

APPENDICES

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| Appendix A | Written consent by employer |
| Appendix B | Letter of informed consent |
| Appendix C | Questionnaire |

NO APPENDIX A AVAILABLE

APPENDIX B

Participant's

Name _____ Date _____

Principal investigator: Mildred N.M. Buthelezi,

Organization : South African Post Office

Address : Private Bag X54351

Durban

4000

Informed Consent:

1. **Title of Study:** A Social Work Study on the Impact of HIV/AIDS on the South African Post Office in Durban.

2. **Purpose of the Study:** The purpose of this study is to investigate the impact of HIV/AIDS on the employee's benefits and execution of work on the South African Post Office in Durban.

3. **Procedures:** I would be asked to look at employee's registers to see their attendance records; looking at the type of leave taken, duration of the leave, and reason for such a leave. I will be asked to complete a brief questionnaire related to their absenteeism, replacement, payment and other benefits. In addition, in the questionnaire I will be completing a rating scale of the section, occupation, position held, and years of experience.

4. **Risks and discomforts:** There are no known medical risks or discomforts associated with this project, although I may experience stress when answering these questions. I will be given enough time to answer the questions.

5. **Benefits:** I understand there are no known medical benefits to me for participating in this study. However, the results of the study may help

researchers gain a better understanding of how HIV/AIDS is impacting on all employees.

6. **Participant's Rights:** I may withdraw from participating in the study at any time.
7. **Financial Compensation:** Participating in this study will not put me into any expenses.
8. **Confidentiality:** I will only complete the questionnaire. The questionnaire will only be read by the researcher. I understand that the results of this study will be kept confidential unless I ask that they be released. The results of this study may be published in Professional journals or presented at Professional conferences, but my questionnaire or identity will not be revealed unless required by law.
9. If I have a question of concerns, I can call Mildred Buthelezi at 031-3363468/2611946 at any time during the day or night.

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form

Subject's Signature

Date

Signature of Investigator

APPENDIX C

**QUESTIONNAIRE ON THE IMPACT OF HIV/AIDS ON THE SOUTH
AFRICAN POST OFFICE (SAPO) IN DURBAN**

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE BY PLACING A TICK IN THE BLOCK ADJACENT TO THE RESPONSE YOU HAVE CHOSEN OR BY WRITING IN YOUR RESPONSE IN THE SPACE PROVIDED.

Please tick √ the appropriate box.□

1. Age:

30–35yrs		36–40yrs		41–45yrs		46–50yrs		50–55yrs	
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2. Sex:

Male		Female	
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3. Race:

African		Coloured		Indian		White	
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4. Main Home Language:

Afrikaans		English		Xhosa		Zulu		Other	
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5. Type of Office:

Regional		Mail Center		Hub		Post		Depot	
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6. Position:

Manager		Supervisor	
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7. Section:

8. How many staff are presently supervised/managed by you? (Write the number on the line below): _____

9. Does the Post Office possess an AIDS policy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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9.1 If yes, by whom was this policy developed? _____

10. How did you become aware of this policy?

11. Does your section have any employee/s who are HIV positive or suffering from AIDS?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
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11.1 If yes, how many? _____

11.2 Which ages are they ranging?

21 to 30	<input type="checkbox"/>	31 to 40	<input type="checkbox"/>	41 to 50	<input type="checkbox"/>	Other	<input type="checkbox"/>
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12. How did you know about his/her/their HIV/AIDS status?

Self-disclosure	<input type="checkbox"/>	Medical report	<input type="checkbox"/>	Other	<input type="checkbox"/>
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13. In your opinion what are the symptoms of HIV/AIDS?

14. Have you noticed any of these symptoms by your employees?

Yes		No	
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14.1 If yes, how many employees are presenting these symptoms?

15. How did you know that they are presenting HIV/AIDS symptoms?

Doctors certificate		Disclosure		Known to you		Other	
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15.1 How can you explain their behavior at work?

15.2 How can you explain their physical appearance?

16. What assistance have you given to these employees?

17. Is the infected employee(s) still working?

Yes		No	
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17.1 If No, for how long has this employee/s been absent from work?

18. What type of leave has she/he/they taken?

Sick leave with		Sick leave		Vacation leave		Vacation leave	
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pay	without pay	with pay	without pay	
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19. How often does he/she/they come to work per month?

20. Are there any arrangements made to replace the absent employee/s at work?

Yes	No	
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20.1 If yes, what type of arrangements?

20.2 If no, what is happening to his/her/their duties?

21. How do you select employees to do the duty of an absent employee?

Rotation	Volunteers	Relievers	Casuals	Other	
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22. How does the employee doing the duty accept the responsibility?

22.1 How can you explain their behavior?

23. If sick employees are present at work do they perform their normal duties?

Yes	No	
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23.1 If no, what are their duties?

24. How can you explain their performance?

25. What other benefits does the sick employee have?

26. How many employees become absent per day in your section?

27. Do all of them, every time apply for a leave/report if they are not coming to work?

Yes	No	
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28. What time does he/she/they perform these duties for absent employees?

Normal time		Lunch time		Overtime		Other	
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29. Do they receive an extra pay/hours for performing these duties?

Yes		No	
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29.1 If yes, how much are they being paid as extra or how many hours are they given per one day extra duties? _____

29.2 If no, how can you describe their feelings about performing these duties?

Happy		Angry		Unsure		Other	
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30. Should the Post Office request to know the HIV status of an employee?

Yes		No		Unsure	
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31. Please state reasons for your answer. _____

32. Should the post office request to know the HIV status of an employee during the selection phase?

Yes		No		Unsure	
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32.1 Please state reason/s for your answer _____

33. Would you accept an HIV positive employee to your department/section?

Yes		No	
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33.1 State reason/s for your answer?

34. Should an employee develop full-blown AIDS, would she/he/they be accepted in your section/department?

Yes		No		Unsure	
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34.1 Please give reason/s for your answer.

35. Have you ever employed an HIV positive employee who died after less than a year of employment?

Yes		No	
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35.1 If yes, how long did he work for SAPO while still fit for duty?

2 months		6 months		10 months		Other	
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36. After how long did he/she/they became unfit?

2 months		6 months		10 months		Other	
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37. What assistance did she/he/they receive from the SAPO?

38. What SAPO benefits did he/she/they have?

39. Is he/she/they still alive?

Yes		No	
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40. If no, is his/her/their family/s benefited anything from SAPO after his/her death?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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40.1 If yes, what did they benefit after his/her/their death?

41. Is he/she/they replaced?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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42. If yes, by whom?

Permanent	<input type="checkbox"/>	Contract	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Other	<input type="checkbox"/>
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43. His/her/their replacement was after how long after his/her death?

3 months	<input type="checkbox"/>	6 months	<input type="checkbox"/>	8 months	<input type="checkbox"/>	Other	<input type="checkbox"/>
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44. Has AIDS education been offered to employees in your section/department?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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44.1 If yes, who provided AIDS education?

Social Worker	<input type="checkbox"/>	Peer Educators	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>	Other	<input type="checkbox"/>
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45. If Peer educators, who trained the educator/s?

46. Who paid for the training of educators?

Post Office	<input type="checkbox"/>	Self	<input type="checkbox"/>	Other	<input type="checkbox"/>
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47. How long was their training?

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4 weeks		2 weeks		1 week		Other	
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48. Whose time was utilized for AIDS educator's training?

Post Office		Self		Other	
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49. How many educators were trained in your section or department?

50. Which time is utilized to offer AIDS education?

Post Office		Lunch time		After hours		Other	
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51. For how long does AIDS education in your section/department takes per day?

3 hours		2 hours		1 hour		Other	
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52. How many times per year do they provide AIDS education in your section/department?

Four		Three		Two		One		Other	
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53. Does the Post Office respond to the legal issues related to AIDS?

Yes		No		Unsure	
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54. To what extent is management able to respond to the legal issues related to AIDS? Please explain.

Thank you for completing this questionnaire.