

**APPENDICES**

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  $\surd$  the appropriate box.

1. Age:

30– 35yrs	<input type="checkbox"/>	36 – 40yrs	<input type="checkbox"/>	41 – 45yrs	<input type="checkbox"/>	46 – 50yrs	<input type="checkbox"/>	50 – 55yrs	<input type="checkbox"/>
-----------	--------------------------	------------	--------------------------	------------	--------------------------	------------	--------------------------	------------	--------------------------

2. Sex:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
------	--------------------------	--------	--------------------------

3. Race:

African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>
---------	--------------------------	----------	--------------------------	--------	--------------------------	-------	--------------------------

4. Main Home Language:

Afrikaans	<input type="checkbox"/>	English	<input type="checkbox"/>	Xhosa	<input type="checkbox"/>	Zulu	<input type="checkbox"/>	Other	<input type="checkbox"/>
-----------	--------------------------	---------	--------------------------	-------	--------------------------	------	--------------------------	-------	--------------------------

5. Type of Office:

Regional	<input type="checkbox"/>	Mail Center	<input type="checkbox"/>	Hub	<input type="checkbox"/>	Post	<input type="checkbox"/>	Depot	<input type="checkbox"/>
----------	--------------------------	-------------	--------------------------	-----	--------------------------	------	--------------------------	-------	--------------------------

6. Position:

Manager	<input type="checkbox"/>	Supervisor	<input type="checkbox"/>
---------	--------------------------	------------	--------------------------

--

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"/>
-----	--------------------------	----	--------------------------

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"/>
-----	--------------------------	----	--------------------------	--------	--------------------------

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"/>
----------	--------------------------	----------	--------------------------	----------	--------------------------	-------	--------------------------

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"/>
-----------------	--------------------------	----------------	--------------------------	-------	--------------------------

13. In your opinion what are the symptoms of HIV/AIDS?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Yes				No			
<p>14.1 If yes, how many employees are presenting these symptoms?</p> <hr/>							
<p>15. How did you know that they are presenting HIV/AIDS symptoms?</p>							
Doctors certificate		Disclosure		Known to you		Other	
<p>15.1 How can you explain their behavior at work?</p> <hr/> <hr/> <hr/>							
<p>15.2 How can you explain their physical appearance?</p> <hr/> <hr/> <hr/>							
<p>16. What assistance have you given to these employees?</p> <hr/> <hr/> <hr/>							
<p>17. Is the infected employee(s) still working?</p>							
Yes				No			
<p>17.1 If No, for how long has this employee/s been absent from work?</p> <hr/>							
<p>18. What type of leave has she/he/they taken?</p>							
Sick leave with		Sick leave		Vacation leave		Vacation leave	

pay	without pay	with pay	without pay	
-----	-------------	----------	-------------	--

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	
-----	----	--

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	
----------	------------	-----------	---------	-------	--

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	
-----	--	----	--

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	
-----	--	----	--

28. What time does he/she/they perform these duties for absent employees?

Normal time		Lunch time		Overtime		Other	
-------------	--	------------	--	----------	--	-------	--

--



29. Do they receive an extra pay/hours for performing these duties?				
Yes		No		
<p>29.1 If yes, how much are they being paid as extra or how many hours are they given per one day extra duties? _____</p> <p>29.2 If no, how can you describe their feelings about performing these duties?</p>				
Happy		Angry		Unsure
				Other
30. Should the Post Office request to know the HIV status of an employee?				
Yes		No		Unsure
<p>31. Please state reasons for your answer. _____</p> <p>_____</p> <p>_____</p>				
32. Should the post office request to know the HIV status of an employee during the selection phase?				
Yes		No		Unsure
<p>32.1 Please state reason/s for your answer _____</p> <p>_____</p>				
33. Would you accept an HIV positive employee to your department/section?				
Yes		No		
33.1 State reason/s for your answer?				
<p>_____</p> <p>_____</p>				

34. Should an employee develop full-blown AIDS, would she/he/they be accepted in your section/department?				
Yes		No		Unsure
34.1 Please give reason/s for your answer.				
<hr/> <hr/> <hr/>				
35. Have you ever employed an HIV positive employee who died after less than a year of employment?				
Yes		No		
35.1 If yes, how long did he work for SAPO while still fit for duty?				
2 months		6 months		10 months
				Other
36. After how long did he/she/they became unfit?				
2 months		6 months		10 months
				Other
37. What assistance did she/he/they receive from the SAPO?				
<hr/> <hr/> <hr/> <hr/>				
38. What SAPO benefits did he/she/they have?				
<hr/> <hr/> <hr/>				
39. Is he/she/they still alive?				
Yes		No		

40. If no, is his/her/their family/s benefited anything from SAPO after his/her death?				
Yes		No		
40.1 If yes, what did they benefit after his/her/their death?				
_____				
_____				
41. Is he/she/they replaced?				
Yes		No		
42. If yes, by whom?				
Permanent		Contract		Casual
				Other
43. His/her/their replacement was after how long after his/her death?				
3 months		6 months		8 months
				Other
44. Has AIDS education been offered to employees in your section/department?				
Yes		No		
44.1 If yes, who provided AIDS education?				
Social Worker		Peer Educators		Volunteers
				Other
45. If Peer educators, who trained the educator/s?				
_____				
46. Who paid for the training of educators?				
Post Office		Self		Other
47. How long was their training?				

4 weeks		2 weeks		1 week		Other	
---------	--	---------	--	--------	--	-------	--

48. Whose time was utilized for AIDS educator's training?

Post Office		Self		Other	
-------------	--	------	--	-------	--

--

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	
-------------	--	------------	--	-------------	--	-------	--

--

51. For how long does AIDS education in your section/department takes per day?

3 hours		2 hours		1 hour		Other	
---------	--	---------	--	--------	--	-------	--

52. How many times per year do they provide AIDS education in your section/department?

Four		Three		Two		One		Other	
------	--	-------	--	-----	--	-----	--	-------	--

53. Does the Post Office respond to the legal issues related to AIDS?

Yes		No		Unsure	
-----	--	----	--	--------	--

--

--

54. To what extent is management able to respond to the legal issues related to AIDS? Please explain.

---

---

---

---

---

---

---

---

---

---

---

**Thank you for completing this questionnaire.**