CHAPTER 1

GENERAL ORIENTATION

1.1 INTRODUCTION

Counselling has become a symbol of an organisation that is taking care of its employee's health. An organisation offering counselling gains trust and knowledge among its employees and enhances creativity (Summerfield & Van Oudtshoorn, 1995). The Employee Assistance Programme (EAP) is a commonly accepted programme that provides counselling for employees and their families. It is based on a set of core skills and it has evolved partly from Occupational Social Work (OSW). Occupational social work is a specialised field of the social work profession. Its principles and background are inherent to generic social work. In some instances EAPs and OSW are used interchangeable in the workplace (Gilbert, 2005:11; Michael, Barak & Bargal, 2000; Kurzman, 1993). Some of the problems handled through EAPs include management of HIV and AIDS and support to infected and affected employees through psychological assistance. Of the employees receiving assistance is working women, who may either be infected or are caregivers.

1.1.1 The Role of EAP

EAPs in South Africa (SA) can be traced back to the early 1980s (Maiden, 1992: 2). Although EAPs is still a young field in South Africa, it has gained popularity to the extent that it has reached a degree of sophistication. According to Maiden (1992), EAPs in South Africa are generally staffed by professionals such as social workers, psychologists, nurses, medical officers, and labour-relation personnel. There are also an observable number of HIV and AIDS counsellors who are identifying with EAP counselling due to their roles in addressing the scourge of HIV and AIDS in the workplace. The range of problems that is presented to EAPs is often unique and diverse, unlike more traditional social work settings, where problems could be routine and predictable.

EAP practitioners never know what to expect, problems range from mental and emotional conditions with severe psychopathology and organisational stress, such as, absenteeism related to adverse conditions emanating from the employee's environment and poor performance (Berridge, Cary, Cooper & Highley-Marchington, 1997).

One of the major day-to-day problems addressed by EAP practitioners in South Africa, is Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). Unlike in the United States, where alcohol abuse in the workplace contributed to the development of EAPs, it would seem that in South Africa, EAP practitioners deal mostly with HIV and AIDS in the workplace.

1.1.2 HIV and AIDS

The global pandemic of HIV and AIDS is rapidly becoming the worst infectious-disease catastrophe in recorded history (Rosen, Vincent, Macleod, Fox, Thea, & Simon, 2004:317). HIV has different phases, namely, the asymptomatic phase, where symptoms of HIV are not visible and the symptomatic phase where the HIV symptoms are visible. It was projected that by 2008 in South Africa, 27% of the workforce will be AIDS ill (*Business Day Survey*…, 2001). HIV is the virus that breaks down the immune system within human bodies. This virus causes the condition known as Acquired Immune Deficiency Syndrome (AIDS), which is known as a collection of many infections in the body as a result of a weakened immune system caused by HIV (Crewe & Orkin, 1992:3).

The natural life cycle of AIDS begins when the individual is initially exposed to the virus. Not all exposed individuals will become infected; those that do acquire the virus seroconvert, meaning that they begin to produce antibodies specific to HIV that can be detected by laboratory tests. At this point, the virus begins to replicate, and flu-like symptoms may ensue approximately 2 weeks later (CDC, 2001). This illness is typically mild and self-limited, lasting only a week or two, but the virus continues to reproduce and accumulate within the host. The immune system begins rapidly producing greater

numbers of T-cells in order to maintain a steady state, and ultimately the virus is brought under limited control.

The virus is never eliminated, nor does it enter a latent state. It replicates at a 'set point' that is dictated by the initial immune response. This set point may determine the length of time the individual remains clinically asymptomatic. However, ultimately if the immunological response fails to match the infection's virulence, greater numbers of HIV particles accumulate, and the number of viable T-cells becomes diminished. Patients begin to experience symptoms and develop multiple ailments, including infections, metabolic complications, cancers, etc. (CDC, 2001).

Generally, HIV and AIDS are used interchangeably to mean the AIDS pandemic, however it has become common practice recently to emphasise the difference between the two conceptually. In this research HIV and AIDS are conceptually different. HIV is considered to be a virus and AIDS is the associated syndrome.

The HIV and AIDS pandemic has become a serious health and developmental problem in many countries around the world. The present scale of AIDS outstrips the worst case scenarios forecast by the UNAIDS a decade ago. Life expectancy in the world is estimated to be 49 years for males and 53 years for females (Dorrington, Johnson, Bradshaw & Daniel, 2006:1). The global overview of people living with HIV and AIDS in 2007 was estimated at 33,2 million and women living with HIV were estimated at 15,4 million (UNAIDS, 2007:1). According to UNAIDS, the estimates indicate a reduction of 16% compared to the estimate published in 2006 which was 39,5 million (UNAIDS/WHO, 2006).

There are arguments and assumptions regarding these estimates; as other reporters indicate that the reduction could be as a result of refined mathematical methodologies rather than pandemic trends (UNAIDS update, 2007), while others still maintain it is due to earlier estimates of incidences, prevalence, and mortality reports (UNAIDS/WHO, 2007). On the other hand, projections suggest that antiretroviral (ART) treatment could

have a significant impact on reducing the number of AIDS deaths per year (Dorrington *et al.,* 2006:1).

AIDS remains the leading cause of high mortality in Sub-Saharan Africa. Out of the 2,5 million estimated new infections in 2007, two thirds (68%) were reported to have occurred in Sub-Saharan Africa. There are currently an estimated 22,5 million people living with HIV in Sub-Sahara compared to the 20,9 million estimated in 2001. According to an UNAIDS update, it is reported that even if the prevalence is alarming in the Sub-Sahara region, the prevalence has declined from 5,8% to 5,0% (UNAIDS, 2007:8).

South Africa is the country with the largest number of HIV infections in the world. According to the Department of Health South Africa (2007) the prevalence of HIV among pregnant women has decreased by 1% from 30% to 29% in 2005 and 2006 respectively. It is important to note that the ratio of women to men remains stable globally, with women being mostly infected. South Africa is not an exception in this regard. There was an estimated 15,4 million women living with HIV in 2007 compared to the estimated 13,4 million in 2001 (UNAIDS 2007:8). This indicates that the decline of the infection rate is significant. In Sub-Saharan Africa, almost 61% of adults living with HIV in 2007 were women.

The Actuaries Society of South Africa estimates a current prevalence rate of 29,5% among people between the ages of 20 and 65 years – the most economically productive age bracket; many productive years and much investment in education and training will be lost due to HIV and AIDS absenteeism and deaths (ASSA, 2006). These deaths also have significant family consequences since most people in this age group are raising children, and assumed to be women and breadwinners.

The power imbalances between women and men in interpersonal relations contribute to this growing pandemic. According to the study done by the US Agency for International Development in 2001, the highest infection levels for women were in the 20 to 24 age group and the overall prevalence for women was marked higher than for men in the

same age bracket (Stover & Bollinger, 2001:10). In South Africa, it is reported that the prevalence for women is higher than that for men in the 15 to 34 age band while it is higher for men of older than 45 years (Dorrington *et al.*, 2006:ii). Among women, the rate is higher (at 32,5%) for the age group 25 to 29 years. Among men, the rate is reported to peak at slightly older ages, with 26,5% of those ages 30 to 34 years estimated to be infected (ASSA, 2006:9). According to the ASSA AIDS Committee (2006), the comparison between the ASSA model and the HSRC household prevalence survey, the modelled prevalence may be overestimated in the 25 to 29 age group for men and too low for women 55 and older (ASSA, 2006:9).

A study compiled by the Human Sciences Research Council (HSRC) and commissioned by the Safety and Security Sector Education and Training Authority on the impact and responses to HIV and AIDS in the private security and legal services industry in South Africa, has found that HIV prevalence in the private security industry is 15,9% and in the legal services industry 13,8%. Research was conducted among 2 787 participants from private security services in Gauteng, the Western Cape and KwaZulu-Natal, who agreed to be interviewed and of those, 2 224 agreed to an HIV test. In addition, 421 participants from the legal services sector, including lawyers, legal secretaries and clerks agreed to be interviewed and 341 also agreed to be tested for HIV. The study found HIV prevalence among men to be 17,3% compared to 12,3% among women In the security sector, while in the legal services sector HIV prevalence was slightly higher among women than men (14,4% *versus* 12,4%). The prevalence of women and men will always differ from one particular sector to another. For example in the security sector the nature of the work is such that it employs more men than women.

There has been a significant acknowledgement of the imbalance between women and men. All these challenges have a strong relationship with HIV and AIDS and its impact on women and gender relations. Due to the imbalances in the needs and experiences of South African women, the national Gender Policy Framework has developed an executive summary which highlights some of the key challenges as: violence against women, access to employment, economic empowerment, access to basic needs,

poverty and globalisation (Kornegay, 2002: ii). In addition to the reports, South African legislation through the Employment Equity Act is the only act that expressly refers to HIV and AIDS and protects employees against unfair discrimination on the basis of HIV status (Clause 5.3.1, Act No.54 (1)(a) of 1998).

Due to the Employment Equity (EE) legislation, most companies have made efforts to implement HIV and AIDS programmes in the workplace. The majority have HIV and AIDS programmes but still do not have a strategy that is focusing on the vulnerability of women in their prevention strategy. Therefore, it is important that innovative intervention strategies be devised to effectively address these problems that have a causal link to HIV and AIDS. Stroke (1994:121) hypothesises that the relationship between organisations and employees are and should be like a parent-child relationship where there is an inherent interdependent relationship. If this is true, working women who are HIV infected and AIDS affected should be able to feel a positive relationship within their place of work and experience support through the EAP.

1.2 MOTIVATION

AIDS has the potential to create severe economic impacts in many African countries and the world. It is different from most other diseases because the person does not become ill immediately and the AIDS pandemic strikes the most productive age group and it is fatal if left untreated.

The socio-political history in South Africa dictates a very radical, sensitive, and comprehensive EAP programme that will, according to Du Plessis (1992:29), look beyond a one-to-one clinical approach and acknowledge a history that has affected employees as families and community members. This background continues to impact on the prevention, awareness and education programmes that are initiated. Employees bring a diverse number of situational problems to the EAP; problems which affect them at home and in society (Kurzman, 1993). Socio- economic factors such as poverty, geographical relocation, and a lack of paternal support have been identified as potential

contributors to poor follow-up of treatment in a study conducted at Coronation Women and Children's PMTCT programme (Jones, Sherman & Varga, 2005). The same study identified that 57% of mothers were unemployed, 25% of fathers did not support their children and only 58% of the children remained resident in Johannesburg at the 12 month visit.

This study was first initiated as a result of the researcher's clinical interaction with employees at several companies in South Africa through an EAP service provider operating in Southern Africa, which has since then changed its name to Careways Group. The companies included, but were not limited to Coca Cola, Toyota and Makro. The researcher's encounters with employees highlighted the harsh realities of the HIV and AIDS pandemic, particularly as experienced by women from gender, socio-political and economic perspectives. Poverty, gender inequality and displacement as a result of conflict or natural disasters are all examples of social and economical factors that can enhance women's vulnerability to HIV infection. Secondly, the study was inspired by the two women who were living with HIV and were courageously in the forefront of HIV management in South Africa. These two women had been asked to assist in the development of an HIV policy and HIV awareness training in the company that the researcher was employed at in 2002. The two women helped with the problem formulation as they voluntarily highlighted the harsh realities of the impact of HIV among working women.

From a gender perspective, although both men and women are vulnerable to infection and disease, the impact of HIV and AIDS affects the two sexes differently, leaving women more prone to infection than men. To understand the gender perspective, one has to consider human behaviour as well as biological make up. Human behaviour is shaped by learnt behaviour and socialisation. Women tend to be socialised differently than men this influences their perception of themselves. From the perspective of biological make up, women are more vulnerable to HIV infection than men during unprotected sexual intercourse, their biological gender disposition, larger surface areas are exposed to contact and the vulnerability of mucous membranes which may get

damaged or broken (Kirby, 1999). In addition, women seem to be vulnerable to other Sexual Transmitted Infections (STIs), the presence of which greatly enhances the risk of HIV infection. STIs that bring on recognisable symptoms in men often are asymptomatic in women and therefore remain untreated (UNAIDS, 2000). It has been noted that in a mature epidemic, more women will be infected with an expected ratio of 1,2 to 1,3 infected women per man (Stover & Bollinger, 1999:6).

Some women never know that they are infected until they seek prenatal care during pregnancy. According to the Sentinel Surveillance System the prevalence among pregnant women in South Africa is 29,5%. The Sentinel Surveillance System has been able to provide data for estimating the extent of infection. The system operates in both urban and rural settings, which provide sites at antenatal clinics, where women are tested during pregnancy. Without this, it would have been very difficult to predict the extent of the infection among women (Department of Health, 2007).

The socio-political perspective is often influenced by economic and cultural factors. Poverty is one of the key factors that continue to hamper treatment and management of HIV and AIDS. South Africa has one of the world's highest incidences of murder and rape, with health activists suggesting that violent sexual crimes hamper efforts to combat the country's global third worst position for HIV positive infection. The majority of people who have limited access to treatment and services are the poor and women and women have a responsibility to care for those infected by HIV. For a long time, the debate regarding management of HIV and AIDS in South Africa has been largely influenced by the difference of opinion of politicians regarding the cause of HIV and AIDS. Employment equity measures are just few of the steps that will empower South Africans to have access to various treatment options. According to the Business Report (2008:12), Trevor Manual, the Minister of Finance, promised billions of rand in the Budget for 2008 to help curb a rampant HIV and AIDS pandemic, reduce poverty, and fight crime.

From an economical perspective, the effects of AIDS will be felt first by individuals and their families, then ripple outwards to businesses and the macro economy. The household earning impact begins as soon as a member of the household starts to suffer from HIV-related illnesses. The challenge of using one's disposable income to meet basic needs and healthcare comes to the fore. The challenge remains that the most important step for a business, in response to HIV and AIDS, is to get started on an HIV and AIDS programme. It is imperative that businesses take immediate action to lessen the economic and social consequences of HIV and AIDS both from the employer-employee responsibility perspective to the business risk mitigation perspective. EAPs in South Africa are well positioned to assist companies in implementing HIV and AIDS programmes, with guidance in terms of actions and best practices, especially because the EAP is the first stop for troubled employees.

This study is to a large extent informed by the uniqueness of South African trends of EAPs, the opportunity that the problems experienced by employees with HIV and AIDS pose to research and the business responses to the HIV and AIDS crisis in the workplace.

1.3 PROBLEM FORMULATION

Twenty years have passed since the isolation of HIV, the virus responsible for AIDS. Millions have been spent throughout the world on public education, and awareness, but despite this growing awareness, many South Africans are still confused and some still believe that AIDS does not exist. HIV and AIDS has become a political debate, which is affecting service delivery. According to Stover and Bollinger (1999:5), there is an estimated backlog of million housing units to be provided by the government and the planning process for the government in providing this housing is made more complicated, and thus more lengthy, through the impact of HIV and AIDS.

The adults who should reach their 40s and 50s are now in their 20s and 30s, and although some have already died, many more are already infected with HIV, which will then kill them before they reach their 50s (UNAIDS, 2000:50). Women are generally

known to be caregivers. It is predicted that a small number of young adults and women, the group that has traditionally provided care for both children and elderly will have to support large numbers of young and old people (SAP, 2003).

Care of the sick continues to be a responsibility of women within the family and due to lack of education especially when caring for the infected, women are more at risk. There is an assumption that women generally lack complete control over their lives and are taught from early childhood to be obedient and submissive to males. Whatever the exact dynamics, young women attain highest HIV infection levels at notably younger ages than young men. Violence against women is still the number one problem in South Africa. The high incidence of rape and girl-child sexual abuse is found to be contributing to the high rate of HIV infection among women. A survey conducted by the Department of Health in 2002 found that HIV and AIDS was most prevalent in women in the 20 – 24 age group, particularly among African women (National Gender Policy Framework, 2002:13).

The annual survey of women attending antenatal clinics by the Department of Health provides the most representative and reliable set of data concerning the HIV epidemic in South Africa. Almost one in three pregnant women attending public antenatal clinics were living with HIV in 2004 and trends over time show a gradual increase in HIV prevalence; however in 2006 trends have shown a decline in the women attending the antenatal clinics (UNAIDS, 2007). The majority of the women attending public sector antenatal clinics are black women; the survey results provide good coverage of pregnant black women. Unfortunately, the white, coloured and Asian population groups, as well as the wealthier part of the black population group, are underrepresented in this survey, as they tend to attend private clinics. The latest antenatal clinic survey (Department of Health 2007) revealed that 29,5% of women attending public sector antenatal clinics were infected with HIV by late 2007.

The ASSA 2002 model estimates suggest that ±19% of adults between the ages of 20 and 64 are currently infected with HIV. For the total population, the Actuarial Society of South Africa (ASSA) 2002 model estimates that roughly 11% or 5,08 million South Africans are HIV positive. The statistics is similar to the Statistics South Africa estimates, which is 10%. (Statistics *SA*…, 2005). Prof. Dorrington warns, "by 2010, despite interventions and treatments, we estimate that nearly 3,5 million South Africans will have died of HIV and AIDS related causes". (ASSA, 2006)

Companies in South Africa are finding ways to implement HIV and AIDS programmes. The term 'best practice for business' is still not well-defined. The SABS has developed standards as general guidelines to assist, encourage, and support organisations to implement minimum standards for an HIV and AIDS management system. The general requirements include processes of best practice, monitoring and evaluation standards, and resource management such as competence and training (SANS 16001:2007). Most approaches highlight programmes with comprehensive and integrated HIV and AIDS programmes in the workplace with maximised productivity and care for the infected. Despite the employment equity requirement, most companies still turn a blind eye to women issues especially in relation to HIV and AIDS.

The problem which contributed to the candidate's decision to undertake a study of this nature was primarily borne from the researcher's personal experiences in the service delivery of EAP to working women infected with HIV and AIDS or affected by AIDS and the reluctance of companies and medical aids in the 80s to provide unlimited health cover for infected employees. The problem can be summarized by a lack of scientifically obtained data on:

- The extent and nature of problems experienced by South African working women, resulting from being infected and/or affected by HIV and AIDS; and
- The role of the employee assistance practitioner in dealing with those working women infected and/or affected by HIV and AIDS – which may result in ineffective services provided to the identified target group with resulting negative consequences on their productivity and social functioning.

1.4 GOALS AND OBJECTIVES

1.4.1 Goals

The purpose of the research was to undertake an exploratory study and to examine the role of EAPs in addressing the problems experienced by working women who are infected or affected by HIV and AIDS in South Africa.

The goal of this study was to explore and describe the role of EAPs in addressing the difficulties experienced by working women, resulting from the impact of HIV and AIDS.

1.4.2 Objectives

The goal was further detailed into objectives, as listed below:

- To investigate the feelings and perceptions of HIV infected and affected working women in their working environment.
- To establish women's perceptions of the role of EAP regarding their situation.
- To investigate the type of HIV and AIDS counselling offered by EAP practitioners.
- To recommend intervention strategies for the workplace relevant to vulnerable women who are affected by HIV and AIDS.

1.5 RESEARCH QUESTION

It is the opinion of Brown (1981:35) that the orientation of the researcher's topic for social work research should come from day-to-day activities and interaction in the work situation. The problem that was investigated has been selected from the researcher's work experience as indicated above as part of the problem formulation.

What is the role of EAPs in addressing the difficulties experienced by working women in South Africa resulting from the impact of HIV and AIDS?

The research sub-questions to be addressed in this study were:

- 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 for HIV and AIDS in the work place?
- 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?

In answering these questions listed above, the assumption remains that the EAP's response to infected and affected employees can determine negative or positive performance by employees.

1.6 RESEARCH APPROACH

This study was divided into two parts: a qualitative and a quantitative study. The research approaches to each section of the study are described hereafter.

Qualitative research data sometimes consists of verbal descriptions that answer questions about the phenomenon. Denzin and Lincoln, (1994: 2) define this research method as a multi-perspective approach (meaning utilising different qualitative and quantitative techniques for data collection) to social interaction aimed at describing, interpreting or reconstructing the interactions in terms of the meanings that the subjects attach to it. De Vos (1998:15) adds that a qualitative approach deals with the data that are empirically verbal, and a quantitative approach deals with data that is principally numerical. A theoretical framework for the qualitative study was developed from a literature review. Within the qualitative study a triangulation approach was applied for analysis of the data in order to enhance the quality of results through such cross verification.

From a qualitative point of view the research strategy enabled the researcher to investigate the dynamic process of drawing parallels between support offered by EAP practitioners and the difficulties experienced by HIV and AIDS infected and affected working women in their various workplaces in South Africa. De Vos (1998:358) claims that qualitative research seeks to understand phenomena and to gain in-depth information. A qualitative semi-structured interview schedule was conducted with infected and affected working women, being participants in the EAPs.

Quantitative research served to quantify information to support the respondent's descriptions. A questionnaire was administered to South African EAP practitioners. See paragraph one of page 26 for a detailed description of the sample. The data from the questionnaires complemented the semi-structured interviews with HIV and AIDS infected and affected working women.

According to De Vos (2005:362) 'triangulation' is used to designate a conscious combination of quantitative and qualitative methodology. In the context of this study, triangulation was used to refer to the use of different research methods that were used both for data gathering and analysis. For example, whereas questionnaires were used and interviews were conducted for data collection methods, data derived from both research instruments were triangulated in the analysis. Data triangulation means the use of more than one data source (De Vos, Strydom, Fouché & Delport, 2005:362).

1.7 TYPE OF RESEARCH

This study used applied research to contribute to the development of solutions for the problems experienced in EAP and HIV and AIDS counselling in the workplace. Rothery and Thomlison (in De Vos, 1998:8) define the goal of applied research as to develop solutions for problems and applications in practice. The expectation therefore, was that this research will add to the body of knowledge in respect of EAP practice and social work profession, which will be used to develop solutions to the problems related to HIV and AIDS. De Vos *et al.* (2005:41) expands applied research to mean professional

research. In this regards the paradigm is referring to the building scientific foundation for caring professions, which is the goal of this research.

The expected spin-off of this study was that the understanding and perceptions of working women regarding the role of EAP related to HIV and AIDS in the workplace will assist businesses to design and develop HIV and AIDS strategies which will help businesses to take immediate action to lessen the economic and social consequences of HIV and AIDS experienced by women in the workplace. According to the South African Employment Equity Act (no.55 of 1988), no person may unfairly discriminate, directly or indirectly, against an employee in any employment policy or practice, on one or more grounds of HIV status or their family responsibilities. The other spin-off is that women who would participate in this research would indirectly be reminded of their rights in terms of the Employment Equity Act.

1.8 RESEARCH DESIGN

According to Bloom (1982:10), a research design can be understood as the planning of any scientific research from the first to the last step. It is a blueprint or detailed plan for how a research study is to be conducted, a set of plans from which a researcher can select for the specific goals (De Vos *et al.*, 2005:82). Therefore the aim in research design is to align the research objectives with the practical considerations of the research process (Mouton, 1996:32). The purpose of exploratory research is to gain insight into a situation, phenomenon, community, or person (De Vos *et al.*, 2005:137). The need for such a study could arise out of a lack of basic information on a new area of interest.

Phenomenology design was used in this study. According to De Vos *et al.* (2005:270) the phenomenology design involves an approach which aims to understand and interpret the meaning that the subjects give to their everyday lives. HIV and AIDS can be described as a social problem that requires the researcher to enter into the subject's world, by conducting long interviews and making observations. Given the fact that the

researcher's aim was to explore, interpret and give a detailed description to the subject's experiences, it was therefore important to use interviews for the qualitative part of the study and questionnaire for quantitative part of the study. The phenomenological study through interviews and questionnaires have both assisted the researcher to build a base of theories that could further be validated in the future. This design further allowed the researcher to systematically collect data, which gave meaning, themes and general descriptions of the experience by the subjects.

1.9 RESEARCH PROCEDURE AND STRATEGY

1.9.1 Data Collection

Data was collected by conducting semi-structured interviews with 10-12 HIV infected working women (**Appendix 1**). This is complemented by conducting semi-structured interviews with 10-12 affected working women, currently involved in the EAP within various workplaces. In addition, quantitative data was collected through a questionnaire (**Appendix 2**) from EAP practitioners who were rendering EAP services in their workplaces. See section 1.11.2 for sampling. The EAP practitioners in this instance were case managers, EAP coordinators and EAP counsellors who are offering counselling to employees. With regard to the EAP practitioners, the focus was on their experiences and their perceptions about HIV and AIDS, the kinds of problems they deal with and the kinds of intervention strategies they have used in relation to HIV and AIDS counselling. The questions were fixed wording and in sequence of presentation as well as explanation was provided to give guidance on how to answer each question.

For the semi-structured interviews, the researcher targeted the questions at surveying the subjects' (infected and affected working women) experiences and perceptions of their conditions and the EAP services provided, the frequency of their utilisation of the service, their response to the quality of service received and their sense of how the service could be improved. According to Greeff (2002:306), an interview is a purposive discussion of a specific topic that highlights experiences and perceptions in a non-threatening environment.

Before collecting the data, the researcher wrote letters to various identified forums, such as EAPA SA, Uthingo Management (PTY) LTD and the Tsa Botsogo Centre, to introduce the study and obtain permission to do the study. During this time, the researcher also made contact with EAP practitioners during the regional monthly EAPA branch meetings. It was during this time that the researcher made protocol visits to some EAP sites and met with practitioners who linked the researcher with infected and affected working women identified for purposes of participation. The researcher worked with the EAP practitioners in order to conduct enumeration and sampling of key participants. Practitioners facilitated an initial meeting with all potential research subjects without identifying them to the researcher. The EAP practitioners only gave details of the identified women after the women displayed comfort in participating in the study. The researcher and the two research assistants then met with the women one by one to outline the research process and to arrange the semi-structured interviews.

The semi-structured interviews included questions with open- and closed questions. The semi-structured interview was based on an established schedule with fixed questions and themes that were important to the researcher (De Vos, 1998:298). The researcher and the research assistants ensured that all questions were answered, even though the questions did not necessarily follow the same sequence.

The researcher used research assistants that had basic HIV experience. One worked as a volunteer for an HIV training organisation and obtained a Social Work degree while the other one was an HIV peer educator at her work place and has since started her own HIV and AIDS training company in Botswana. The two research assistants were able to speak most of the South African Languages. To avoid bias, the participants were afforded the choice to express themselves in their mother tongue but they indicated comfort in answering the questions in English. The interviews for those who consented to tape recordings were recorded and notes were taken during the sessions.

1.9.2 Data Analysis

In analysing the data, the researcher understood that this was an ongoing process of examining information as it become available. Analysis should seek to identify similarities and differences. In this regard the strategy through interviews identified major themes that emerged form discussion and observations. The analysis technique was primarily text analysis. The researcher firstly went through all the transcripts to get the sense of the responses as a whole. The identified themes were put into major categories while noting subcategories within major categories. Similarities were identified and grouped. An independent coder who had experience in qualitative research was identified and asked to do open coding. Consensus was reached between the independent coder and researcher regarding the themes and categories which were included in this study.

Drawing from the HIV and AIDS strategies, as they are used in EAP, the researcher analysed the nature of the problems that respondents indicated they brought to the EAP, their perceptions of the service they received against the inputs of EAP practitioners in terms of what kinds of cases were brought to them and the kinds of intervention strategies the EAP practitioners used. On the basis of this, the researcher then was able to make recommendations on how the HIV and AIDS strategies in EAPs could be improved by drawing on participants' experiences. These recommendations are discussed later in the study.

Descriptive statistics for the structured questionnaires included graphs, tables and charts. The quantitative data was calculated manually through a computer-based programme, Microsoft Excel.

Data sources, which are indicated in the literature review of this research were compared to data from questionnaires and interviews and finally triangulated. According to Duffy (1993:143), theoretical triangulation involves the use of several frames of references or perspectives in the analysis of the same set of data, whilst methodological triangulation is the use of two data collection procedures within a single study.

1.10 PILOT STUDY

Since the research was at first at a generation level, its major aim was to pioneer a bottom line understanding of the core issues about this subject. Its focus therefore was descriptive and explorative in nature. Its results will contribute to a body of knowledge from which future research can be generated. Such research may be at post-doctoral level or conducted by other researchers in the field. A pilot test was conducted to test the data collection instruments for the two components of the study.

1.10.1 Pilot Test Of Questionnaire

After the approval of the structured interview schedule by the ethical committee, permission granted by all parties, i.e. Uthingo Management, Tsa Botsogo and EAPA SA, the researcher commenced with pilot testing of both the questionnaire with EAP practitioners and semi-structured interviews with infected and affected working women. Both the questionnaire and semi-structured interview schedule were self-developed and conducted in English. The interview was piloted with one infected woman at Uthingo Management (Pty) Ltd where the researcher was employed during 2002 to 2004 and one affected woman at Tsa Botsogo Centre. The two women did not form part of the overall study. A pilot study investigates the accuracy and appropriateness of any instrument that has been developed (Bless & Higson-Smith 1995:50). The pilot study measured whether the instrument reflected the real meaning of the concept that was under consideration. The pilot study was conducted to test reliability and whether the interviews would yield the same results each time. No problems were identified with the questions.

The questionnaires with EAP practitioners were tested among six registered EAPA members of the Egoli branch and were therefore excluded from the overall study. The researcher was a member of the Egoli branch and this testing site was chosen due to its accessibility. Testing the pilot questionnaires provided characteristics similar to those targeted group of respondents, namely case managers, EAP coordinators and EAP practitioners. A pilot test in this case assisted to minimise problems before the study was

conducted and allowed reformulation and redesigning of the questionnaire, which included spelling correction of ADS to AIDS; no changes were made to the content of the questionnaires. In addition, the consent form was changed to expand the study region to South Africa, instead of only Gauteng.

1.10.2 Literature Study

The literature study includes reviews of selected national and international literature on EAPs and HIV and AIDS in different contexts. Literature on EAPs is very rare; as a result the researcher relied on some of the outdated information, particularly the background on EAPs from United States of America where EAPs were primarily founded. The literature review has been an indispensable component of this proposal. It has familiarised the researcher with two research studies, which have already been done in this field, as well as with current research. In addition, the literature reviewed assisted in demarcating the boundaries of the research themes.

The literature review further provided information on the development of EAPs, current trends in EAPs in South Africa, and workplace initiatives regarding HIV and AIDS. Literature on community initiatives in other African countries gave insight when the researcher was formulating strategies that are culture-sensitive in relation to the South African scenarios. EAP improvement literature is vast and varied and as this study was concerned with explorative processes, the research focused on literature with regard to the causes of HIV and AIDS and understanding of current behaviour change strategies. Literature on women and gender was helpful in particular to determine the influence of gender to HIV and AIDS.

According to Bless and Higson-Smith (1995:23), the purpose of a literature review is to sharpen and deepen the theoretical framework of the research and to identify gaps in knowledge. The literature review in this study served to familiarise the researcher and other professionals with the latest developments in EAPs, HIV and AIDS.

The researcher used published reports, periodicals, unpublished theses, articles, journals, books, the Internet, presented seminar and conference papers and consultations with other experts in the field to provide a basis for a good literature review.

1.10.3 Consultation With Experts

1. Dr. Renate Volpe, Ph.D. – Chief Executive Officer of Leadership Culture Innovation. She is a specialist in culture change, leadership development and training. Dr. Volpe had shared her experience in the area of EAPs and current developments in the area of HIV and AIDS in South Africa. She assisted the researcher in shaping the questions regarding the strategic and leadership section in the quantitative research.

2. Mrs. Shirley Kenyon-Thompson, BA (SS), consultant to individuals, families and organisations and also a former lecturer at Wits University. Mrs. Kenyon-Thompson has assisted with the definition and theoretical background of an EAP. She had given ongoing input regarding EAPs as a consultant and an educator in the South African context. Her experience is in the field of occupational social work. Mrs. Kenyon-Thompson argues that there is a great difference between occupational social work and an EAP. An EAP's emphasis is on a clinical approach, while occupational social work is on all general employee problems. She also emphasised that occupational social work is a speciality and needs to be enhanced, while EAPs can be offered by anyone, including recovering alcoholics who were key role players in founding EAPs. She has maintained that an EAP cannot be professionalised.

3. Mrs. Glenda Noemdoe, MBA, former Director of The Careways Group provided input regarding organisational trends in the growth of EAPs and HIV and AIDS in South Africa. Mrs. Noemdoe has presented papers at national level in the field of EAPs and HIV and AIDS. Mrs Noemdoe believes that EAPs can play a very strategic position in shaping the companies' visions.

Dr Mokoena agrees with Mrs Noemdoe, he further maintains that the EAP professionals are doing little to position themselves in risk management and strategic decision-making of the current corporate SA, a role they must embrace. Dr Mokoena heads the Employee Wellbeing department in one of the South African public sectors.

1.10.4 Feasibility Of The Study

There is limited literature on EAPs available in South Africa. On the other hand, according to the recent survey by a South African auditing firm, the majority of South African companies are largely apathetic about the impending HIV and AIDS crisis (SAP, 2003:1). In view of this background, the researcher received cooperation from the EAPA SA, EAP practitioners, Tsa Botsogo and Uthingo to conduct research among their members and employees.

The under-explored field of EAPs in South Africa provided this study an opportunity to contribute towards the creation of new knowledge in this field. The researcher's ongoing contact with all the EAP providers in her professional capacity, and the EAP practitioners through the EAP Association, proved to have been the greatest strength of the study and made the practitioners accessible, as the researcher was able to give presentations about the study at various forums before distributing the questionnaires. Equally so, access to HIV infected and affected women was easy, as the majority of the respondents had disclosed their status within the various SA forums such as SABCOHA and the University of Pretoria monthly AIDS forum which the researcher attends regularly.

The expectation was that there should be a model as a framework to develop new skills and strategies to solve problems for the implementation of HIV and AIDS counselling in the workplace. This type of participation was exploratory, descriptive and had provided value to gain insight into the experience of infected and affected working women to improve HIV and AIDS counselling through EAPs.

The researcher provided EAPs in the company where she was employed and this had enabled her to be in touch with her research project on an ongoing basis, even in the post-research phase. In addition to the initial funding of R11 000 by the University of Pretoria, funding was provided by the researcher's employer, as there were benefits from the research results and the Skills Development Levy.

1.11 DESCRIPTION OF THE RESEARCH POPULATION

1.11.1 Description Of Population

According to Bless and Higson-Smith (1995:85), a population is the entire set of objects and events or group of people, which is the object of research, and whose characteristics could be determined.

1.11.1.1 Population: Qualitative Study

The qualitative study's population can be considered to be all the working women in South Africa who are affected or infected by HIV and AIDS and whom had participated in an Employee Assistance Programme offered by The Careways Group as a service provider.

1.11.1.2 Population: Quantitative Study

The population for the quantitative component of the study included all EAP practitioners who were registered with the EAP Association and who were members of EAPA – SA for the period 2005 - 2007. The EAP practitioners are all professionals who are employed as EAP counsellors, managers, coordinators, or consultants in their current employment and who are offering counselling to employees.

1.11.2 Sample

It is important to determine a sample that best represents a population so as to allow for an accurate generalisation of results and such a group is called a representative sample. Therefore a sample is a small portion of the total set of objects or persons which

together comprise the subject of the study (De Vos *et al*.,2005:194). EAP practitioners and HIV infected and affected working women served as a population in this study.

1.11.2.1 Sample Qualitative Study

From the identified infected and affected working women, 24 women were identified and volunteered to participate in the study (12 infected and 12 affected). Details of the biographical information, regarding the sample, are given in the qualitative section of the empirical data (see 9.4.2).

1.11.2.2 Sample Quantitative Study

According to the EAPA- SA database, 498 members are registered. The membership to the Association includes all professionals who are directly or indirectly involved in the field of EAP (see 9.2.2.1 and 9.5.2.2, Figure.3). Questionnaires were distributed at the EAP Annual Conference held in Durban in 2005, which was attended by 350 members inclusive of human resources managers and HIV and AIDS managers. Subsequently, questionnaires were emailed to the members who did not attend the conference and those who had never had the opportunity to receive the questionnaire at the conference. To avoid duplication of participants, the e-mailed questionnaire clearly specified that the questionnaire was applicable to only members who did not attend the Durban conference or did not receive the questionnaire at the conference. A total of 81 questionnaires were completed and returned. Details on the quantitative data are discussed in the empirical data section with specifics, e.g. biographical data (see 9.5.2).

1.11.3 Sampling Strategy

1.11.3.1 Sampling Strategy: Qualitative Study

According to (Bless & Higson-Smith, 2000:93), a larger sample allows the researcher to draw more representative conclusions. Random sampling is regarded as the only technique available that ensures an optimal chance of drawing a sample that is representative and accurate of the population from which it was drawn. Since this was a voluntary study, random sampling could not be applied in this study. This is often a problem that is encountered by most of the HIV and AIDS researchers. Issues such as

stigmatisation, fear, victimisation, isolation and labelling were considered as contributors of a small sample size. Therefore random sampling in this sample of HIV and AIDS infected and affected people was impractical. The researcher used non-probability sampling with purposive strategy for HIV and AIDS infected and affected women.

The in-depth study allowed the researcher to verify and probe issues that integrate HIV and AIDS programmes and EAPs with inter-organisational issues. Purposive sampling implied that the study was influenced to a large extent by the researcher's judgment of which research locations would best elucidate the focal research variables and parameters. Since the chosen research locations were impossible, the study focused on the available subjects of research due to the sensitivity around HIV and AIDS and the need for more voluntary interaction rather than coercive research inquiry. Snowball sampling further enhanced the purposive sample, particularly with participants recommending other known HIV infected and affected working women who then volunteered to participate in the study. In snowball sampling, the researcher collects data on the participants of the target population that can be located, and then seeks information from original participants that helps in linking the researcher with new participants. The process continues until the researcher reaches the targeted number of participants with identified characteristics. The characteristics that were important in the unit of analysis included race, age, and rank of employees (see qualitative section 9.4.2, Table 1). The researcher used all participants who had volunteered for the study.

1.11.3.2 Sampling Strategy: Quantitative Study

Questionnaires were distributed at the EAP Annual Conference held in Durban in 2005. Approximately 350 members attended the conference. De Vos *et al*:,(2005,196) provides the recommended number of respondents for a particular population to have a representative sample. For a population of five hundred the recommendation is a sample of 100 respondents.

The study was introduced at the conference at a plenary session where members were requested to complete the questionnaire. Only 126 conferences attendants accepted

and completed the questionnaire. From this initial distribution of 126 questionnaires to delegates at the conference, only 46 responses were received with 80 questionnaires unusable due to printing errors on two pages of the questionnaire. A convenient sample was used to determine this initial sample. A replacement sample of 80 was then implemented. These questionnaires were emailed to all EAPA-SA members and requested to complete. The e-mail message instructed that those who completed the questionnaire at the conference should not respond. Of the replacement sample, 35 responses were received. Thus a total of 81 questionnaires were completed and returned including the original 46 questionnaires.

The EAP practitioners' variables of experience in the field enriched both the quality of collected data as well as the fields of EAPs and HIV and AIDS (see quantitative section, par. 9.5.2, Figure 3, 4, 8 and 9).

1.12 ETHICAL ISSUES

De Vos *et al.* (2005:58) identifies the following ethical issues as important: avoidance of harm, informed consent, deception of respondents, violation of privacy or anonymity or confidentiality, actions and competence of the researcher, co-operation with contributors, release or publication of the findings, and debriefing of respondents.

Issues of privacy and confidentiality may somehow be compromised when one deals with a subject as sensitive as HIV and AIDS. The latter places significant challenges upon the researcher with regard to the sampling of research subjects, specifically the HIV and AIDS infected or affected. Any process related to this matter challenges confidentiality and privacy at the point of initial contact. The interviewer asked the respondents to provide written consent before conducting the interviews or completing questionnaires (**Appendix 3 and 4**). Honesty with regard to the process of research and its outcomes was useful in the process of building confidence and rapport with research subjects, the consent forms included the researcher's personal details and the research assistants always gave their details to ensure that they could be contacted later should the respondents wish to withdraw at any stage.

1.12.1 Confidentiality And Anonymity

The research was conducted in a secure and confidential environment. The issue of post-counselling was clarified with the women infected and affected by HIV and referrals were made back to their EAP where applicable. In some cases the interviewers offered follow-up sessions to ensure safety. Respondents were forewarned regarding feeling uncomfortable during interviews and the fact that they were afforded as much time they needed seemed to make them feel safe. The informed consent agreement reflected all aspects of confidentiality (Appendix 3 and 4).

Questionnaires that were completed by participants did not include their personal details such as ID numbers, names and addresses (Appendix 2). This was done to ensure confidentiality. Respondents were identified through numerical coded identification only. Anonymity on the questionnaires was ensured. Permission to use recordings was obtained, however to ensure no harm to the respondents, those who refused to be recorded were respected and they were not recorded. Participants are not reported by name or their workplace in any report or publication resulting from data collected in this study.

The research goals and purpose were explained in a competent manner, i.e. remaining sensitive to cultural differences, refraining from value judgment, and clarifying the reason openly and clearly. Social work is embedded in strong values of respecting the client. The same understanding was applicable to this research. As mentioned previously, the competency of the researcher and the assistants were pivotal to the study. The two assistants, one a professional social worker and the other one a peer educator and committee member at her workplace, conducted themselves with strong integrity and respect for the respondents. These provided ethical competence and respect of confidentiality.

1.12.2 Debriefing of Respondents

The HIV infected and affected respondents were offered debriefing sessions in an effort to deal with any feelings that may have been evoked during the interview. In addition they were referred back to use their EAP in their workplace. As mentioned above the telephone numbers of the researcher and research assistants were given to ensure they have further contact should that be necessary.

1.13 DEFINITION OF CONCEPTS

1.13.1 HIV and AIDS

The Public Health – Seattle and King County (2001: 1) defines HIV as the virus that attacks the human immune system and destroys the body's defences against disease, rendering it vulnerable to many infections and cancers that will not normally develop in healthy people.

HIV is a single stranded ribonucleic acid (RNA) virus, which breaks down the immune system of human beings. Transmission of HIV is through contaminated bodily secretions, which are primarily blood, semen and vaginal secretions and also breast fluids. (Crewe & Orkin, 1992:3). HIV can be seen as a small virus that is only found in human beings; it slowly weakens a person's ability to fight off other diseases by attacking white cells called T-cells.

According to the Oxford Dictionary (1995, 27) AIDS is a condition caused by a virus transmitted in the body fluids, marked by severe loss of resistance to infection and so ultimately fatal.

AIDS represents the end stage of HIV infection, when the immune system is severely depleted and the host is susceptible to significant morbidity. AIDS is defined by the following: CD4+ T-lymphocyte count below 200/L and/or development of specific indicator conditions, e.g. cytomegalovirus retinitis, Kaposi sarcoma, disseminated

histoplasmosis, pneumocystis carini pneumonia, and progressive multifocal leukoencephalopathy (CDC 2004:3).

AIDS, the accelerated infection of HIV, is a retrovirus that infects vital organs of the human immune system such as CD4+T cells and macrophages. In other countries such as Canada, AIDS is only diagnosed when the person infected with HIV is diagnosed with one or more of several AIDS-related opportunistic infections or cancers (Wikipedia- the free encyclopedia, 2007: 2)

AIDS can therefore be defined as the final stage of HIV. It is a collection of various infections that often attack the compromised body due to a weak immune system.

1.13.2 Employee Assistance Programme

The term Employee Assistance Programme traditionally refers to a confidential individual assistance and support services designed to help employees to cope with personal and social problems. The nature of these problems may vary and include chemical dependence, financial or legal difficulties, family disintegration and psychological and emotional disorders (*EAP*...,2007:1)

An EAP is defined by the Employee Assistance Programme Association (1999:4) as: “a work site-based programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns which may adversely affect employee job performance.” White and Dickson (1997:315) describes an EAP as a free, confidential phone counselling programme which aids employees and their immediate families in solving work–related issues and also offers face-to-face counselling if necessary.

These definitions imply that an EAP is a programme in which trained personnel identify and assist employees regardless of their rank when their job performance is affected due to either personal or job-related problems. Intervention may vary from counselling, referral, coaching, mentoring, and team building.

1.13.3 Employee Assistance Programme Practitioner

An Employee Assistance Programme Practitioner is an individual qualified by training or certification in the techniques of assessment of problems, particularly in respect of substance abuse, and of developing and implementing an intervention strategy. This includes, but is not limited to social workers, occupational health nurses and physicians, and volunteer peer referral agents trained in EAP (PSHCPD, 2006:1)

The term 'Employee Assistance Programme Practitioner' implies any counsellor who is directly involved in work place counselling of employees with either personal or work-related problems either as part of the organisation, or as a consultant. EAP practitioners are often used interchangeably with 'EAP professional'; as a result, for the content of this research, EAP practitioner will be used interchangeably to refer to all counsellors practicing EAPs in their workplace.

1.13.4 Occupational Social Work

Occupational social work is described "as a specialized field of social work practice which addresses the human and social needs of the work community–employer, trade union, job seeker and employee. Professional practitioners serve those preparing to enter or re-enter the world of work, as well as workforce participants (as union members or as employees), and the legitimate social welfare needs of labour and industrial organizations" (Kurzman & Akabas, 2005.1). It can therefore be said that occupational social work is a field of practice in which social workers attend to human and social needs of employees in the work milieu by designing and executing appropriate interventions in order to ensure healthier individuals and environments.

Du Plessis (1990) in (Maiden,1992:30) views industrial social work as a generic term, which refers to social work activities in the workplace. Since not all work settings can strictly be defined as industrial, for example commercial, retail, trade and union settings,

the alternative term 'occupational social work' is used to describe social activities in these settings.

Employee Wellness Programme as defined by Department of Public Services and Administration (DPSA), 2007:30) is a programme that "covers the traditional areas which addresses the entire spectrum of psychosocial stressors in the workplace in order to enhance individual and organisational wellness and ultimately productivity". DPSA does not offer a clear definition on what traditional areas of EAP are instead, the definition broadens wellness to include EAP, Wellness programme and Work life Programmes.

1.14 LIMITATIONS OF THE STUDY

- Even though the respondents were randomly selected, the findings are inconclusive and cannot be generalised to the larger population given the 81 response rate – therefore it remains a limitation of the study.
- Literature on History of EAPs is mostly outdated from research writing perspective but still relevant to the day- to- day principles of implementing EAPs in the workplace.
- Similarly the researcher found the literature on Gender and HIV and AIDS scarce and limited.
- Literature on HIV and working women was mostly limited to medical information.
- The researcher had hoped that the process of data collection would take 2 months, but it took 2 years to collect all the data due to work commitments. This made the analysis of data difficult, particularly as some people were interviewed in 2005 and others in 2007, a gap which made common themes and categories during the analysis difficult.
- Some of the respondents did not want to be recorded and as a result, this created inconsistency regarding data collection.
- Although Microsoft Excel was used in the study, its use was limited to calculation of quantitative data and no value was added as such for analysis and

interpretation of collected data - leaving the quantitative part of the study to be described as a descriptive survey.

- Family commitments made the planned time period unachievable because instead of three years, the study took 6 years to be completed; there were difficulties during the finalisation as some literature had changed and certain books were revised.

1.15 CONTENT OF THE RESEARCH REPORT

The research contained in this document is concerned with understanding the role that EAP plays in addressing the difficulties experienced by working women resulting from the impact of HIV and AIDS. The primary objective of the research is to investigate the feelings and perceptions of HIV infected working women in the workplace and establish EAP perceptions about them. A secondary objective of the research is to investigate the type of HIV and AIDS counselling offered by EAP practitioners and to recommend intervention strategies for the workplace relevant to vulnerable women who are infected by HIV and AIDS.

The study described in this document includes a literature survey, the aim of which was to understand the current conversations in the literature concerning women who are affected and infected by HIV and AIDS and the provision of EAP services, to identify an appropriate space to position this research. The literature review on concerning working women infected and affected by HIV and AIDS is developed by firstly giving a general background in the literature to women development in the workplace in Chapter 2, which is followed by a general description of HIV and AIDS in Chapter 3 and with particular focus on women in Chapter 4. The working environment is then explored in Chapters 5 and 7, giving a review of the impact of HIV and AIDS in the workplace and the response by business, both locally and internationally.

Chapter 6 provides insights to the opinions of various thought leaders on the difficulties experienced by working women infected and affected by HIV and AIDS. Chapter 8 is a review of EAP and their response to HIV and AIDS. The nature of the research is

exploratory and involved the development of an understanding of the role that EAP plays in addressing the difficulties experienced by working women resulting from the impact of HIV and AIDS. Chapter 9 presents the empirical research results of the study. The learning from this is further discussed in Chapter 9 with conclusions drawn and recommendations made in Chapter 10 describing interventions for effective EAPs in the support and delivery of a service to infected and affected working women.

CHAPTER 2

WOMEN IN THE WORLD OF WORK

"*Our liberation as a people cannot be complete unless the act of national liberation contains within it the genuine liberation of women."* (Oliver Tambo)

2.1 INTRODUCTION

A literature review on women studies indicates that before the turn of the 20th century, the majority of women died before the age of twenty-one. For those who lived longer, childbearing and childrearing consumed a significant part of the middle years. High school education was a rarity. Only about one-fifth of all adult women had paid employment, yet in the 1990s, increased life expectancy and reduced fertility have given women more time to work outside the home (Giele, 1993:32). However, it needs to be noted that currently nearly 60% of women are in the labour market. This chapter reviews the historical participation of women in the workplace, the factors that contributed to women entering the workplace, and current trends of women development in the workplace.

In 2001, the European Union had an employment rate for women at 54,8% (Duffield, 2002). In South Africa, data shows trends of a steady increase in female labour; in 2000 women represented 38% of the total labour force, up from 23% in 1960 and in 2006, Statistics South Africa reported an official unemployment rate of women at 30,7% in South Africa. The statistics however, suggest that women's roles in the workplace remain unequal in many respects. Women tend to be concentrated in service industries, such as administrative positions. In India about 60% of informal workers are women (Treacy, 2003).

2.2 WOMEN'S ROLES

Both men and women seek feelings of competence, self-esteem, contribution, being wanted and productive, and being in control of time and energy in the world of work. Earnings are crucial to both genders for personal and family support. A study by Dolbier, Soderstrom and Steinhardt (2001:469) revealed that self-leadership was positively related to an approach coping style aimed at eliminating or minimising the source of stress. According to Cory (1993) in Perkins (2000:57), the salary gap for both men and women have slightly closed in the last decade for American workers, but this is not due to the increase in women's salaries but due to the decline in men's salaries.

Women have been observed to have entered the world of work as far back as after World War II. In South Africa, black women entered the economic arena with greater prominence with the introduction of Black Economic Empowerment (BEE). Significant Black Women Organisations (BWOs) still lack prominence despite the BEE policy being explicit in its desire for women's economic empowerment. There have however been concerns that the implementation is very slow and that broad-based empowerment has not taken place. The boards of corporate South Africa are still noticeable lagging behind with only 7% women representation on these boards.

According to Giele's (1993:32) theory of life, traditional expectations are that women drop out of the labour force when they have young children. From 1900, educated women had to live in increasingly urban areas, where the majority of families were no longer based in rural areas. This is evident in five major dimensions that have affected women's roles:

- technological advancement and greater longevity;
- the development of a service economy;
- the changing structure of the family;
- educational improvement; and
- the re-emergence of feminism.

2.3 CHANGES IN THE WORKPLACE

For women, the improvement in both technology and health results in an increase in time available for other pursuits (Giele, 1993: 33). Labour-saving improvements such as running water, a gas or electric stove, a washing machine, refrigerators, prepared foods, etc. reduced the time needed for women's traditional housekeeping tasks. Along with this has been improved health, a key factor that caused a change in sexual behaviour. The developments with regard to contraception, that ultimately enhances a woman's right to choose an abortion, have also contributed to these changes.

However, in South Africa, the majority still live in rural areas and those women who are in urban areas, the majority of whom face educational and economic challenges. In the same vein, it is important to note that the South African government has been making efforts to re-address the historically extremely intolerable socio-economic situations of urban and poor rural women. The significant developmental changes include: access to water, free access to prenatal and postnatal care and child health. The recent introduction of the management of the HIV and AIDS epidemic, social grants, child maintenance, and the fight against domestic violence continues to assist in the eradication of poverty and related struggles of women.

2.4 DEVELOPMENT OF WOMEN

There have indeed been many developments since the 1970s to accommodate and develop women. This is evident in the shift in agriculture, heavy industry and manufacturing to a more service-oriented economy. Gradually, wives, mothers, and the middle-aged were accommodated to return to the labour force and were no longer required to leave work when they started families (Giele, 1993:34). During the 1980s economic restructuring became more widespread when men's jobs were threatened and the wife's capacity to tide a family over difficult economic times gained even further recognition and legitimacy than during the Great Depression. The decline in the average family income after 1973 also encouraged women to enter or remain in the labour market longer in order to maintain their families' standard of living (Schor, 1991). In

South Africa, skills development is part of the employment equity legislation that aims to educationally empower the previously disadvantaged, including women and those with disabilities.

2.5 CHANGING STRUCTURE OF THE FAMILY

In 1970 the labour force participation rate of married women with children under six years of age was 30%. By 1989 more than 60% of infants and more than 80% of pre-school children were receiving some care outside their own homes (Hayes, Palmer, and Zaslow, 1990). The changing economy had an impact on the structure of the family, the divorce rate rose and it was estimated that by the 1970s, 40% of marriages would have ended in divorce. There was an increasing number of single person households, mainly women (Giele, 1993:34).

2.6 EDUCATIONAL IMPROVEMENTS

By 1980, 20% of twenty-five year old women had completed four years of college. Another important development was the increased entries of women into so-called 'male' professions such as medicine and law, with admissions of women to professional schools rising from less than 10% before 1960 to nearly 30% by the 1990s (Hulbert and Schuster, 1993). Women's rising education levels have been closely linked to their increased participation in the labour force. According to Giele (1993:33), even as early as 1952, more than half of the college-educated women between forty-five and sixty-four years of age were in the labour force. According to Statistics South Africa (2003:1), the total number of employed people was stable between March and September 2003, at approximately 11,6 million with the informal sector accounting for a total employment among women at 19% and 8,8% women domestic workers. Continuing education programmes in a variety of settings from community colleges to universities have made it possible for women to combine further training with work and parenting (Chamberlain, 1988).

In contrast to the above observations, in the Tokyo Annual White Paper on National Life, the Tokyo government indicated Japan lagged far behind other countries in giving women opportunities outside the home (Crosby, 1991:7). The report stated there were no incentives for women to pursue career-track positions in corporate Japan, and there were few job opportunities and pay advancements. It is reported that the majority of men and women thought women encountered discrimination at work, and the average wage of women workers was only 63% than those of men, compared with 76% in the United States (Giele & Gilfus:1990:7). Apparently women who have children and quit work are not motivated to go back to a full-time job because they would not have put in the time to get a good wage, since Japanese employment practices require years of service before significant wage gains are made (Crosby, 1991).

A study by Sondhaus, Kurtz, and Strube (2001. 425) concluded that women show more positive attitude towards academic skills than men. The interaction found between body attitudes and academic interests, it revealed that men with positive identification with school subjects had significantly more positive body attitudes than women. They found that those men and women with a low level of academic interest showed no differential in body attitude. Studies with findings like these may reflect cultural injunction for women to be pretty but not smart (Wolf, 1991).

2.7 FEMINISM

A new women's movement brought forth two types of feminist groups, which developed an even stronger egalitarian ideology of gender roles. The more formal branch that included the Organisation for Women who challenged equal rights acts, such as equal pay, banning sex discrimination, and equal opportunity for education rights. The informal branch of the new feminist movement developed small consciousness-raising groups, which attacked sexism and discrimination in everyday life, including in the workplace - with emphasis that not only should women be treated equally at work and in the public sphere, but also that men be expected to perform an equal share of the child care and household (Gisele, 1993: 40).

McFadden (1998:56) argues that there is a difference between white feminism and African feminism. The latter according to her, has been in existence in pre-capitalist African societies. Her main point is that African feminist used strategies to resist patriarchal ideologies such as performing abortions in pre-colonial Africa without their partners knowing, formed women associations, and when they entered the world of work they were paid for their labour which challenged the myth that women are best suited for the kitchen and home, and real women work for free. These efforts have really encouraged more women in the workplace and their participation both in public office and corporate continue to increase. In South Africa 'pass laws' no longer exist in the post-apartheid democratic order; a result of the women's action in 1956. However, the women's petition included the fact that they will not rest until they have won fundamental rights of freedom, justice and security for their children.

In support of the development of women, a study of Columbia women found that the women who attended graduate school between 1945 and 1951 did not find full-time homemaking enriching and rewarding in their lives and were resentful of the women's movement. When they were given the chance in the 1950s, they moved into the labour force by converting their volunteer work into paid work and found the opportunity fully rewarding (Inhale, 1993:140). In 1972, women in the USA between fifty-four and sixty years of age, were asked whether they would pursue careers if given a second chance in life, two-thirds of Sears and Barbee's sample of the Term an gifted women said yes and 45% would take time off only to raise a family (Tomlinson- Kelsey, 1990:54).

Mills graduates of 1958 and 1960, interviewed in 1981, reported feeling depressed after childbirth and while caring for young children, and most of them - when they were in their forties - felt somewhat deprived if they were not in the labour force (Henson, 1993:190). A similar report (Schuster, 1990:211) stated that the gifted UCLA women of the class of 1961 all mentioned work when they described satisfying outlets for their abilities in the 1990s.

In a forceful affirmative action move, Norway now requires that in the next two years, 40% of the board members of the nation's 519 publicly traded private companies have to be women. At present the ratio is 16%. The penalty for non-compliance is the disbandment of the corporation. Surveys have shown that major European countries are lagging in promoting women to positions of power in business, and in achieving racial and ethnic diversity (Friday at Noon, 2006).

The South African government has made significant strides towards reaching its target of having 30% of its senior posts filled by women. Two years ago the government set itself a target to address gender equity. In March 2004, the South African Minister of Public Service Administration reported that 24,5% of management posts in the public service were occupied by women. Gauteng Province had out-performed all other provinces, having 29%, followed by Limpopo and Mpumalanga with 28% each.

The Minister stated optimistically that South Africa will now move up in the global ranking of women in parliament from 15th to 11th place in 2005, with 400 seats belonging to women in the National Assembly, which translates to 32,8% of parliament being women, compared to the 30% in 1999. Looking at the global competition of women in parliament, South Africa is behind Australia and slightly ahead of Germany, still leaving Rwanda in 1st place with 49% in the global league (The Star, 2002:2). Elliot (1999: 273) reports that women are strongly positioned for the future workforce; 7 out of 10 new jobs in the 1980s in USA were filled by women, 80% of women were having jobs in the service industries, compared to the 55% of men. Of these jobs, 34% resided in the higher-earning information and capital-intensive service industries.

Even though South Africa has made an effort in the advancement of women, the General Household Survey for 2006 indicates that there are still important gender differences in the percentage of people 20 years and older. 10,7% still has no formal qualifications; of these 8,6% is men and 12,6% women. This however shows improvement in the situation since 2002 when 9,9% was men and 14% women. Generally, the gap between men and women remains at 4% (Stats SA. 2007).

An interesting observation by Mtintso (1999) quoted by Jobson (2002: 43) presents a dilemma about visible participation of women. Mtintso (1999) asserted that the parliament in South Africa is so patriarchal and inferred that this status is so obvious that women are in danger of being swallowed by its culture, its ethos, values and priorities. Women instinctively fear being marginalised by raising things that are seen to be petty women's issues. They get afraid of moving against the mainstream and in that way find themselves compromising and promoting the very patriarchal agenda. According to the IPU Newsletter (1995), women face obstacles in the parliament, meaning parliament is as patriarchal as many other institutions in society. According to IPU (1995) preliminary findings of the experiences of women from all political parties stated that men in parliament were outwardly supportive of women, but were not genuine in their approval and were not proactive in their support.

The evidence of this struggle that women in parliament are experiencing makes a clear link between interrelationship and access of women to parliament, their participation, as well as gender transformation. From these examples, the assumption could be made that, women in various workplaces - whether it be politics or in parliament institutions, corporate or public sector - may have the same challenges. This therefore suggests that through strong participation of women in decision-making in the workplace, particularly as they are the only ones that can best articulate their needs, could yield positive results. Elliot (1999:273) challenges the EAP practitioners to familiarise themselves with gender education with the emphasis that in the 21st century, women will be the majority in the workplace, and will bring with them personal challenges arising from juggling responsibilities and making decisions.

2.8 WOMEN'S HEALTH

More women work and there are better strategies for facilitating a balance between work and family life. Five million of the 9,5 million women in the US in employment are aged between sixteen and forty-four. More than a quarter of mothers of children under five have part-time or full-time work, and more women with children of any age are returning to work (Murray-Bruce, 1990:280). In South Africa there is a recognised four months maternity leave and two months optional unpaid leave for pregnant women. The basic Conditions of Employment Act does not allow women to work four weeks before and eight weeks after childbirth, unless they have been given special permission to do so. Some of the reproductive and sexual health rights of women include:

- Contraception rights: All people, including women, have the right to decide whether or not to have children. All contraception methods, including termination of pregnancy and sterilisation, allow women to make this choice.
- An HIV infected woman is entitled to the same rights as other people and is protected under the equality right clause, which states that there may be no unfair discrimination directly or indirectly against anyone on any grounds including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age disability, religion, conscience, belief, culture, language and birth. However there is no specific Act for HIV and AIDS.
- In South Africa, HIV women attending antenatal clinic are closely monitored through home visits (guaranteed privacy and confidentiality) whether they follow the prescribed treatment.
- Some workplaces offer EAPs and make provision for employees to attend EAPs during work hours. This effort is to enable employees and women to address issues of mental health and stress that maybe present as a result of conflicts between work and home life. One of the primary sources of stress influencing the health of working women is the conflict between career and family roles. Work-family conflicts relate to the multiple roles that require energy and commitment.

2.9 SUMMARY

Women globally still seek a sense of belonging through work. Internationally, efforts are being made to reassure women of their roles in the workplace. However, workplaces still lack creating a conducive work environment for women. Women constitute the poorest group in South Africa and are more likely to be unemployed or underemployed. Kornegegay (2000:4) challenged the participants in a planning workshop at the office with regard to the status of women; the challenge being that to ensure that the South African macro economic strategy promotes an economic policy on various groups of people depending on class, race, age, gender, location and disability. Evidently, within the literature internationally, as presented above, women feel happy when they work, but even more, they feel empowered when there are supporting structures that encourage a balanced work and family life.