; my supervisor will wonder what is going on. I have to tell him since the condition was too bad in a way that was obvious. It is not like a person who was just tested and found to be positive before any illness. I first become seriously ill.*" This response agrees with the disease progression theory which suggests that PLWHA may disclose only as their illnesses advance (Chaudoir, Fisher & Simon, and 2011:1618).

Most of the participants who disclosed to their managers received words of hope and support. In the disclosure model about PLWHA, those who have approach disclosure goals are likely to benefit from disclosure (Chaudior, Fisher & Simoni, and 2011:1619). Some of the participants had difficulty in accepting their condition, but through intensive counselling and workplace support they gradually accepted and coped well. This is consistent with the view that disclosure can be beneficial to employees with HIV/AIDS as it affords access to medical care and treatment, especially in a safe, confidential and supportive environment (Pretorious, 2009:30). Disclosure may help ease and reduce stigma and discrimination and can ease access to medical care and ART, and support in the work environment (van Dyk, 2008:280).

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4.3.3.1.2 Sub-Category 3.1.2: Gaining Manager's Support During Follow-Up Days

Disclosure may be a first call for support. Employees may disclose to the manager who may have compassion and sense a need for support. An employee who was too ill and spent almost eight months away from work reported: "*I was seriously ill and I felt I have to tell my supervisor my diagnosis. I spent almost eight months not working and my supervisor told me that I must just fax in the sick leave forms from the doctor. My supervisor was good to me and I did not have problems about my sick leave because he knew I was having AIDS. My supervisor supports me and he knows that I have to go to collect my treatment every month.*"

Consequences theory of disclosure states that when an individual perceive more benefits than costs of disclosure s/he is motivated to disclose (Chaudoir, Fisher & Simon, 2011:1619). Employers who are aware and respect the rights to privacy do not have problems when employees with HIV/AIDS disclose to them, instead they show necessary support like the supervisor above. The employer is not only showing humanity, but also protect the organization against lawsuits as stipulated in the Labour Relation Act No. 66 of 1995, the Employment Equity Act No. 55 of 1998 and the Constitution of South Africa Act No. 108 of 1996. Thus, supporting employees with HIV/AIDS constitutes a good business and labour practice.

4.3.3.2 Category 3.2: Fear of Insecurity

People with HIV/AIDS are treated with indignity and their human rights are violated. In this study, most of the participants have not disclosed to anyone in the workplaces due to fear of insecurity. This category was supported by fear of lack of confidentiality, fear of loss of job security and fear of loss of sound support.

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4.3.3.2.1 Sub-Category 3.2.1: Fear of Lack of Confidentiality

Some participants expressed strong fears about confidentiality violation. Participants verbalized that they considered it risky to disclose to managers and other employees in the workplace because most of them could not maintain confidentiality in a way that you will find that your HIV status is known everywhere and this makes it not safe to disclose. Participants further reported that it was better that manager and other employees were aware of their illness and that they needed to go to the clinic for follow-up treatments. One participant expressed how some supervisors lacked confidentiality: "*That is where it is difficult in black person, may be a white person can understand. Here our supervisor is the one who cannot keep anything in his head. You can find that it is known to anyone at work that you have HIV. Like now when I am absent from work, you can hear him saying loudly that: Are you coming from clinic to collect treatment? And I will just say yes because he does not see me taking them. He only knows that I take treatment of blood pressure.*"

Due to fear of lack of confidentiality, this patient, in this instance, deflected attention away from a dominant stigmatizing attribute which is HIV/AIDS and drew attention to something more socially acceptable, that is, blood pressure (hypertension). The findings in this study agree with those of another study about the contribution and management of double stigma in HIV/AIDS and tuberculosis (TB). Individuals with HIV and TB often draw attention to TB and away from HIV/AIDS because TB seems to be more acceptable than HIV (Daftary, 2012:1517). Individuals manipulate information they share with others and present themselves in a favourable way to retain social desirability and inclusion as a way to defy stigma. The same fear to disclose due to lack of confidentiality was also reported in a study done in Zambia and

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Kenya about HIV/AIDS stigma and discrimination in the workplace—this study showed that employees living with HIV expressed strong fears about confidentiality violation if they might happen to disclose their HIV/AIDS status (Sparague, Sparague & Simon, 2011:18).

There are laws that concern confidentiality of employees' HIV status. For instance, the Labour Relations Act of 1995 upholds employees' right to privacy which includes private, personal and medical information. Employers are not obliged to disclose any information that is confidential or private and which may cause harm to employees, except in cases where consent has been given to employer to disclose that information. The Employment Equity Act of 1998 deals with HIV/AIDS and states that an employer is not supposed to ask employees to test for HIV and where the employee is tested s/he is not obliged to disclose his/her HIV status to the employer or another employee or any other person associated with organization. The Code of Good practice on integration of employment equity into human resource policies and practices prohibits disclosure of HIV status, unless the employee gives a written consent. It also prohibits collection and retention of information on an employee's HIV status unless this is for an identifiable employment purpose and directs employers to keep this information secure and only accessible to those who must use it. Hence, employees' HIV status must be kept confidential in order to encourage HIV testing.

4.3.3.2.2 Sub-Category 3.2.2: Fear of Loss of Job Security

Fear of loss of job security is a major reason why employees do not disclose their HIV status. They hide themselves and live in fear. In this study, some participants reported that they did not disclose because they feared that they would lose their jobs if their HIV status is known in their workplace. One participant who is a union organizer

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confirmed that he represented an employee who was a member of the organization who has lost his job when his HIV status became known to the employer: "*Yes right now I have a case that is still pending. I am a union organizer. There is one company here around where I work which has retrenched an employee because of positive HIV status. I contacted the boss and he said it is because she is having AIDS. This means that if you disclose you will lose job.*"Another employee supported this view: "*It is only that you cannot force that your HIV status to be known because at work others are cruel. If you can look carefully, most lose their jobs when their HIV status was known. They will be busy talking about you*"

A study about HIV stigma and discrimination in the workplace confirmed that the likelihood of employees' losing their jobs is increased when their HIV status is known. It was reported that in the Southern African region, 37% of individuals faced employment termination due to their HIV-positive status, while 71% was reported in Kenya and 56% was reported in Zambia (Sparague et al., 2011:18). Furthermore, in study conducted in Cape Town, it was discovered that 5% of people experienced discrimination which led to job loss (Simbayi et al., 2007:1824-1825). Even though the South African defence force did not resort to job layoffs, employees were denied promotion and external deployment until 2008 when the health classification policy was modified (Honermann, 2009:6).Hence it is too risky to disclose HIV status in the workplace where there is still unfair discrimination due to HIV. Because of this fear of losing one's job if HIV-positive, employees are reluctant to test for HIV or hide their HIV status (Scott et al., 2011:8).

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4.3.3.2.3 Sub-Category 3.2.3: Fear of Lack of Sound Social Support

Living with HIV in a country where HIV is mostly discriminated against is a great challenge. Some participants that reported that they did not disclose their HIV status because they feared that they would no longer receive sound support from managers and other employees and they would not be able to cope with HIV/AIDS. Other participants indicated that they disguised their HIV status by telling fellow employees that they had other chronic illnesses like high blood pressure or diabetes; hence, they were supported for a fictitious disease (Daftary, 2012:1516).Others reported that during lunch time most employees talked about HIV as a condition that makes it difficult for them to love an infected person, even if that person is their spouse or family member. As a result, employees with HIV felt threatened and kept their HIV status secret (Ssali, Atayumbe,Tunwine, Seguja, Neluse, Nannungi, Ryan & Wagner 2010:1-8; Muwanga, 2012:12).

This is the fear that one participant expressed: "*When they know that you are having HIV, they will no longer support you as before they know your HIV status. They no longer involve you in their activities. You will be neglected like you were not known or you were not one of their friends before. Even though you come to their group they become quiet and cold, you are no longer included in their social trips. You are taken like infectious or dying because HIV is considered a deadly disease, therefore, I do not think I would have coped the way I am coping if I disclosed.*"

This study sustains the notion that the extent of social support affects the effectiveness of coping with HIV/AIDS, as reported by Moosa & Jeenah (2010:40). Since other chronic illnesses are considered acceptable and the sufferers are supported, HIV is supposed to be managed as any other chronic illnesses (Brouard, 2009:86). However,

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the HIV epidemic is still fraught with stigma, unfair discrimination and extreme violence—take the case of Gugu Dlamini who was killed after public disclosure on a radio station (Birdsall & Parker, 2005:nd). Events like these make others HIV/AIDS sufferers to disguise their illness with another "acceptable" illness such as hypertension or diabetes to gain public tolerance (Daftary, 2012:1516).

4.3.3.2.4 Sub-Category 3.2.4: Fear of Embarrassment

Some employees did not disclose their HIV-positive status to anyone at work because they felt ashamed and wanted to avoid embarrassment associated with the disease. Fellow employees often regarded those who have HIV as promiscuous. One participant reported non-disclosure as the best option like this: "*I will not tell anyone at work my HIV status. I feel it will be my personal secret. I have told my family member only. In my workplace I do not think I will be able to cope. People in my workplace do not take HIV as an illness that one can contract unless is promiscuous. Hence I am too shy to disclose. I feel embarrassed. I will not be able to cope. I will be embarrassed until I choose to quit work. I was told that I must check type of people I disclose to and my work colleagues are not the type to disclose to. Even the manager consider me to be too good to contract HIV, hence I am shy to disclose. I think I will be embarrassed by the reaction I will receive.*"

Conditions like AIDS and STI evoke self-righteous judgment in some who may continue to judge and blame the sick person for his/her condition. The sick person may be considered to be guilty because s/he is gay or promiscuous (van Dyk, 2008:304). In the light of this, stigma becomes a major barrier to disclosure since HIV/AIDS is a severely devalued attribute (Chaudior, Fisher & Simoni, 2011:1619). Furthermore, HIV diagnosis gives a sense of shame, embarrassment, defilement and

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pollution (Cameron, 2010:6). This makes HIV-infected workers reluctant to discuss HIV/AIDS. However, those not affected by the disease often discuss it and discriminate against PLWHA and exclude them from society as they are perceived as being contagiousness and guilty of sexual misconduct (Daftary, 2012:1516).

4.4 Conclusion

Support and care for PLWHA in workplace is a vital component of the management of the disease. Support offers a sense of acceptance and belonging. Employees with HIV/AIDS who are given support and care can continue to work for longer periods. Hence the workplace will be avoiding loss of more experienced and skilled employees. The economy of the company will be sustained since there will be no increased demands for the training new employees to replace employees with HIV/AIDS who had lost their jobs. This chapter explained and described how employees with HIV/AIDS experienced care and support in their different workplaces. The next chapter outlines the conclusion, limitations and recommendations of the study.

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CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the conclusions, limitations and recommendations based on the results of the study regarding the experiences of employees who are living with HIV/AIDS, regarding care and support received at their various workplaces, in Thulamela Municipality, Vhembe District of the Limpopo Province. The workplace as organisation must ensure that their employees who may be affected or infected have the necessary support to endure and advance in life. Therefore, putting workplace support programmes in place does not only contribute to the social responsibility of combating HIV/AIDS, but it improves the morale of staff and enhances the operationalization of the organization's core business.

5.2 Objective the Study

The objective of the study was to explore and describe the experiences of employees with HIV/AIDS regarding care and support they received in their workplace in Thulamela Municipality in Vhembe District of the Limpopo Province.

5.3 Conclusions in Relation to the Research Objectives

This study answered the following question:

- **What are the experiences of employees with HIV/AIDS with regard to care and support in their workplaces?**

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By answering this question, the study has achieved the following objectives:

- **It explored and described the experience of employees with HIV/AIDS regarding care and support at their workplaces.**

5.4 Discussion of the Findings

The following themes emerged from the study:

5.4.1 Expression of Diverse Experiences of Support and Care by Management and Co-Workers

The study revealed that support from managers was forthcoming, however, most of the colleagues showed minimal support and displayed negative attitudes towards their HIV-positive counterparts. PLWHA need social support in the workplace in order for them to be able to contribute positively to the world economy. The HIV/AIDS pandemic has challenged our traditional social support systems with attendant increase in orphans and vulnerable children, disruption in economic performance and reduction in productivity of both the formal and informal sectors. The pandemic has also challenged the inadequate medical and social support systems in places of work as a number of organizations are not proactive in HIV/AIDS prevention and management.

Responses to the HIV/AIDS pandemic within the workplace are crucial if progress is to be made in the prevention, impact mitigation and the provision of care and support for PLWHA. It is imperative that all workplaces in the formal and informal sectors develop policies that will provide guidelines to facilitate the establishment of effective responses to HIV/AIDS. Managers should create an enabling environment and provide guidelines and strategies for technical support for HIV/AIDS interventions in the

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workplace. Organizations should make every effort to improve the knowledge of workers on HIV/AIDS and protect the rights of PLWHA and sensitize them to options for redress. Organizations should build the capacity of workplace management and workers in handling HIV/AIDS issues in the workplace. These notions resonate with the those of Zagenczyk, Scott, Gibney, Murrel & Thatcher (2010:128) that treatment offered by supervisors and leaders affects perceived organizational support because they are regarded as a physical manifestation of the organization by employees—when employees perceive that they are supported, they tend to be committed and help the organization succeed through citizenship behaviour and decreased withdrawal behaviours.

5.4.2 Expression of Positive Feelings of Self

The findings of this study revealed that participants experienced a sense of relieve after disclosing their HIV-positive status to the persons they trusted and, in return, they received keen support. However, there were still obstacles as some senior staff in the workplace was not supportive, but management took the matter under control, by capacitating and counselling those who had several concerns about HIV/AIDS issues in the workplace. Rabkin (2008:165) reported that clients who were previously unable to work due to HIV/AIDS-related illnesses were able to consider the possibility of workforce (re)entry in the light of their improved health. Despite health improvements, it is still a problem for many people to accept that PLWHA can live and contribute positively in the workplace.

Obstacles to workforce exist for many HIV-infected individuals, including concerns over uncertain future, health, possible loss of benefits, discrimination, disclosure, and accommodation for HIV/AIDS-related disabilities. However, if social support is

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visible in workplaces, it affects their ability to live independently and become an important factor leading to independence. Benefits of permanent employment for PLWHA include decreased depression symptoms. Many people derive a substantial self-worth from their jobs; a person's self-image is closely tied to the work they do. Self-worth, or a reason for "existence", may be seriously undermined by disability and unemployment. Employment, therefore, helps to restore a sense of personal worth and meaning for many employed HIV-infected individuals (Rabkin, 2008:166). Employment is a major source of social interaction, in contrast to the isolation experienced by many HIV-infected individuals disabled by their disease. Employment may thus help reduce such isolation.

5.4.3 Expression of concerns related to Disclosure and Non-Disclosure

This study revealed that very few participants have chosen to disclose, as many were fearful of disclosing their HIV status. Those who disclosed to their managers and co-workers disease so because they were too ill to conceal their diagnosis, while others decided not to disclose to anyone in their workplaces. By comparison, Rabkin (2008:168) cited concerns related to possible loss of or changes in health benefits, fear and anxiety over the possibility of disclosure, and the reality of HIV-related prejudice and discrimination. Additional issues such as fear of stress that can contribute to overall decline in health outcome include fear of failure which can lead to further self-disappointment and a loss of social support.

In the study done in Kampala, Ssali, Atuyambe, Tumwine, Sequjja, Nekesa, Nannunqu, Ryan & Wagner (2010:678) reported that 95% of the respondents reported disclosing to someone; among those, 84% disclosed to family members, 63% to friends, 21% to workplace colleagues and 18% to others. Of the 24 participants who

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had a spouse, 13 (54%) reported disclosure to a spouse. The most common reasons for disclosure were to receive support (76%). The most common reasons for non-disclosure were fear of abandonment, particularly among young women disclosing to a spouse/partner; inaccessibility to the disclosure target; and not wanting to worry/upset the disclosure target. Ssali, Atuyambe, Tumwine, Segujja, Nekesa, et al. (2010:679) viewed disclosure is a double-edged sword for seropositive people. On the one hand, it may expose to stigmatization and other negative social interactions detrimental to the psychosocial well-being of PLWHA. On the other hand, it is considered to be a key component for positive prevention in PLWHA in terms of reducing HIV transmission risk to sexual partners, especially in sero-discordant married or cohabiting couples, considered to be major contributors to the HIV/AIDS epidemics in sub-Saharan Africa.

Disclosure is also a key component for treatment effectiveness, besides disclosure to one's spouse/steady or casual sexual partner(s), disclosure to family members and friends is indeed necessary to ensure social and/or material support. Revealing one's seropositive status to one's steady partner was identified as a constructive and predictive individual factor of future disclosure to relatives and friends. Therefore, this might be the first step to be confident to disclose to co-workers and managers in the workplace which will intensify the need for organizations to adhere to legislation pertaining to management of HIV/AIDS in workplaces.

5.5 Integration of Findings Related to Theoretical Framework

According to Watson's theory of human caring, effective caring promotes health and individual growth and can assist the person to gain control, become knowledgeable and promote health changes (Watson, 2007:131). Watson contended that caring is

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built upon curative factors like development of a helping relationship, installation of faith and hope, and provision for a supportive, corrective and or corrective mental physical socio-cultural and spiritual environment (Tomey &Alligood, 2002:149-150; Fitzgerald, Pearson & Vaughan, 2005:218-219).An employee with HIV/AIDS will be able to disclose his/her status and concern when the work environment provides warmth and empathy. Provisions of a supportive and protective environment assist employee with HIV/AIDS to be able to cope with their condition. Employees spent most of their time in the workplace, and that is where care and support are needed for employees with HIV/AIDS to be able to cope with life and be productive. The following curative factors are important in the workplace for respect of human dignity.

5.5.1 Humanistic-Altruistic System of Values

Caring is grounded on a set of universal humanistic-altruistic values. Humanistic values include kindness, empathy, concern, and love for self and others (Watson, 2007:131). They bring meaning to one's life through one's belief and relationships with other people. Humanistic-altruistic feelings and acts provide the basis of human caring and promote best professional care and best workplace practices.

5.5.2 Enabling and Sustaining Faith and Hope

In this curative factor, a patient's beliefs are encouraged, honoured and respected as significant influences in promoting and maintaining health (Watson, 2007:131). Regardless of the scientific regimen required for medical care of a person, the employer should nurture faith and hope and the deep belief system of HIV-infected individuals by encouraging them to adhere to medical regimen, provide counselling and support. Offering such employee assistance programmes instil a sense of faith and

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hope.

5.5.3 Sensitivity to Self and Others

To be human is to feel. All too often, people allow themselves to think their thoughts, but not feel their feelings. One way to develop sensitivity to oneself and to others is to recognize and feel one's feelings. People who are not sensitive to and repress their own feelings may be unable to allow others to express and explore their feelings. Sensitivity to self not only leads to self-acceptance and psychological growth, but also to sensitivity and acceptance of others (Watson, 2007:131). Employers, managers, supervisors and co-workers who are sensitive to others learn better about another's view of the world which, subsequently, increases concern for others' comfort, recovery, and wellness. This kind of attitude will create a supportive workplace environment for people living with chronic conditions as well as PLWHA.

5.5.4 Developing Helping, Trusting and Caring Relationships

The human caring relationship is transpersonal in that it connotes a special kind of relationship, a connection with the other person, a high regard for the whole person and their being-in-the-world (Watson, 2007:131). In the transpersonal human caring relationship, the employer enters into the experience of the person infected with HIV and, in turn, the PLWHA can enter into the employer's experiences. This connection honours the utmost concern for human dignity and preservation of humanity. Because when one experiences one's situation, one learns to acknowledge their pains and sufferings and ultimately one would not discriminate against them, one will respect them as human beings.

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5.5.5 Promoting and Accepting the Expression of Positive and Negative Feelings and Emotions

Feelings, thoughts, behaviour and experiences need to be acknowledged and considered in the human caring process (Watson, 2007:132). By listening to and honouring another person's feelings we honour their story which holds meaning and importance for them and their healing. Listening to another person's story may be the greatest healing act we can offer.

5.5.6 Provision of Supportive, Protective, and/or Corrective Mental, Physical, Societal and Spiritual Environment

The purpose of providing such an environment is quality care and also healing/wholeness. The areas that involve this factor are: comfort; privacy; safety; clean; aesthetic surroundings (Watson, 2007:131). It is important that employers provide such positive environments towards HIV/AIDS according to policies and legislations pertaining to workplace support, supportive environments bring about wholeness or holistic care that every human being deserves.

5.5.7 Assisting with Gratification of Basic Human Needs, While Preserving Human Dignity and Wholeness

Providing assistance to PLWHA regarding basic needs like nutrition, resting time, relocation of work to combat fatigue and regain their strength and health, covering their health benefits to access medical assistance is very important because HIV/AIDS aggravates poverty, it impacts on households negatively and the cost of medical care can drain the person financially. However, if these needs are attended to the human dignity will be preserved.

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5.6 Recommendations

The following recommendations were developed based on the findings of this study and will facilitate support and care for HIV/AIDS workers in the various workplaces in Thulamela Municipality, in Vhembe District of the Limpopo Province.

5.6.1 Companies, Businesses and Government

Companies, businesses and government are now realizing that HIV/AIDS can affect productivity and profitability because it increases the costs of doing business, as it is does not cause illness, disability and death only. From the participants' responses, it was clear that there were still workplaces that have little or no information about HIV/AIDS, for example, information about mode of transmission, prevention, care and treatment and a workplace programme on HIV/AIDS. Lack of knowledge about HIV transmission and how to prevent it increase stigma and discrimination (van Dyk, 2008:46-47,131-132). The Code of good practice on key aspects of HIV/AIDS and employment should be highlighted on management of HIV/AIDS at the workplace which must include management of employees with HIV/AIDS so that they are able to work productively for as long as possible and employers must take reasonable steps to assist employees with referrals to appropriate health, welfare and psychosocial facilities within the community, if such services are not provided at the workplace (Department of Labour, 2000:11-14).

5.6.2 Managers

From the participants' responses suggested that a need existed for managers in different workplaces to have workshops on HIV/AIDS, including prevention, care and support of employees with HIV/AIDS. Managers must show zero tolerance to

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HIV/AIDS stigma and discrimination in the workplace and must stress the issue of confidentiality (Scott et al., 2011:9). Policy on HIV/AIDS must be made clear to all employees in order to show that the management is concerned about employees with HIV/AIDS. This will encourage those who are afraid of testing to test because they will know that the workplace is concerned with those infected with HIV/AIDS (Scott et al., 2011:8).

5.6.3 Employees

Like managers, employees also need to be given information about HIV/AIDS prevention, care and support. Myths about HIV/AIDS must be cleared and the need to support those infected must be included. PLWHA can help to demystify the myth about HIV/AIDS, experiences on discriminative behaviours and the benefits of support and care to fellow employees (van Dyk, 2008:130). This may be done through campaigns and involving them in the workplace HIV/AIDS programme. Employees must be encouraged to do HIV counselling and testing (HCT). HCT is an entry point to a comprehensive continuum of HIV/AIDS care. HCT can help to address the issue of stigma which is also encouraged by fear to test and it is also a good time to have information about the disease (Scott et al., 2011:9). Many employees can be helped by informal discussions about HIV/AIDS since stigma is increased when people avoid talking about the topic.

5.6.4 Government

The government has to encourage the implementation of comprehensive HIV/AIDS workplace programmes in different companies. Large companies have started to implement such programmes though others are not so comprehensive, but they have

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started. Reports by the DoH in South Africa indicate that there are 61 corporate or large companies and 126 small companies, but evidence shows that employee programmes for some companies are not so comprehensive (DoH, 2010). There is also a need for the government to help small and medium enterprises that are failing to implement HIV/AIDS due to lack of funds. If these companies can start with HCT and attend to stigma and discrimination, then the employees can be referred to public institutions that they collaborate with for treatment and further care and support.

5.7 Implications for Future Research

This study concentrated on the experiences of employees, hence there is need for further research or review of employment programmes in different workplaces. Furthermore, there is need to ascertain the readiness of workplaces in complying with the labour laws and policies required to support employees living with HIV/AIDS.

5.8 Limitations

The study is limited to Vhembe district and employees may have different experiences from other employees living with HIV/AIDS, hence the study cannot be generalised.

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5.9 Conclusion

This study focused on the experiences of employees with HIV/AIDS at the Thulamela Municipality, Vhembe District. During the interviews, employees expressed different experiences from their managers and co-workers. Support is critical to the lives of human beings, as positive support can build the esteem of an individual, and negative support can break the individual and lower the morale of positive living. Employees with HIV/AIDS have needs like any other person with chronic illness which are health, emotional, spiritual, nutritional, social and physical needs. Hence, care and support in the workplace will show that the organization is serious about helping employees to meet some of their needs as far as possible. Based on the findings in this study, it is recommended that, where needed, HIV/AIDS employees be given care and support in the form of work-based support programmes, transportation, counselling, medical assistance and placement/relocation of jobs.

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ANNEXURE A

Ethics Clearance Certificate to Conduct the Study—Issued by the University of Venda Health, Safety and Research Ethics Committee

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
NEMABAKA N
Student No:. 11593315

PROJECT TITLE: THE EXPERIENCES OF EMPLOYEES WHO ARE LIVING WITH HUMAN IMMUNE VIRUS (HIV), REGARDING CARE AND SUPPORT RECEIVED AT THEIR VARIOUS WORKPLACES IN THULAMELA MUNICIPALITY, VHEMBE DISTRICT LIMPOPO PROVINCE

PROJECT NO: SHS/11/PDC/06/ E 1011

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
DR DU Ramathuba	University of Venda.	Supervisor
Dr R Risenga	University of Venda.	Co-supervisor
Nemabaka N	University of Venda.	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, HEALTH, SAFETY AND RESEARCH ETHICS COMMITTEE

Date Considered: 10 October 2011
Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee:
Name of the Chairperson of the Committee: Prof. C.V. Nikodem

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8484 /8313 FAX (015) 962 8439
"A quality driven financially sustainable, rural-based Comprehensive University"

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ANNEXURE B

Application to Limpopo Province Health Department to Conduct the Study

P.O. Box 80
Tshakhuma
0951
09/01/12

The Manager
Limpopo Province Health Department
P/Bag 9302
Polokwane
0700

Sir/Madam

APPLICATION TO DO A RESERCH

I, Ndifelani Nemabaka, student number 11593315, am a Masters student at the University of Venda. I am applying to do research as part of my study. My research topic is: The experience of employees living with HIV (Human Immunodeficiency Virus) with regard to care and support in Thulamela Municipality, Vhembe District, Limpopo Province. The purpose of the study is to explore and describe the care and support that the employees with HIV/AIDS receive in their different workplaces and to determine how such care and support can be enhanced in these workplaces for employees with HIV/AIDS. The results may help occupational health care practitioners, managers and employers to plan and implement HIV/AIDS programme in workplaces.

Hoping my application will be successful.

Yours Sincerely
N. Nemabaka

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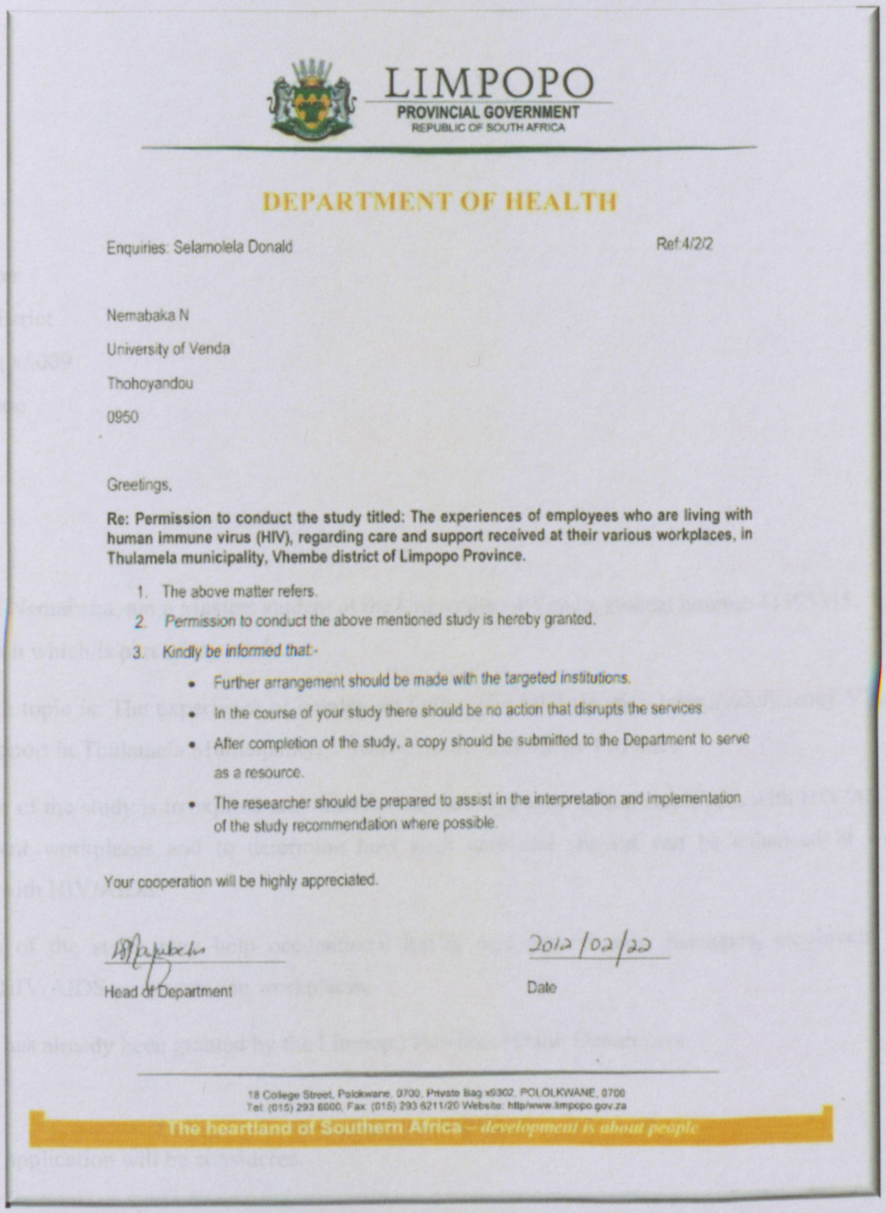
ANNEXURE C

Permission by the Limpopo Province Health Department to Conduct the Study



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Selamolela Donald Ref:4/2/2

Nemabaka N
University of Venda
Thohoyandou
0950

Greetings,

Re: Permission to conduct the study titled: The experiences of employees who are living with human immune virus (HIV), regarding care and support received at their various workplaces, in Thulamela municipality, Vhembe district of Limpopo Province.

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
   - Further arrangement should be made with the targeted institutions.
   - In the course of your study there should be no action that disrupts the services
   - After completion of the study, a copy should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

Head of Department

2012/02/22
Date

18 College Street, Polokwane, 0700, Private Bag x9302, POLOKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

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ANNEXURE D

Application to the Vhembe District Office to Conduct the Study

P.O.BOX 80
Tshakhuma
0951
09/03/12

The Manager
Vhembe District
Private Bag x5009
Thohoyandou
0950

Sir/Madam

I, Ndifelani Nemabaka, am a Masters student at the University of Venda, student number 11593315. I am applying to do research which is part of my study.

The research topic is: The experience of employees living with HIV (Human Immunodeficiency Virus) regarding care and support in Thulamela Municipality, Vhembe District, Limpopo Province.

The purpose of the study is to explore and describe the care and support that employees with HIV/AIDS receive in their different workplaces and to determine how such care and support can be enhanced in workplace for employees with HIV/AIDS.

The results of the study may help occupational health care practitioners, managers, employers to plan and implement HIV/AIDS programme in workplaces.

Permission has already been granted by the Limpopo Province Health Department.

Hoping my application will be considered.

Yours truly

N. Nemabaka

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ANNEXURE E

Application to Tshilidzini Hospital to Conduct the Study

P.O. Box 80
Tshakhuma
0951
19/03/12

The Chief Nursing Service Manager
Tshedza Care Centre
Tshilidzini Hospital

Sir/Madam

APPLICATION TO CONDUCT A RESEARCH STUDY

I, Ndifelani Nemabaka, am a Masters student at the University of Venda, student number 11593315. I am applying to do research which is part of my study.

The research topic is: The experience of employees living with HIV (Human Immunodeficiency Virus) regarding care and support in Thulamela Municipality, Vhembe District, Limpopo Province.

The purpose of the study is to explore and describe the care and support that employees with HIV/AIDS receive in their different workplaces and to determine how such care and support can be enhanced in workplace for employees with HIV/AIDS.

The results of the study may help occupational health care practitioners, managers, employers to plan and implement HIV/AIDS programme in workplaces.

Permission has already been granted by the Limpopo Province Health Department.

Hoping my application will be considered.

Yours truly

Nemabaka

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ANNEXURE F

Permission by Tshilidzini Hospital to Conduct the Study

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
TSHILIDZINI HOSPITAL

Private Bag x 924
SHAYANDIMA
0945

Tel : (015) 964 1061/8
Fax : (015) 964 1492
(015) 964 1072

An accessible, caring quality health and social development service for the people of Vhembe District.

Ref : 4/2/2
Enq : Ramukumba A.N.
Date : 29.03.2012

To : Nemabaka N.

RE: REQUEST TO CONDUCT RESEARCH

1. You are hereby granted permission to conduct your research as requested.
2. Your permission is approved provided item 3 of HOD's approval is adhered to.

Hoping that you will find this in order.

.....
Acting Chief Executive Officer

29/03/2012
.....
Date

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ANNEXURE G

Interview Consent / Participant Statement Form

PARTICIPANT'S STATEMENT

1. I .....have been asked to participate in the research study to be conducted by Nemabaka N, Student number 11593315. The title of the research is: The experience of employees living with HIV (Human Immunodeficiency Virus) in regard to care and support in their various workplaces in Thulamela Municipality, Vhembe District of the Limpopo Province.
2. The aim of the study was explained to me and my rights to participate/terminate my participation was also explained to me.
3. I understand that the benefit from participating in this study may help the researchers and managers in the workplace to understand the care and support necessary to employees with HIV/AIDS.
4. I was assured confidentiality of information that I will provide and the research will be used to identify my response from those of other patients and no information will be linked to my personal details.
5. I understand that my refusal to participate will involve no penalty or loss of rights to which I am entitled to. I may withdraw from the study at any time without fear of losing any services or benefits
6. The study is one of the requirements of Masters in Nursing at the University of Venda.

.....

Name of Participant

....

Signature of Participant **Date**

.....

Name of Witness

....

Signature of Witness **Date**

INVESTIGATOR'S STATEMENT

I, the undersigned, have defined and explained to the volunteer in a language s/he understands, the procedures of this study, its aims and the risks and benefits associated with his/her participation. I have informed the volunteer that confidentiality will be preserved, that s/he is free to withdraw from the study at any time without affecting the care s/he will receive at the clinic. Following my definitions and explanations, the volunteer agreed to participate in this study.

.....

Name of Investigator

....

Signature of Investigator **Date**

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ANNEXURE H

Interview Guide

Research question: What is the experience of employees with HIV/AIDS with regard to care and support in the workplace?

Follow up questions that will be asked to gain deeper understanding of the participant's experiences are as follows:

1. How is your experience of care and support in the workplace?
2. What is your experience when you ask time to go for follow up?
3. How is your social relation with other employees?
4. How did you disclose your HIV status to your manager?
5. How did you disclose your HIV status to other employees?
6. How is work allocated to you since you were diagnosed with HIV?
7. How is care and support you receive from your manager?
8. How is care and support you receive from other employees?
9. How did you describe work benefits since you were with diagnosed HIV?
10. How do you think managers and other employees can show care and support to employee with HIV/AIDS?

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ANNEXURE I

University of Venda
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Interview

Researcher Morning

Participant Good morning how are you?

Researcher I am fine and how are you?

Participant I am also fine.

Researcher As I have told you before, I am a student at University of Venda for science and technology. I am doing masters. As part of my study I am required to conduct a study of my choice and I have chosen to study about experience of employee with HIV in regard with care and support in their different work places. And this is the information I need to hear from you if you are free to share your experiences.

Participant Yes I am free (nodding)

Researcher If you are free with discussion may you please sign for me this consent form (researcher hand over the consent form which the participant read and then sign). Then now can you share with me your experience in your work place.

Participant When I started to know that I have HIV I was seriously ill and became unable to go to work for months it was almost eight months (showing with his fingers) yes for eight months I was not working. I was admitted for 2 months and discharged when I was still not OK but to my manger I did not encounter any problem because like eight months I was receiving my payments even though I was not working and he told me that I have to phone and if I am having sick leave note I have to fax it to his office. I did not have any problem my manger was so good to me (smiling).

Researcher How is your experience when you ask time to go for follow-up?

Participant Where I work I am given time for follow up but they need to be told 4 weeks in advance like today when I arrived at work I will show them that I am supposed to go for follow up on this date (pointing on return date on his follow up card) he will check on the work schedule if there will be chance that I can be released and if it will not be possible and I will phone here to tell the stuff that I will not be able to come on this date due to the work schedule. All this depend on the amount of treatments that I will be having.

Researcher Hmm (nodding) with your, co workers how is care and support?

Participant (Looking to the ceiling) here there is a problem just because you cannot tell anyone that you are having HIV. You only tell those that are close to you and can keep this confidentially.

Researcher Mmm

Participant But you have to check how one is acting towards you because there is tension after one knows that you have HIV, they do not want to be too close to you like before.

Researcher They do not want to be close like before?

Participant They are not like before there is tension (low tone) in a way that you can feel yourself. Like when you come next to people that you saw that they were discussing when you were still far; they will just keep quiet and look at each other. You can simply conclude that you are

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not allowed in their discussion or may be they were talking about you (laughing). If people just keep quiet all of sudden what else can you think; you are not welcome. This people are silly they will treat you the way you can feel you are no longer normal.

Researcher Yes I see.

Participant Yes most people do not understand how they can contact HIV. To them even socialising can spread HIV. Yeah people must be taught about HIV. I wish there may be some of those working with HIV that can come and give a talk about HIV so that people may know and stop discriminating us unnecessarily.

Researcher Mmm

Participant It is not easy to work in that type of condition, it need strong courage. If you have not accepted yourself it is very difficult. But if you have accepted the way I did you will not have problem because you know that life still goes on even though you are having HIV. I still remember the time when I started to be ill it was very difficult for me at work. I became so thin that people were suspecting that there is something wrong. I felt like everyone is looking at me with questions since some changed their facial expressions when they saw me. It made me hide during lunch breaks so that I can be alone; and not hear topic which were always about HIV; and how they cannot accept a spouse with HIV.

Researcher Mmm

Participant You could hear that to most people HIV person is not acceptable even though they have not yet gone for HIV test themselves. But I no longer worry about their reactions, I have accepted my HIV, it is not going to be removed from my blood, it is here with me as long as I live.

Researcher Mmm—that is true?

Participant Yes. Sometimes when we are working and supposed to carry a heavy object you will hear others saying to me that do I think I can carry that object the way I am. Instead of helping me there start a comment that draw everyone's attention. I used to feel embarrassed before but this time I change it to be a joke saying why can't the healthiest person come and help the weakling. We will all laugh and continue to work.

Researcher How did you disclose your HIV status to your manager?

Participant (Pause) I was not thinking of disclosing my status to anyone at work because I thought I will loose my job by the time I disclosed to the manager. But time came when I was very ill and admitted for extended period. I did not have any choice. I did know I will be better sometime and be able to work again. The way my manager was concern with me touched me and I decided that I should tell him the reality myself before I die. He used to come to see me in hospital and gave me word of hope.

Researcher Mmm

Participant I was very sick that I was obvious that I may be HIV positive. One day when he came to see me in hospital I told him that he must not be amazed the way I was tested HIV positive. He was with one of my friends at work and they were very supportive. They encourage me to take my treatments as prescribed and I would recover. That day I felt relieved because every day I was thinking of how I can disclose to my manager.

Researcher Ok you were free.

Participant Yes I was in dilemma, fear of losing job and fear of embarrassment if my HIV status was known. But to my manager I get positive response and was relieved when he told me that I will get my payments every month so long as I am not coming to work because I am still ill. Mind you I was not such a person that was known at work with multiple partners. I was known to be good responsible man. Now this case of HIV (shaking his head) I felt down.

Researcher Mmm

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Participant But I thank that manager, he is a real m[illegible] he supported me throughout this ordeal. He used to come to the hospital with fruit and said that it will boost my immunity. He came to see me most often like a family member. If he was unable to come he would phone to hear how I was.

Researcher That was good, but then how did you disclose to your co-workers.

Participant No! No! No! (Shaking his head, increased tone) I do not want to work like I am working in hell. It is better that they are reacting like that out of suspicion not that I told them my HIV status. The only person that knows my HIV status is that friend that used to come to visit me with the manager. That one has kept my secret and I am comfortable with him. This others I will not tell them, they take themselves as too clean to contact HIV but who knows may be they are also positive.

Researcher Mmm (nodding)

Participant You do not know them. I saw how they behave by that other employee who disclose to us in the meeting hoping there will be support but instead it was hell. If he touches any person's mug it was destroyed there and there. The beaker that he used for water no one will ever touch it or use it. One day I was touched when he asked an umbrella when going out and it was raining and the answer was I will not give you I do not want my umbrella to be contaminated.

Researcher Umbrella to be contaminated?

Participant This people are somehow. I thank God that I am on treatments and they are handling me well, I have improved I am now weighing 78 kg. No one will ever know that I have weighed 40 kg.

Researcher So you have improved a lot—ART have helped you?

Participant Yes it helped me a lot. But I am worried because people are afraid to go and test in order to know their status and get treatments early. Most of these employees will go and test when they are too ill to refuse it. I was unfortunate that I did not have idea of test early. My friend who knows my status has told me that he went for a test and is positive but he is on wellness programme. We attend support group together here. It is helping us a lot. We are gaining knowledge that we were not aware of.

Researcher That is good. I heard you saying the manager was supporting you, how was the work allocated to you by the time you were still not well?

Participant I was scheduled to work in the office not doing field work because I was still too weak to can cope outside. I did not ask for it but he saw my condition and allocated me to a lighter job where I had time to rest and take my treatments in time because I take my treatments at 8 in the morning and 8 in the evening.

Researcher How did the other employees react to that?

Participant No there is no problem because the manager use to do it like this to every employee who is too sick to work outside. We are all familiar to that, it is not starting with me. There was also one employee with cancer who was given this opportunity but unfortunately he passed away (pause, and sighed). But… er I am now ok, I have returned to field work.

Researcher Ok. How can you describe social relation with other employees?

Participant I am now free. I am so free in our workplace. You cannot even know that I am ill because I am living just like any other employees. When they arrange trips I am also part of them. I do not want to isolate myself from others any longer. This has made other employees to be able to accept me. If we are in a trip and we are supposed to swim I also swim with them in the same pool, I do not have problem. No one will come and make you accept yourself, you are the one to accept yourself, it is then others will accept you. Even though it will be difficult in the beginning it is better to be free to socialize because people accept a person who has

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accepted him/herself.

Researcher What are your aspiration of care and support of people with HIV in workplace?

Participant Hmm… it is only that I do not have control but I wish there are classes that employees are taught about HIV and how to care for fellow employee who is diagnosed. Most of the behaviours that I have seen at work are due to lack of knowledge. Employees are no sure how HIV is transmitted…err.. but it is unfair to say you are going to be contaminated by the umbrella, this showed ignorance. May be is because people take HIV as disease of the prostitutes and cheaters. People are just stubborn, we are hearing this from media and campaigns we must learn (throwing hands on air).

Researcher Ok, do you have anything that you want to talk about concerning care and support that you have never mentioned?

Participant No I do not have other things. It is only that people are different. But we must have feeling for others. It is so painful when you are ill and you are taken as a reject.

Researcher Thank you for information.

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ANNEXURE J

Letter from the Language Editor

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21 January 2014

To Whom it May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the MCur thesis by **Ndifelani Nemabaka**: "**THE EXPERIENCES OF EMPLOYEES WHO ARE LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV), REGARDING CARE AND SUPPORT RECEIVED AT THEIR VARIOUS WORKPLACES IN THULAMELA MUNICIPALITY, VHEMBE DISTRICT OF LIMPOPO PROVINCE**".

Sincerely Yours

Donavon C. Hiss
Dip. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD

UNIVERSITY of the WESTERN CAPE

A place of quality, a place to grow, from hope to action through knowledge

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The main focus of qualitative research is quality and depth of information and hence it does not attempt to control the context of the research (Brink, 2011:11). That is why human actions are observed in a more holistic way in an attempt to locate the individual's actions in their cultural context to gain understanding on why people say and do things, or act in that way linking them to other people's events. However, the stories, experiences and voices of participants are mechanisms through which we explore and understand reality, thus emphasis is placed on people's clarification of events and circumstances rather than the researcher's interpretations.

This means qualitative research can be described as an approach generally covering an array of interpretive techniques which attempt to describe, decode, translate and come to terms with the meaning of naturally occurring phenomena in the social world (Wellman, Kruger & Mitchell, 2009:188). According to Creswell (2007:37), qualitative research is a form of study in which researchers interpret what they see, hear, and understand by focusing on learning the meaning that participants hold about an issue under study.

Leedy & Ormrod, cited in de Vos et al.(2011:64) added that qualitative approach is used to answer questions about the complex nature of a phenomenon. The purpose of the qualitative approach is to describe and understand the phenomenon from the participants' point of view. This is achieved through collection of extensive verbal data from a small number of participants, then data are organized to generate coherence and a verbal description is used to portray the situation studied. Furthermore, "qualitative researchers borrow ideas of the people they study and place them within the context of natural settings, and they examine motifs, themes, distinctions and ideas instead of variables" (Neumann, 2011: 157).

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