

# CHALLENGES OF HIV AND AIDS EXPERIENCED BY WORKING WOMEN: THE ROLE AND RESPONSE OF EMPLOYEE ASSISTANCE PROGRAMME

Keitumetse 'Tumi' Gladys Jantjie

SUBMISSION IN PARTIAL FULFILMENT OF THE REQUIREMENTS

FOR THE DEGREE

DOCTORAL PHILOSOPHIAE

IN SOCIAL WORK (D.PHIL.)

IN THE

FACULTY OF HUMANITIES

DEPARTMENT OF SOCIAL WORK AND CRIMINOLOGY

AT THE

UNIVERSITY OF PRETORIA

PROMOTER: PROF. L.S TERBLANCHE

DATE: JANUARY 2009

PRETORIA



## DECLARATION

I declare that this research project is my own, unaided work. It is submitted in partial fulfilment of the requirements of the degree: Doctor Philosophiae (D.Phil) in the Faculty of Humanities, Department of Social Work and Criminology, University of Pretoria. It has not been submitted before for any degree or examination in any other university.

.....

Date: .....

**KEITUMETSE GLADYS JANTJIE**



## DEDICATION

This study is dedicated to all strong women who are living with HIV and AIDS and all those loved ones who have died due to HIV and AIDS.

Specially dedicated to the two South African women living with HIV for more than 15 years Masias Mercy Makhalemele and Florence Ngobeni-Lee, who have inspired this study. These two women are living positively with HIV and their stories are available through the internet. (Cullian, 2000:1, Jacobs, 2000:1).



Living with AIDS:  
Mercy Makhalemele

([www.health-e.org.za](http://www.health-e.org.za))



Florence Ngobeni wants the  
South African Government to  
actively fight back the AIDS  
epidemic.

([www.myhero.com](http://www.myhero.com))

## ACKNOWLEDGEMENTS

The contribution of the following persons and organizations towards the successful completion of this project is gratefully acknowledged:

- My promoter, Prof. Lourie Terblanche, who provided guidance and with his enthusiasm made the journey of this project an enjoyable one;
- The twenty four HIV and AIDS infected and affected working women- two have passed away since, who made time available to share the stories of their experiences with HIV and AIDS in the workplace;
- The EAP colleagues for their inputs, and a special thanks to those who were a link between women living with HIV and AIDS and the researcher;
- Dr. Marshal Mokoena, Ockert Pretorius, Sybrand Kramer, and Kelly Manzini (EAPA SA president) for your valuable input;
- A special thanks to my two assistants, Motlalepule Naanyane and Mapaseka Mogorosi;
- My family and friends for their support and encouragement. Especially my sister, Gomo Jantjie for assisting with typing in the earlier years, my brother, Kenny Jantjie and my best friend Heine Hoffman for the technical writing guidance;
- My two sons who are my greatest motivators and cheerers, Kagiso aka KG and Tlholo.

## SUMMARY

### THE CHALLENGES OF HIV AND AIDS EXPERIENCED BY WORKING WOMEN: THE ROLE AND RESPONSE OF EMPLOYEE ASSISTANCE

Within the socio-economic sphere, the development of women in the workplace is hindered by the dynamics of health and wellness issues such as HIV and AIDS, their gender dispositions and their social struggles around balancing work and family life.

Furthermore, the impact of HIV and AIDS on business has become a priority agenda to address skills attrition and absenteeism. The UN declaration of Commitment (UNAIDS, June: 2001) which prioritizes the needs of women and children, is one of the interventions as a global effort to address the millennium development goals. Through this study, the researcher had investigated, in particular, whether there are difficulties experienced by working women infected or affected by HIV and AIDS. Furthermore, the study investigated the role of EAP in respect of these difficulties. The study is divided into two parts: one that is exploratory in nature in which a qualitative research approach was applied through semi-structured interviews whilst the other was quantitative research in which the survey research design used a questionnaire as the data collection instrument. The following conclusions were made from both the qualitative and quantitative data collected:

- Working women infected and affected by HIV and AIDS have difficulties in the work place due to HIV and AIDS.
- EAP is supporting working women infected and affected by HIV and AIDS.
- There is a need for more resources to support EAP to be involved in strategic decision and business risk management.
- The business has put in place measures to manage HIV and AIDS in the workplace through HIV policy formulation and establishment of HIV and AIDS programmes.

It made sense for this research to present a picture regarding the extent of women participation in the world of work at a global level and efforts that the workplace have put in place to integrate women. Firstly the investigation defined HIV and AIDS and the intrinsic dynamics of HIV and gender. It then probed the prevalence of HIV and AIDS in the workplace in terms of the impact on the business with focus on women and the difficulties they experience as HIV infected and affected women. This was the focus of this part of the study. Secondly, the role of EAP in general was investigated, with the focus on the impact of EAP with regards to HIV and AIDS and working women.

The goal of the research study was defined as:

***To explore and describe the role of EAP in addressing the difficulties experienced by working women, resulting from the impact of HIV and AIDS.***

The research question and sub-questions were formulated to give the study focus. The questions included:

- What role, if any, does EAP play in supporting HIV infected and affected women in the workplace?
- What is the perceived role of EAP in supporting HIV infected and affected women?
- What is the perceived role of HIV infected women with regard to the effectiveness of EAP related to HIV and AIDS in the workplace?
- What are the difficulties of running a functional EAP service in the context of HIV and AIDS?
- What are the feelings of HIV and AIDS infected and affected women in their workplace?

The study identified the type of research as applied research. Two phases of the study were carried to understand the challenges of working women with HIV and AIDS faced and the response of EAP. The first was a qualitative study, exploratory in nature, which focused on a sample of women who were either infected or affected by HIV and AIDS. This part of the study aimed to understand their perceptions and experiences of the challenges they faced at work. Furthermore it aimed to understand how they experience and interface with EAP. In the qualitative study, the aim was to understand the role and response EAP has made in South Africa particularly in relation to HIV and AIDS but with specific focus on working women. A case study research design was followed to gather data regarding attitudes, perception and experiences directly from respondents in their natural environment. The aim was to understand and interpret the meaning they give in relation to EAP in their workplace.

A non-probability sampling method was used for the qualitative study. In this part of the study, a purposive sampling strategy was used and data was collected through semi-structured interviews of a sample of 24 working women (12 HIV infected and 12 affected by HIV and AIDS).

The exploratory research findings confirmed that women infected and affected by HIV and AIDS do have difficulties in the workplace due to HIV and AIDS. The difficulties included psychological, financial and time lost due to HIV and AIDS. It further confirmed that the extent of the difficulties leave women with mental health issues and hopeless feelings, in some cases suicidal. The difficulties were further intensified by the perception that stigma is the key barrier to disclosure and business intervention strategies. All women had used EAP and found it useful during their difficulties. However, they found the role of EAP as positively evident at an individual level to address women's needs in counselling, however at a company level women did not think EAP was addressing their needs to impact business changes.

In the quantitative part of the study, a non-probability sampling method was used based on convenient sampling. There was however a replacement sample used based on a target sampling method for spoilt questionnaires. The quantitative part of the study confirmed the perceptions of the women that were affected and infected by HIV and AIDS. The quantitative study indicated that women were using EAP for HIV and AIDS counselling. The services of EAP that the women used assisted them with issues related to mental health difficulties, especially for depression and bereavement. In addition EAP practitioners were offering practical help such as home visits and referral to other services. The results further indicated a need for more resources to make strategic input and leadership involvement at a business level.

The goal of the study and study objectives were achieved and are presented together with detailed recommendations in the research report.

## KEY WORDS

HIV and AIDS  
EAP  
EAP models  
Business  
Strategies  
Gender  
Working women  
Troubled employee  
Prevention  
Care  
Pandemic

## GLOSSARY

HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
CD4	A glycoprotein expressed on the surface of T helper cells
KAP	Knowledge, Attitude and Practice
EAP	Employee Assistance Programme
SABCOHA	South African Business Coalition on HIV and AIDS
GBC	Global Business Coalition on HIV and AIDS
HEARD	Health Economics and HIV and AIDS Research Division
VCT	Voluntary Counselling and Testing
SMME	Small Medium and Micro Enterprises

## TABLE OF CONTENTS

<b>SUMMARY .....</b>	<b>v</b>
<b>CHAPTER 1 .....</b>	<b>1</b>
<b>GENERAL ORIENTATION .....</b>	<b>1</b>
<b>1.1 INTRODUCTION.....</b>	<b>1</b>
1.1.1     The Role of EAP .....	1
1.1.2     HIV and AIDS .....	2
<b>1.2 MOTIVATION.....</b>	<b>6</b>
<b>1.3 PROBLEM FORMULATION .....</b>	<b>9</b>
<b>1.4 GOALS AND OBJECTIVES.....</b>	<b>12</b>
1.4.1     Goals .....	12
1.4.2     Objectives .....	12
<b>1.5 RESEARCH QUESTION .....</b>	<b>12</b>
<b>1.6 RESEARCH APPROACH .....</b>	<b>13</b>
<b>1.7 TYPE OF RESEARCH .....</b>	<b>14</b>
<b>1.8 RESEARCH DESIGN .....</b>	<b>15</b>
<b>1.9 RESEARCH PROCEDURE AND STRATEGY .....</b>	<b>16</b>
1.9.1     Data Collection .....	16
1.9.2     Data Analysis.....	18
<b>1.10 PILOT STUDY .....</b>	<b>19</b>
1.10.1    Pilot Test Of Questionnaire.....	19
1.10.2    Literature Study .....	20
1.10.3    Consultation With Experts .....	21
1.10.4    Feasibility Of The Study.....	22
<b>1.11 DESCRIPTION OF THE RESEARCH POPULATION .....</b>	<b>23</b>
1.11.1    Description Of Population.....	23
1.11.1.1   Population: Qualitative Study.....	23
1.11.1.2   Population: Quantitative Study .....	23
1.11.2    Sample.....	23
1.11.2.1   Sample Qualitative Study.....	24
1.11.2.2   Sample Quantitative Study .....	24
1.11.3    Sampling Strategy .....	24
1.11.3.1   Sampling Strategy: Qualitative Study .....	24
1.11.3.2   Sampling Strategy: Quantitative Study .....	25
<b>1.12 ETHICAL ISSUES .....</b>	<b>26</b>
1.12.1    Confidentiality And Anonymity .....	27
1.12.2    Debriefing of Respondents .....	28

<b>1.13 DEFINITION OF CONCEPTS.....</b>	<b>28</b>
1.13.1 HIV and AIDS.....	28
1.13.2 Employee Assistance Programme.....	29
1.13.3 Employee Assistance Programme Practitioner .....	30
1.13.4 Occupational Social Work.....	30
<b>1.14 LIMITATIONS OF THE STUDY.....</b>	<b>31</b>
<b>1.15 CONTENT OF THE RESEARCH REPORT .....</b>	<b>32</b>
<b>CHAPTER 2 .....</b>	<b>34</b>
<b>WOMEN IN THE WORLD OF WORK .....</b>	<b>34</b>
2.1 INTRODUCTION.....	34
2.2 WOMEN'S ROLES .....	35
2.3 CHANGES IN THE WORKPLACE.....	36
2.4 DEVELOPMENT OF WOMEN .....	36
2.5 CHANGING STRUCTURE OF THE FAMILY .....	37
2.6 EDUCATIONAL IMPROVEMENTS.....	37
2.7 FEMINISM.....	38
2.8 WOMEN'S HEALTH.....	42
2.9 SUMMARY.....	43
<b>CHAPTER 3 .....</b>	<b>44</b>
<b>HIV AND AIDS: A THEORETICAL OVERVIEW .....</b>	<b>44</b>
3.1 INTRODUCTION.....	44
3.2 DEFINITION OF HIV AND AIDS .....	44
3.3 HOW IS HIV TRANSMITTED?.....	45
3.4 STAGES OF HIV .....	47
3.4.1 Stage 1: HIV Infection .....	47
3.4.2 Stage 2: Asymptomatic Or Silent Phase.....	48
3.4.3 Stage 3: Minor Symptomatic Phase .....	49
3.4.4 Stage 4: Symptomatic HIV-Disease.....	50
3.4.5 Stage 5: Full-Blown AIDS .....	51
3.5 THE INTERNATIONAL EPIDEMIOLOGY OF AIDS.....	51
3.6 THE SOUTH AFRICAN TRENDS ON AIDS .....	55

<b>3.7 SUMMARY.....</b>	<b>59</b>
<b>CHAPTER 4 .....</b>	<b>60</b>
<b>GENDER AND HIV AND AIDS.....</b>	<b>60</b>
<b>4.1 INTRODUCTION.....</b>	<b>60</b>
<b>4.2 GENDER PERSPECTIVE ON WOMEN AND HIV AND AIDS .....</b>	<b>63</b>
<b>4.3 THE UNITED NATION'S ROLE .....</b>	<b>70</b>
<b>4.4 SUMMARY.....</b>	<b>71</b>
<b>CHAPTER 5 .....</b>	<b>72</b>
<b>HIV AND AIDS IN THE WORKPLACE .....</b>	<b>72</b>
<b>5.1 INTRODUCTION.....</b>	<b>72</b>
<b>5.2 THE PREVALENCE OF HIV AND AIDS IN THE WORKPLACE .....</b>	<b>72</b>
<b>5.3 THE IMPACT OF HIV AND AIDS IN THE WORKPLACE .....</b>	<b>76</b>
<b>5.4 SOUTH AFRICAN BUSINESS RESPONSE TO HIV AND AIDS .....</b>	<b>78</b>
<b>5.5 SUMMARY.....</b>	<b>86</b>
<b>CHAPTER 6 .....</b>	<b>87</b>
<b>DIFFICULTIES EXPERIENCED BY HIV AND AIDS INFECTED AND AFFECTED WOMEN IN THE WORKPLACE.....</b>	<b>87</b>
<b>6.1 INTRODUCTION.....</b>	<b>87</b>
<b>6.2 THE EFFECT OF HIV AND AIDS ON SOUTH AFRICAN WOMEN.....</b>	<b>87</b>
<b>6.3 THE DIFFICULTIES EXPERIENCED BY HIV AND AIDS FEMALE CAREGIVERS .....</b>	<b>90</b>
<b>6.4 THE STIGMATISATION OF HIV INFECTED AND AFFECTED WOMEN .....</b>	<b>93</b>
<b>6.5 THE EMOTIONAL PAIN OF WOMEN WITH HIV AND AIDS .....</b>	<b>98</b>
<b>6.6 SUMMARY.....</b>	<b>99</b>
<b>CHAPTER 7 .....</b>	<b>100</b>
<b>THE ROLE OF EAP IN THE WORKPLACE .....</b>	<b>100</b>
<b>7.1 INTRODUCTION.....</b>	<b>100</b>

<b>7.2 EMPLOYEE ASSISTANCE PROGRAMME (EAP).....</b>	<b>100</b>
7.2.1 Definition .....	100
7.2.2 The Concept of EAP .....	100
<b>7.3 HISTORICAL PERSPECTIVE OF EAP .....</b>	<b>102</b>
7.3.1 International Perspective .....	102
7.3.2 South African Perspective.....	104
<b>7.4 REASONS FOR IMPLEMENTING EAP .....</b>	<b>108</b>
<b>7.5 THE TROUBLED EMPLOYEE.....</b>	<b>110</b>
<b>7.6 MODELS OF EAP .....</b>	<b>112</b>
<b>7.7 SUCCESS OF THE EAP .....</b>	<b>115</b>
<b>7.8 SUMMARY.....</b>	<b>116</b>
<b>CHAPTER 8 .....</b>	<b>117</b>
<b>THE ROLE OF EAP IN ADDRESSING ISSUES OF HIV AND AIDS INFECTED AND AFFECTED WOMEN IN THE WORKPLACE .....</b>	<b>117</b>
<b>8.1 INTRODUCTION.....</b>	<b>117</b>
<b>8.2 HIV AND AIDS PROGRAMME .....</b>	<b>117</b>
<b>8.3 HIV AND AIDS COUNSELLING IN THE CONTEXT OF EAP.....</b>	<b>120</b>
<b>8.4 SKILLS FOR COUNSELLORS HELPING PEOPLE AFFECTED BY HIV AND AIDS .....</b>	<b>123</b>
8.4.1 Ability to overcome Health Worries .....	124
8.4.2 Role Reversal .....	124
8.4.3 Dealing With Betrayal .....	124
8.4.4 Handling Sexuality Issues.....	124
8.4.5 Adjustment to Multiple Issues.....	125
8.4.5.1 Affective Symptoms .....	125
8.4.5.2 Cognitive Changes.....	125
8.4.5.3 Somatic Symptoms .....	126
8.4.5.4 Behavioural Symptoms .....	126
8.4.5.5 Suicidal Tendencies.....	126
<b>8.5 SPIRITUAL COPING MECHANISM FOR WOMEN WITH HIV AND AIDS.....</b>	<b>127</b>
<b>8.6 PHYSCHOSOCIAL IMPACT OF HIV AND AIDS ON COUNSELLORS .....</b>	<b>129</b>
<b>8.7 SUMMARY.....</b>	<b>132</b>
<b>CHAPTER 9 .....</b>	<b>133</b>
<b>EMPIRICAL RESULTS ON THE ROLE OF THE EAP IN ADDRESSING THE DIFFICULTIES EXPERIENCED BY WORKING WOMEN RESULTING FROM THE IMPACT OF HIV AND AIDS .....</b>	<b>133</b>
<b>9.1 INTRODUCTION.....</b>	<b>133</b>

<b>9.2 RESEARCH PROCEDURE.....</b>	<b>133</b>
9.2.1     The Goal and Objectives of the Study .....	134
9.2.2     The Sampling Strategy and Technique.....	135
9.2.2.1     The Pilot Study .....	136
9.2.2.2     Feasibility Of The Study .....	136
9.2.2.2.1     Pilot Test: Qualitative Study .....	136
9.2.2.2.2     Pilot Test: Quantitative Study .....	136
9.2.2.3     Description Of Population.....	136
9.2.2.3.1     Population: Qualitative Study .....	136
9.2.2.3.2     Population: Quantitative Study .....	137
9.2.2.4     Sample .....	137
9.2.2.4.1     Sample: Qualitative Study .....	137
9.2.2.4.2     Sample: Quantitative Study .....	137
9.2.2.5     Sampling.....	137
9.2.2.5.1     Sampling: Qualitative Study .....	137
9.2.2.5.2     Sampling: Quantitative Study .....	139
9.2.2.6     Data Collection .....	140
9.2.2.6.1     Data Collection: Qualitative Study .....	140
9.2.2.6.2     Data Collection: Quantitative Study.....	140
9.2.3     Ethical Issues .....	141
9.2.4     Problems Encountered.....	142
9.2.4.1     Time Factor .....	142
9.2.4.2     Resistance From Research Participants .....	142
9.2.4.3     Logistics.....	142
9.2.4.4     Death Of Respondents .....	143
9.2.5     Data Analysis and Interpretation .....	143
9.2.5.1     Data Analysis: Qualitative Data.....	143
9.2.5.2     Data Analysis: Quantitative Data.....	144
<b>9.3 PRESENTATION OF EMPIRICAL DATA.....</b>	<b>144</b>
<b>    9.3.1 QUALITATIVE DATA ANALYSIS.....</b>	<b>144</b>
9.3.1.1     Biographical Data .....	145
9.3.1.1.1     Discussion of Data.....	146
9.3.1.1.2     Difficulties Experienced By Participants .....	149
9.3.1.1.2.1     Feelings of Despair.....	150
9.3.1.1.2.2     Feeling of Despair - Infected participants .....	150
9.3.1.1.2.3     Feelings of Despair- Affected Participants .....	150
9.3.1.1.4     Discussion of Data.....	151
9.3.1.1.5     Difficulties Mentioned By Participants .....	152
9.3.1.1.6     Infected .....	152
9.3.1.1.7     Affected.....	152
9.3.1.1.8     Positive experiences.....	153
9.3.1.1.9     Stigmatisation .....	153
9.3.1.1.10     Time Lost Due To HIV And AIDS .....	154
9.3.1.1.11     Coping Strategies .....	157
9.3.1.1.12     At Individual Level.....	158
9.3.1.1.13     At Corporate Level.....	158
9.3.1.1.14     Discussion of Data.....	159
9.3.1.1.15     The Role Of EAPs For Women In The Workplace In Relation To HIV And AIDS .....	162
9.3.1.1.16     HIV And AIDS Related EAP Utilisation In The Workplace .....	162
9.3.1.1.17     Counselling .....	162
9.3.1.1.18     Financial Support.....	163
9.3.1.1.19     Support With Practical Assistance .....	164
9.3.1.1.20     Home Visits.....	165
9.3.1.1.21     Medical And General Inquiry .....	165

9.3.1.5.5.1	Discussion of Data .....	166
9.3.1.6	EAP Support For Women Infected Or Affected By HIV And AIDS .....	166
9.3.1.7	Role of an EAP in Addressing the Needs of HIV Infected Women .....	167
9.3.1.7.1	Discussion of Data.....	168
9.3.1.8	Role of EAPs in Addressing the Needs of Affected Women .....	170
9.3.1.8.1	Discussion of Data.....	170
9.3.1.9	Women's Perceptions of EAPs After Utilisation .....	171
9.3.1.10	Recommendations - EAP for Women Infected/Affected by HIV and AIDS .....	172
9.3.1.10.1	Stay away from gender specific programmes .....	172
9.3.1.10.2	Health Focus programme .....	173
9.3.1.10.3	More Support for EAP.....	174
9.3.1.10.4	Make EAP Visible .....	174
9.3.1.10.5	Other Creative Ideas.....	175
9.3.1.10.6	Discussion of Data.....	176
9.3.1.11	Summary and Conclusions of the Qualitative Data Analysis .....	178
<b>9.3.2 QUANTITATIVE DATA ANALYSIS .....</b>		<b>179</b>
9.3.2.1	Introduction.....	179
9.3.2.2	Section A: Demographic Analysis .....	180
9.3.2.2.1	Age of Respondents .....	180
9.3.2.2.2	Position in the Workplace .....	182
9.3.2.2.2.1	Discussion of Data .....	184
9.3.2.2.3	Gender of the EAP Practitioners .....	184
9.3.2.2.3.1	Discussion of Data.....	185
9.3.2.2.4	Model Preference .....	186
9.3.2.2.4.1	Discussion of Data .....	187
9.3.2.2.5	Religious Affiliation .....	187
9.3.2.2.5.1	Discussion of Data .....	188
9.3.2.2.6	Duration of Work Experience of EAP Practitioner .....	189
9.3.2.2.6.1	Discussion of Data.....	189
9.3.2.2.7	Work Experience in HIV and AIDS Field .....	190
9.3.2.3	Section B: The Role of EAP .....	191
9.3.2.3.1	EAP Services Offered.....	191
9.3.2.3.1.1	Discussion of Data .....	192
9.3.2.3.2	HIV and AIDS Prevalence in the Workplace .....	193
9.3.2.3.2.1	Discussion of Data.....	194
9.3.2.3.3	HIV and AIDS Programmes in the Workplace.....	196
9.3.2.3.3.1	Discussion of Data .....	197
9.3.2.3.4	HIV and AIDS Training Facilitation .....	199
9.3.2.3.4.1	Discussion of Data .....	199
9.3.2.3.5	EAP involvement in HIV and AIDS .....	200
9.3.2.3.5.1	Discussion of Data .....	201
9.3.2.3.6	Manner in which EAP Addresses the needs of Infected and Affected Women .....	202
9.3.2.3.6.1	Discussion of Data .....	204
9.3.2.3.7	HIV and AIDS Policy.....	205
9.3.2.3.7.1	Discussion of Data .....	206
9.3.2.3.8	HIV and AIDS Programme .....	207
9.3.2.3.8.1	Discussion of Data .....	207
9.3.2.3.9	HIV and AIDS Programme Communication .....	208
9.3.2.3.9.1	Discussion of Data .....	209
9.3.2.4	Section C: Difficulties Experienced by Women .....	209
9.3.2.4.1	Difficulties Experienced in the Workplace by HIV and AIDS Infected Women .....	209
9.3.2.4.1.1	Discussion of Data .....	211
9.3.2.4.2	Difficulties Experienced in the Workplace by HIV and AIDS Affected Women .....	211
9.3.2.4.2.1	Discussion of Data .....	212
9.3.2.4.3	Coping Mechanism used by Women Infected and Affected with HIV and AIDS .....	213

9.3.2.4.3.1	Discussion of Data .....	214
9.3.2.4.4	Access to EAP Services .....	215
9.3.2.4.4.1	Discussion of Data .....	215
9.3.2.4.5	Utilisation Of EAP Services .....	216
9.3.2.4.5.1	Discussion Of Data .....	217
9.3.2.4.6	Trust and Confidence In EAP .....	217
9.3.2.4.6.1	Discussion of Data .....	218
9.3.2.4.7	Reason for EAP Satisfaction .....	219
9.3.2.4.7.1	Discussion of Data .....	220
9.3.2.5	Section D: Strategic Planning.....	221
9.3.2.5.1	EAP and HIV and AIDS Management .....	221
9.3.2.5.2	The Role Of Management in HIV and AIDS programme .....	223
9.3.2.6	Section E: Leadership .....	226
9.3.2.6.1	EAP Capacity to lead HIV and AIDS Programme .....	226
9.3.2.6.2	EAP Programme Needs .....	228
9.3.2.6.2.1	Discussion of Data .....	228
9.3.2.6.3	Positive Experience in Providing HIV and AIDS Counselling Through EAP .....	229
9.3.2.6.3.1	Professional fulfilment and satisfaction.....	229
9.3.2.6.3.2	The Benefit Of The Integrated Approach Model .....	230
9.3.2.6.3.3	EAP Counselling Offers Employee Support .....	230
9.3.2.6.3.4	Gender Role Modelling .....	231
9.3.2.6.3.5	The Positive Impact Of HIV Disclosure.....	232
9.3.2.6.3.6	Discussion Of Data .....	233
9.3.2.6.4	Negative Experiences Offering EAP .....	234
9.3.2.6.5	Recommendations For Improvement Of EAP .....	237
9.3.2.6.5.1	Training And Workshops.....	238
9.3.2.6.5.2	Gender Alignment Programme .....	238
9.3.2.6.5.3	Integrate EAP Programme.....	238
9.3.2.6.5.4	Health Focus Initiatives.....	239
9.3.2.6.5.5	EAP Management.....	239
9.3.2.6.5.6	Debriefing Programme for EAP practitioners.....	239
9.3.2.6.5.7	Discussion of Data .....	240
<b>CHAPTER 10</b>	<b>.....</b>	<b>241</b>
<b>SUMMARY AND RECOMMENDATIONS</b>	<b>.....</b>	<b>241</b>
<b>10.1 INTRODUCTION</b>	<b>.....</b>	<b>241</b>
<b>10.2 RESEARCH OBJECTIVES</b>	<b>.....</b>	<b>242</b>
<b>10.3 LITERATURE REVIEW</b>	<b>.....</b>	<b>244</b>
10.3.1	HIV and AIDS .....	244
10.3.2	Difficulties Experienced By HIV Infected And Affected Working Women.....	244
10.3.3	EAP in the Workplace.....	244
10.3.4	Literature Review Conclusions .....	245
10.3.4.1	Literature Review Recommendations.....	247
<b>10.4 QUALITATIVE STUDY</b>	<b>.....</b>	<b>249</b>
10.4.1.1	Demographic Details: Qualitative.....	249
10.4.1.2	Difficulties Experienced As A Result Of HIV and AIDS .....	249
10.4.1.3	Stigmatisation .....	249
10.4.1.4	Lost Time .....	250
10.4.1.5	Addressing the Difficulties Experienced By Women through EAP .....	250

<b>10.5 QUANTITATIVE STUDY .....</b>	<b>250</b>
10.5.1 Demographic details: Quantitative .....	250
10.5.2 Role of EAP.....	251
10.5.3 Difficulties Experienced By Women.....	253
10.5.4 Strategic Management.....	254
10.5.5 Leadership .....	255
10.5.6 Summary of Combined Qualitative and Quantitative Study .....	255
<b>10.6 RECOMMENDATIONS .....</b>	<b>256</b>
10.6.1 Integrated EAP Model.....	257
10.6.2 Women Focused Initiative.....	259
10.6.3 National Business and Community Forums.....	260
10.6.4 Business Approach To HIV And AIDS Programmes .....	262
10.6.5 Standardise EAP Education.....	263
10.6.6 Limitations of the Study.....	264
<b>10.7 GOALS AND OBJECTIVES.....</b>	<b>265</b>
<b>10.8 CLOSING REMARKS .....</b>	<b>267</b>
<b>REFERENCES .....</b>	<b>269</b>
<b>APPENDIX 1 .....</b>	<b>304</b>
<b>SEMI-STRUCTURED INTERVIEW (WORKING WOMEN).....</b>	<b>304</b>
<b>APPENDIX 2 .....</b>	<b>306</b>
<b>STRUCTURED QUESTIONNAIRE (EAP PRACTITIONERS).....</b>	<b>306</b>
<b>APPENDIX 3 .....</b>	<b>314</b>
<b>LETTER OF INFORMED CONSENT (WORKING WOMEN).....</b>	<b>314</b>
<b>APPENDIX 4 .....</b>	<b>316</b>
<b>LETTER OF INFORMED CONSENT (EAP PRACTITIONERS).....</b>	<b>316</b>
<b>APPENDIX 5 .....</b>	<b>317</b>
<b>LETTERS TO EAPA AND TSA-BOSOGO CENTRE.....</b>	<b>317</b>
<b>APPENDIX 6 .....</b>	<b>319</b>
<b>EAPA CONSENT LETTER.....</b>	<b>319</b>
<b>APPENDIX 7 .....</b>	<b>320</b>
<b>TSA- BOSOGO CONSENT LETTER .....</b>	<b>320</b>
<b>APPENDIX 8 .....</b>	<b>321</b>



<b>UTHINGO CONSENT LETTER .....</b>	<b>321</b>
<b>APPENDIX 9 .....</b>	<b>322</b>
<b>UNITED NATIONS DECLARATION OF COMMITMENT.....</b>	<b>322</b>
<b>APPENDIX 10 .....</b>	<b>323</b>
<b>CORPORATE HIV AND AIDS IMPACT .....</b>	<b>323</b>
<b>APPENDIX 11 .....</b>	<b>324</b>
<b>INTERNAL EAP MODEL.....</b>	<b>324</b>
<b>APPENDIX 12 .....</b>	<b>325</b>
<b>EXTERNAL EAP MODEL.....</b>	<b>325</b>
<b>APPENDIX 13 .....</b>	<b>326</b>
<b>ADULTS AND CHILDREN LIVING WITH HIV IN 2007 .....</b>	<b>326</b>
<b>APPENDIX 14 .....</b>	<b>327</b>
<b>NEW INFECTIONS OF ADULTS AND CHILDREN WITH HIV DURING 2007 .....</b>	<b>327</b>
<b>APPENDIX 15 .....</b>	<b>328</b>
<b>ESTIMATED ADULT AND CHILD DEATHS FROM AIDS DURING 2007 .....</b>	<b>328</b>



## LIST OF TABLES

Table 1: Profiles of Respondents .....	146
Table 2: Achievements of Goals of Study .....	265
Table 3: United Nations Declaration of Commitment.....	322

## LIST OF FIGURES

Figure 1: Antenatal HIV Prevalence Projection by South African Provinces .....	58
Figure 2: Age Distribution of Respondents .....	181
Figure 3: Position of Respondent .....	183
Figure 4: Job Level of Respondents.....	183
Figure 5: Gender Profile of Respondents .....	185
Figure 6: Type of EAP Model .....	186
Figure 7: Religious Affiliation of Respondents .....	188
Figure 8: Experience of EAP Practitioner .....	189
Figure 9: HIV and AIDS Work Experience.....	190
Figure 10: EAP Services Offerings.....	192
Figure 11: HIV & AIDS Prevalence in the Workplace .....	193
Figure 12: HIV and AIDS Prevalence By Gender .....	194
Figure 13: HIV and AIDS Programmes in the Workplace.....	196
Figure 14: Components of HIV and AIDS Programme .....	197
Figure 15: HIV and AIDS Training Facilitation .....	199
Figure 16: EAP Visibility .....	201
Figure 17: How EAP addresses the needs of Infected Women.....	203
Figure 18: How EAP addresses the needs of affected women. ....	203
Figure 19: HIV Policy.....	206
Figure 20: HIV and AIDS Programme .....	207
Figure 21: Programme Communication.....	208
Figure 22: Difficulties as Experienced by Infected Women .....	210
Figure 23: Emotional Difficulties Experienced by Infected Women .....	210
Figure 24: Emotional Difficulties (Affected Women) .....	212
Figure 25:Coping Mechanisms by Women Infected /Affected with HIV and AIDS .....	214
Figure 26: Accessing EAP Services .....	215
Figure 27: EAP Usage.....	216
Figure 28: EAP Usage (Continued) .....	218
Figure 29: Reason for EAP Satisfaction .....	220
Figure 30: EAP and HIV and AIDS Management .....	222
Figure 31: HIV and AIDS Management .....	224
Figure 32: EAP Capacity .....	227
Figure 33: Description of Programme Needs .....	228
Figure 34: Best Practice Requires EAP Involvement .....	259
Figure 35: Engagement Strategy.....	261
Figure 36: Corporate HIV AND AIDS Impact.....	323
Figure 37: Internal EAP Model .....	324
Figure 38: External EAP Model .....	325
Figure 39: Map of Adults and Children Living with HIV (2007) .....	326
Figure 40:: Map of New infections of Adults and Children with HIV during 2007.....	327
Figure 41: Map of Estimated Adult and Child Deaths from AIDS during 2007 .....	328