HIV/AIDS IN THE WORKPLACE:

AFFECTED EMPLOYEES'

PERCEPTIONS OF SOCIAL WORK

COUNSELLING SERVICES

HIV/AIDS IN THE WORKPLACE: AFFECTED EMPLOYEES' PERCEPTIONS OF SOCIAL WORK COUNSELLING SERVICES

A MINI DISSERTATION

Submitted in partial fulfillment of the requirements for the degree of

M.A. (SW) : MANAGEMENT

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DECLARATION

I, Patronella Ruth Dick, carried out the work contained in this dissertation.

It is the original work except where reference is made.

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Dick P R

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Date

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I would like to thank management and employees of Goldfields Mine Carletonville (Johannesburg) for their co-operation.

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I must express gratitude to all family and friends for their support and belief in me. I am eternally grateful to the Lord Jesus for divinely connecting us in His love.

DEDICATION

I dedicate this work to my late sister Yunonna Claudia Rabie for her support, love and encouragement and to George and Erin Dick for enduring my absence during the time I was busy with my studies.

HIV/AIDS IN THE WORKPLACE: AFFECTED EMPLOYEES' PERCEPTIONS OF SOCIAL WORK COUNSELLING SERVICES

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ABSTRACT

This research was conducted on a section of mine employees ranging from skilled to the least skilled mine workers in Goldfields Mine, Carltonville.

The aim of the study was to assess HIV/AIDS employees' perceptions of social work counselling services in the workplace. The researcher was employed at the Department of Social Services and Population Development where she attended weekly to HIV/AIDS employees who had been referred for treatment without providing any form of counselling within the workplace. Researcher's subsequent research at Goldfields Mine was designed to probe what the affected employees' perceptions of a social work counselling service was.

The gathering of data during research comprised conducting interviews with the use of semi-structured interview schedules. Ten (10) male employees from Goldfields were used during the study. Purposive sampling was employed. Findings reveal that although counselling was provided at Goldfields Mine, Carltonville, a minority of employees indicated that the current counselling programme (workplace programme) is not adequate and that more time should be provided by management for counselling during working hours.

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CHAPTER 1

1. INTRODUCTION

The research conducted focused on the importance of counselling for HIV/AIDS employees in the workplace. It is recognised that the HIV/AIDS epidemic will effect every workplace, with prolonged staff illness, absenteeism and death impacting on productivity, employee benefits, occupational health and safety, production loss and workplace morale. Professionals dealing with HIV/AIDS employees within the workplace have failed to acknowledge the importance of these employees.

Since the beginning of the epidemic, an estimated 60 million people worldwide have become infected with the HIV virus. AIDS claimed more than 3 million lives in 2003, and an estimated 5 million people acquired the virus, bringing to 40 million the number of people living with the disease in the world (UNAIDS, 2003). In South Africa it was estimated that a total number of 5.3 million individuals had acquired HIV infections by the end of 2002 (Department of Health, 2003).

This epidemic primarily effects working-age adults and far exceeds any other threat to the health and well-being of South African employees. Although data on infection levels in the workforce is scarce and workforce profiles may change over the next decade, the number of employees lost to AIDS could be equivalent to 40% to 50% of the current workforce in some companies (Department of Health Antenatal Survey Report, 2001).

The researcher is employed by the Department of Social Services and Population Development and attends on a weekly basis to HIV/AIDS employees who had been referred for treatment without providing any form of counselling within the workplace. The researcher in conjunction with the Department of Health would be able to use referrals for research purposes.

2. Motivation for the choice of the subject

The researcher was an intake officer at the Provincial Department of Welfare and Population Development - Gauteng and was rendering counselling services to various clients including HIV/AIDS patients. By direct service rendering to the Department clientele, the researcher was able to identify the need for counselling of HIV/AIDS clients/employees within various workplaces.

The Department of Health in conjunction with various community based organisations offer counselling sessions to patients, but because of lack of confidentiality, people often do not attend these counselling sessions. The counselling of workers/employees should therefore take place within the workplace, in order to assist the newly diagnosed worker how to socialise and integrate within their communities being HIV/AIDS positive.

In the workplace the professional should start taking responsibility in assisting and caring for their workers/employees who have been diagnosed HIV/AIDS positive. The professionals within the workplace should not only be rendering counselling regarding HIV/AIDS in the workplace, but should enable and assist employees to live a healthy life, obtain aftercare services within the community and enable them to live with the disease while still being employed.

Denzin & Lincoln (1998:51) claims that in order for any researcher to become immersed in a study, it requires:

- Passion for people;
- passion for communication; and
- passion for understanding people.

The researcher is of the opinion that people with HIV/AIDS may obtain reassurance during counselling. If they share their concerns about what may happen to them being HIV/AIDS positive, they would be able to deal with rejection and hostility from fellow workers, family members and the broader community.

The researcher believes that every infected person should be perceived as a unique individual and is different from one another.

The researcher is also of the opinion that every person has certain human needs and is therefore in need of acceptance, love and support from others in their spheres of interaction. If a person with HIV/AIDS should lose these mentioned support systems it may have a stressful impact on the client/patient, which can be dealt with during counselling sessions.

The aim of this study is to ensure that counselling of HIV/AIDS affected employees within the workplace would play a meaningful role in the employees' work environment and also employees' perception on social work counselling service. This will facilitate coping strategies in order to reduce stressors in workers'/clients' daily lives and provide employees with information on how to be productive and living a healthy life being HIV/AIDS positive.

3. Problem Formulation

The researcher has perceived through her service rendering at the Department of Social Services and Population Development that despite the spreading of the HIV/AIDS pandemic much emphasis is being placed on the social, economic and political aspects of AIDS. The sad reality is that a few HIV/AIDS positive people/persons have access to trained counsellors or receive the necessary counselling. HIV/AIDS positive employees are usually able to be productive for many years. Access to counselling and health care services can help maintain the quality of life for HIV/AIDS positive people and their families as well as keep up productivity. In time, as these employees develop AIDS related illnesses, their need for care and support services are most likely to increase (U.N. AIDS Newsletter – GIPA: 2001 – 02).

During counselling patients/clients would also be informed about their legal rights (AIDS and Law) and how they can deal with unfair dismissals or victimization being HIV/AIDS positive. Van Dyk (1999:4) states that although the law recognises permanent incapacity as grounds on which employment may be terminated, employers should ensure that all other alternatives have been investigated. The researcher found however, that the above statement is not always applied which often resulted in patients/clients being treated unfairly within the workplace.

The motivational level of the patient/client should be such that after counselling it would be that of acceptance which will positively contribute to employees' adaptation to his/her new situation or circumstances. A motivated individual will resume certain roles that he/she is capable of and link-up with community resources in order to obtain the necessary self-fulfillment.

The stress that HIV/AIDS employees endure within the workplace not only has a negative impact on their production and the country's economy, but it also leads to stressful relationships within their family lives and marriages.

The HIV/AIDS employees can experience depression. According to Van Dyk (1999:106) depression consists of the following emotional symptoms:

- The persistent feeling of sadness;
- anxiousness;
- irritability;
- cognitive symptoms;
- feelings of guilt;
- failure;
- helplessness;
- hopelessness;
- low self-esteem;
- loss of gratification;

- numbing of the joy of living;
- loss of interest in work;
- pleasure derived from hobbies and family activities;
- loss of appetite resulting in weight loss;
- loss of sleep; and
- loss of sex life.

The researcher concludes that although the above mentioned statement is very prominent with HIV/AIDS employees/patients, it can vary with proper counselling and legal assistance within the workplace. The researcher was able to identify the lack of proper counselling offered by employers to their employees within the workplace, the lack of skilled professionals within the workplace to provide these counselling services and the limitation on legal knowledge most employees have, which has a hampering influence on the HIV/AIDS employees' life and leads to unwanted stress and depression within the worker.

The researcher is however, of the opinion that counselling can play a meaningful role within the employees' work environment and thereby contribute to HIV/AIDS employees' perception of social work counselling services.

4. Aim and objectives of the study

The aim and objectives of the study is formulated as follows:

4.1 Aim of the study

To assess HIV/AIDS employees' perceptions of social work counselling services in the workplace.

4.2 Objectives of the study

According to De Vos, Schurink & Strydom, (1998:7) an objective is "…the steps one has to take, one by one realistically at grass roots level within a certain time span in order to attain the dream".

The objectives that the researcher pursues are necessary to accomplish the above mentioned aim. Information is gathered through a literature study and consultations with experts and patients.

OBJECTIVES OF THE RESEARCH

* To conduct an investigation by undertaking a literature study on HIV/AIDS affected employees' services in the workplace and their perception in relation to counselling
* To conduct an empirical study with employees affected by HIV/AIDS on the need for counselling
* To make recommendations for a programme on counselling for HIV/AIDS affected employees in the workplace.

5. Research Question

The research question for this study is:
What are the affected respondents' perceptions regarding the need for social work counselling HIV/AIDS employees within the workplace?

6. Research Approach

Denzin & Lincoln (1994) in Schurink (1998:240) states that the qualitative approach is: *" A multi-perspective approach utilising different qualitative techniques and data collection methods to social interaction, aimed at describing, making sense of, interpreting or reconstructing this interaction in terms of the meanings that the subject attach to it."*.

In this study the researcher used the qualitative approach not only to verify the information gathered in the research study, but also to make sense of and describe the affected employees' perception of social work counselling services within the workplace in a predominantly descriptive manner.

The researcher concludes from the above-mentioned author, that the qualitative approach is mainly concerned with understanding a phenomena (human behaviour) with a particular context environment of the participants.

The researcher believes that this study will make a meaningful contribution to social work practice and counselling specifically.

7. Type of research

Applied research, which has implications for knowledge development as well as contribution to practice, is going to be followed in this study.

According to Schurink (1998:241) research can contribute to knowledge development in the following manner:

- By extending knowledge of human behaviour relating to human services intervention whereby the findings of the research may be linked to, and utilised in practical situations; and
- By directing research towards the development of innovative interventions.

De Vos, Schurink & Strydom (1998:8) states that the goal of applied studies is to develop solutions for problems and applications in practice. The goal of the research is to describe the perception of HIV/AIDS affected employees within the workplace, regarding social work counselling services.

8. Research Design

Denzin & Lincoln (1998:28) views a research design as a flexible set of guidelines that correct theoretical paradigms to strategies enquiry and methods of collecting empirical material.

Arkava and Lane (1983:11) and Royse (1991:44) share the same view that social work research has three primary objectives or purposes namely to:

- Explore;
- describe; and
- explain.

The researcher employed the following research design to assist with the manner in which the research investigation was conducted as discussed below:

8.1 Exploratory research design

This design is implemented when very little information appears to be available about the subject. The exploratory studies are responsive to new concerns that have not been subjected to research.

The value derives from the new insights they provide or the unanswered questions they generate to future research. Exploratory studies generally do not have stated hypothesis (Royse 1991:44).

The researcher implemented the exploratory design. The researcher has identified the emotional stressors that HIV/AIDS employees are experiencing within their workplaces without receiving the necessary social work counselling in these respective workplaces.

9. Research procedure and strategy

According to Denzin & Lincoln (1998:28) strategies of inquiry put paradigms of interpretation into motion. This strategy connects the researcher to specific methods of collecting and analysing empirical materials.

Data analysis took place after gathering of data by semi-structured interview schedules. The data was analysed by the researcher by means of analyzing all transcripts into sub transcriptions in different teams to identify similar information that would assist the researcher with the interpretation of data.

The semi-structured interview was used to ensure that the required data was obtained. The researcher implemented semi-structured interviews according to the qualitative approach, to interview HIV/AIDS affected employees within the workplace. The researcher observed the employee's/client's interaction with other employees and their perception of counselling within the workplace.

10. Pilot Study

According to Huysamen (1993:206) the purpose of a pilot study is an investigation of the feasibility of the planned project and to bring possible deficiencies in the measurement procedure to the fore.

The researcher's aim was to commence with the literature study and to obtain information from the experts to ensure an overview of the concrete field of investigation which is supported by the statement made in Strydom (1998:179).

10.1 Literature study

The researcher aimed to acquire existing knowledge on the subject by utilising literature that focused on employees with HIV/AIDS in the workplace. The researcher made use of various literature resources including the Employee Assistance Program (EAP) Digest.

A variety of literature was consulted throughout the study and this information served as a broad orientation and enrichment of the subject. The literature studied involved consulting literature such as journals, research and developmental reports and articles, dissertations, text books and monographs, which were obtained from the Academic Information Services (A.I.S.), University of Pretoria.

10.2 Overview of the feasibility of the study

Strydom (1998:181) mentions that pre-exploratory studies are especially important with a view of the practical planning of the research project, e.g. the finances, the time and transport.

The researcher does not deal directly with the counselling of HIV/AIDS patients but offers assistance to the Department of Health and other Non-Governmental organisations on a voluntary basis.

The researcher kept the financial cost to a minimum by conducting interviews personally. The researcher made use of the Goldfields Mining Group facilities to ensure that financial costs remained affordable. The researcher made use of the Goldfields Mining Company's tape recorder and photocopied the semi-structured interview schedules at the offices of Goldfields Mining Company.

The researcher was able to attend to counselling of patients while doing her work, since it was directly linked to the researcher's field of work as an intake worker. The researcher also planned to render community based counselling by means of community awareness programs.

Find attached Appendix B: Letter of permission to conduct the research.

10.3 Pilot testing of semi-structured interview schedules

The researcher used 2-3 respondents for the pilot test from cases referred by employees to the Department of Health and other Non Governmental Organisations. The participants used in the pilot study were not used in the main investigation.

The researcher's main purpose for conducting the pilot study, was to identify possible deficiencies that may have existed to modify the measuring instrument and then to proceed with the main investigation.

The researcher took the respondent's comments carefully into consideration before commencing with the main investigation. The pilot study was executed in the same manner as the main investigation.

11. Description of the research population and boundary of sample and sampling method

11.1 The population of the study

Strydom & De Vos (1998:190) defines a population as *"… a set of entities for which all the measurement of interest to the practitioner or researcher are represented. The entities may be people such as all the clients/patients compromising a particular worker's caseload"*.

The population of this study comprised of all the clients from the Department of Health, NGO's and Goldfields Mining Company, who were HIV/AIDS positive.

11.2 Boundary of sample

Bless & Higson-Smith (1995:34) defines a sample as the subject of the whole population which is actually investigated by a researcher and whose characteristics will be generalised to the entire population. He further states that good sampling implies:

- a well defined population;
- an adequately chosen sample which will serve for future studies; and
- an estimate of how well in terms of probability the sample statistics conform to the unknown population parameters.

For the purpose of this study only HIV/AIDS employees from Goldfields Mining Company were selected to participate in this research.

The researcher aimed to include ten employees from the Goldfields Mining Company, Carltonville, which is a qualitative inquiry focus selected to participate in the research study.

11.3 Sampling

Bless and Higson-Smith (1995:34) defines a sample as the subset of the whole population which is actually investigated by a researcher and whose characteristics will be generalized to the entire population.

11.3.1 Sampling method

According to Babbie and Mouton (2001:166) sometimes it is appropriate to select your sample on the basis of your own knowledge of the population, its elements, and the nature of your research, AIMS: in short, based on your judgement and the purpose of the study. Especially in the initial design of a questionnaire, you might wish to select the widest variety of respondents to test the broad applicability of the questions.

The criteria for purposive sampling comprised of employees from Goldfields Mining Company who were HIV/AIDS positive and have been referred for counselling.

12. Ethical Issues

Denzin & Lincoln (1998:41) states that qualitative researchers often deal with the individual face-to-face on a daily basis and that they are attuned to making decisions regarding ethical concerns because this is part of life in the field.

Kvale (1996:12) mentions that " …*informed consent entails informing the research subjects about the overall purpose on the investigation and possible risks and benefits from participation in the research project. It also involves obtaining the voluntary participation of the subject with his or her right to withdraw from the study at any time* ".

A contract based on informed consent was signed, ensuring that both the participant and researcher operated within the ethical framework. See Appendix C: A working contract.

The researcher conducted the semi-structured interviews individually on the premises of Goldfields Mining Company in Carltonville during a once off session. The aim was to ensure that the employees' status of being HIV/AIDS positive be kept confidential from their fellow employees. The research results will be made known to HIV/AIDS employees and employers after the successful completion of the research study.

Strydom (2002:64-73), mentions the following sub heading to ethical issues in the social sciences and human services profession.

For the purpose of this study the researcher will mention each heading and briefly discuss the headings appropriate to the research study.

The headings are as follows:

A Harm to experimental subjects/and respondents.

B Informed consent

C Deception of subject and/or respondents.

D Violation of privacy/anonymity/confidentiality

E Action and competence of researchers

F Co-operation with contributors.

G Release or publication of the findings.

12.1 Informed consent

The researcher agrees with Babbie & Mouton (2001:470) in saying that voluntary participation, at times becomes impossible to follow. Participants are not always aware that they are selected for the research study. To avoid this from happening, the researcher ensured that the participants were legally competent to give consent, and that they were aware of their rights to withdraw from the research study at any time. The researcher was also aware of participants' freedom of participation and, that they had the right to decide for themselves. The researcher is in agreement with Mayan (2001:12), in saying that the informed consent remains necessary even if the subjects do not listen to the explanation or are not really interested in knowing the outcome of the study.

Informed consent was obtained by respondents completing/signing an informed consent letter.

12.2 Violation of privacy/anonymity/confidentiality

The information given during the research process was anonymous and, it ensures privacy to subjects. The information obtained during the process was handled in a confidential manner. Kvale (1996:114) views confidentiality as a continuation of privacy, "which refers to agreements between persons that limit others access to private information." Confidentiality places a strong obligation (social worker) to guard jealously over the information that is confided to him/her. This applies to all the caring professionals. The researcher agrees with Huysamen (1993:190) in saying it must be negotiated with the respondents

to obtain their co-operation and respect for the request of the importance of the research study. If respondents refused to co-operate this should be accepted and respected by the researcher.

12.3 Confidentiality

The researcher at all times strived towards confidentiality and respect of the employee's HIV/AIDS status while conducting the research study. This implied that the private data obtained by the subject would not be divulged to others. Their consent was required to release or identify information (Kvale, 1996:114). To ensure confidentiality, names of respondents were not mentioned during the research process.

The researcher conducted the interviews at the Goldfields Mining Company's head office in Johannesburg and not at the employees' workplace in Carltonville to ensure confidentiality.

12.4 Consequences

The employees and their employers will be informed about the outcome of the research study and the employees right to withdraw from the study was also made known to them before the research was conducted.

Kvale (1996:116) concludes that the consequences of an interview involve a researcher's responsibility to reflect not only on the possible consequences of the participants partaking in the study, but also the larger group they represent.

12.5 The role of the researcher

The researcher ensured that the employees/ respondents knew the purpose, aim and objectives of the study before they participated in the research study. Written consent to conduct the study was obtained from the respondents before the research study was conducted. Permission was obtained from Goldfields Management and their employees. The researcher ensured that the employees were not exploited in any way during the study and that the confidentiality was protected at all times.

Schurink & Schurink (1990:25) explains "...that the qualitative fieldworker is expected to become involved in prolonged immersion in the life of a group, community or organisation in order to discern people's habits and thoughts as well as to decipher the social structure that binds them together."

Kvale (1996:117) perceives moral research behaviour being more than ethical knowledge and cognitive choices; it involves the person of the researcher, his/her sensitivity and commitment to moral issues and action.

13. Definition of Key Concepts

The following concepts are defined: Counselling, Acquired Immune Deficiency Syndrome (AIDS), HIV, Workplace and Assessment.

13.1 Counselling

Counselling is defined by Van Dyk (1999:104) as a structured conversation aimed at facilitating a client's quality of life in the face of adversity.

The Consultation on Counselling and Testing for HIV/AIDS Infection (1992) similarly defines counselling as providing a service to somebody or person or client who is in need of help.

The researcher states that counselling should ensure that an individual has sufficient information on HIV/AIDS counselling before and after testing HIV/AIDS positive which will ensure that he/she can make an informed decision, about his/her life being affected as well as his/her perception on counselling.

13.2 Acquired Immune Deficiency Syndrome (AIDS)

Sher (1994:4) defines AIDS as a manifestation of advance HIV disease once it becomes possible to test for infection with HIV/AIDS is diagnosed when a person infected with HIV/AIDS becomes ill as a result of infection.

According to UNAIDS (2004) AIDS refers to a CD4-Tcell depletion accompanied by one or more specific opportunistic infections or tumors.

Researcher defines AIDS as “A collection of diseases which resulted from infections caused by HIV”.

13.3 HIV

According to Volberding (1992:123) HIV disease is defined as a chronic, long-term medical condition.

It is a virus that weakens the body’s natural defences, the immune system, making a person more susceptible to infections (UNAIDS: Fact Sheet on HIV/AIDS 2000).

Researcher defines HIV as: “A virus which undermines the immune system and leads to AIDS”.

13.4 Workplace

According to O'Dell, Levinson & Riggs (1996:16), a workplace is a place where people spend most of their time being unhappy and earn a salary for work well done.

In the Sunday Business Times (2001:20) a workplace is described as " … *an institute/environment where people offer their services and skills in return for remuneration* ".

The researcher agrees with the above statements and furthermore perceives the workplace as an institute responsible not only for the employees' remuneration, but also to ensure good working relations between employers and employees by providing required counselling services to employees' emotional state.

13.5 Assessment

Robbins (2004:122) defines assessment as the process during which a supervisor/employer assesses current and future human resources needs, and developing a program to meet them.

According to Hiatt (2003:12) assessment is defined as the process by which supervisors ensure that they have the right people, in the right places, at the right times, who are effectively and efficiently completing tasks that will help the organization achieve it's overall objectives.

Researcher defines assessment as a process done by management/supervisors to assess current capabilities and future needs which will enable supervisors to estimate possible shortages within the organization.

CONTENTS OF THE RESEARCH REPORT

The research report will be compiled as follows:

Chapter 1: General introduction, aims and objectives of the research; research question; research approach; type of research; research design and methodology; ethical issues and definition of key concepts

Chapter 2: Literature study on HIV/AIDS counselling of employees in the workplace.

Chapter 3: Empirical findings and discussion.

Chapter 4: General summary, conclusions and recommendations.

CHAPTER 2

HIV/AIDS COUNSELLING OF EMPLOYEES IN THE WORKPLACE

1. Introduction

HIV/AIDS is affecting business in profound and costly ways. The epidemic poses a serious threat to global competitiveness for the South African private sector. Disease prevention, health promotion and counselling are not commonly thought to be business concerns, but HIV/AIDS is forcing a re-examination of this view.

The corporate sector's motive is to make a profit, but HIV/AIDS is a factor that now needs to be considered as it not only increases the costs of production but also affects the entire business and work place environment.

2. The HIV/AIDS epidemic in South Africa

As with other parts of Africa, the South African AIDS epidemic is over 15 years old. However, during the 1990's the curve of new infections (the incidence of HIV) began to increase dramatically. One result is that within the last two years South Africa has crossed the threshold into a visible AIDS epidemic, people who were infected seven or eight years previously are now becoming ill and dying in larger numbers. It is estimated that around five million South Africans are currently infected with the HIV virus (Lovelife, 2004:8).

It is further estimated that approximately 200 000 South African's are currently living with AIDS. This figure will rise rapidly over the next decade to almost a million people living with AIDS by the year 2010 (Lovelife, 2001:6-7). AIDS is not 'notifiable' in South Africa and statistics on AIDS and AIDS- related deaths are not systematically collected or analysed. However, epidemiologists have estimated that

by 1998 over 120 000 people were dying per annum of AIDS. According to UNAIDS, (2003) 300 000 South Africans died in 1998 and 1999 and 210 000 died in the year 2000. ING Barings Bank projects that death from AIDS will peak at around 600 000 per annum in 2011 (the Sunday Independent, 23 April 2003 cited Heywood 2000:5).

On April 19th 2000 the Minister of Health released the result of the tenth HIV sero-prevalence survey of woman attending public antenatal clinics in South Africa. The results indicate that by late 1999 up to 4.2 million people in South Africa had been infected with HIV. This will have a profound and lasting impact on human, social and economic development in South Africa. Broken down by gender, these figures suggest HIV infection in:

- 2.2 million women
- 1.9 million men
- Approximately 100 000 infants (Heywood, 2000).

Table 1: Statistics of HIV/AIDS infection indicated by different age groups

AGE GROUP	PREVALENCE 1999
<20	16.5%
20-24	25.6%
25-29	26.4%
30-34	21.7%
35-39	16.2%
40-44	12%
45-50	7.5%

(Heywood, 2000:2-3)

The statistics highlight that the highest prevalence rates are in the age groups 20-24 and 25-29. These age groups are the economically and sexually active in the population (Heywood, 2000). The statistics found in Table 1 fits in with the statistics highlighted by other research studies.

For the purpose of analysis of the impact of HIV/AIDS in the world of work, several shortcomings of the annual 1999 sero-prevalence survey should be noted at the outset. Firstly, although the results are used to make estimates about the infection rates amongst men and women, the survey is entirely of women. Secondly, because the survey is entirely based upon pregnant woman, HIV prevalence amongst people over 50 is not measured. Finally, the survey provides no critical points about HIV/AIDS in the work situation. (including such basic information as to whether they are employed or unemployed) (Heywood, 2000:3).

None-the-less, two findings of the 1999 sero-prevalence survey are particularly salient to the workplace. The first is the confirmation provided by statistics of the greater vulnerability of women to HIV infection (Heywood, 2000). AIDS prevention in the workplace has, up to now, ignored this fact. Prevention programs have been largely gender neutral, or by default, biased against women's particular needs. Similarly, the direct and indirect implications of the impact of AIDS on women have not been factored into thinking about or planning for the consequences of the AIDS pandemic on the world of work (Heywood, 2000:3). This is especially significant for an industrial sector such as clothing, where the majority of employees are women.

HIV/AIDS is a threat to gender equality. Women are highly vulnerable to HIV/AIDS for both biological and cultural reasons. Women are particularly affected by HIV/AIDS when a male head of the household falls ill. Burden of caring for children orphaned as a result of the pandemic is borne mainly by the woman. Loss of income by the male compels the woman to seek other sources of income, putting them at risk of sexual exploitation. HIV/AIDS also increases the risk of child labour in impoverished households. It is difficult to attend school due to pressures from the home. The result is that these children do not receive proper care and guidance, and easily fall victim to all kinds of exploitation (Evian, 1995). An imbalance of power within relationships often results in a young woman not being able to ask their parent about wearing a condom.

Such a request may lead to a violent response and can be interpreted as a sign of unfaithfulness on behalf of the female partner, or an accusation that the male has not been faithful himself or that he has Sexually Transmitted Disease (Dallimore, 2000).

Current information indicates that women tend to become infected far younger than men do (Lovelife, 2001; ILO, 2000; Evian, 1995). Recent studies of several African populations, girls aged 15-19 years are five times more likely to be HIV positive than boys of that age. This is due to gender – related risk factors that increase women's exposure to HIV and sexually transmitted infections, and impair their ability to protect themselves from infection. These include:

1. Behaviour factors: inability to negotiate use of condoms, refuse sexual intercourse or demand divorces because of adverse economic, social or legal consequences.
2. Gender-related cultural factors: different expectations regarding sexual roles, fidelity and marriage of harmful traditional practices.
3. Socio-economic factors: inadequate access to health care, unequal educational and economic opportunities, which may promote dependency on a male partner or even lead to commercial sex (Lovelife, 2001; ILO, 2000; Smith, 2000; Evian, 1995).

The second finding from the 1999 sero-prevalence survey that is relevant to the workplace, is that it confirms that the vast majority of HIV infections occur in adults who are (or would be if it were not for unemployment) at the prime of their economically active life, that is between 20 and 30 years old.

3. Care and treatment to extend the working lives of HIV-positive employees: Calculating the benefits to business

Although HIV infection rates in South Africa have been high and rising for nearly a decade, the epidemic of HIV/AIDS –related morbidly and mortality is just beginning. As South African adults start to sicken and die, concern is mounting about the potential costs to companies of HIV/AIDS among employees. When a business recognizes the threat posed by HIV among employees, it can pursue three basic response strategies for mitigating short – and long- term financial consequences. (1) Try to prevent new infections; (2) avoid or reduce the costs associated with existing and future infections; and (3) provide treatment and support for infected employees to extend their productive working lives and thus postpone the costs of infection. A closer look will be taken to assess the potential benefits to South African businesses of the third strategy. We describe an approach and methods for analysing the benefits of interventions that extend the working life of employees and demonstrate such an analysis using published data on the costs of HIV/AIDS to companies. The analysis indicates that the benefits to companies of investments in treatment and care are likely to exceed the costs for some existing interventions. Further work is needed to identify effective and affordable interventions, assess the benefits to companies if implementing the interventions, and bring these benefits to the attention of business and government leaders (Rosen, Vincent, Simon, Singh, & Thea, 2000:4).

These costs range from readily measurable impacts on employee benefits, absenteeism, and recruiting and training needs to effects on individual and work unit productivity, morale and discipline that are much more difficult to estimate. Although there is a dearth of reliable information about the true costs HIV/AIDS to firms – Micheal' cites South African press reports of employee productivity losses ranging from 2% to 50% -- it is evident that the epidemic will impose serious hardships on some business in most, if not all, sectors of the economy.

3.1 Statistics for South Africa with regard to HIV prevalence

3.1.1 HIV/AIDS estimates and projections for the total South African population

The HIV/AIDS statistics for the total South African population have been obtained from the Actuarial Society of South Africa (ASSA) (2000). It illustrates the national and provincial HIV prevalence as well as the AIDS-related sickness and death cases on both national and provincial level

3.1.2 National HIV/AIDS estimates and projections

The following table provides statistics obtained from the Actuarial Society of South Africa on the national HIV prevalence. The actuarial projections do not include the effect of the impact of prevention programmes, nor the effect of treatment programmes.

Table 2: National HIV Prevalence statistics for 2003 and projections to 2015 for the South African population

	2003	2005	2010	2015
Total South African population	46 848 269	47 485 369	47 392 059	46 599 840
Total HIV infections	7 027 931	7 594 403	7 252 801	6 287 502
Total births	1 120 501	1 092 721	1 018 601	980 575
AIDS sick				
Total AIDS sick (in middle of year)	591 088	899 071	1 393 926	1 240 148
Deaths				
Non-AIDS deaths	399 954	404 749	406 095	404 846
AIDS deaths	339 500	510 079	779 098	695 041
Accumulated AIDS deaths (in middle of the year)	987 061	1 834 484	5 237 867	9 002 186
Prevalence rates				
Antenatal clinics	30.1%	31.4%	31.3%	30.4%
Women (ages 15 – 49)	27.4%	29.2%	28.5%	25.7%
Adult women (ages 20 – 65)	24.9%	26.5%	25.4%	22.2%
Adult men (ages 20 – 65)	26.0%	27.5%	26.0%	22.7%
Adults (ages (20 – 65)	25.4%	27.0%	25.7%	22.4%
Total population	15.0%	16.0%	15.3%	13.5%
Incidence rates				
Total new infections	774 173	711 646	616 924	589 791
Mortality statistics				
Life expectancy at birth	50	46	41	41
Maternal orphan statistics				
Total orphans (in middle of year)	739 576	1 011 765	1 794 735	2 070 546
Total AIDS orphans (in middle of year)	391 137	685 354	1 531 229	1 854 462

Source: Actuarial Society of South Africa, HIV/AIDS model ASSA 2000

3.2 Calculating the present value of a new infection.

The incidence-based approach uses standard financial analysis techniques to collapse the future stream of HIV/AIDS costs into a single present value. Costs are discounted at the rate the company uses for other future cash flows, and summed up.

3.3 Estimating the benefits of interventions to a company

As just demonstrated, the incidence-based approach to calculating the costs of HIV/AIDS expose the fact that if the timing of costs changes due to alterations in a company's costs structure or the progressing of the disease, the present value of a new infection also changes. The benefits are calculated to companies of potential treatment and care interventions that change the progression of the disease by extending the average time from HIV infection to death for employees from a baseline estimate of 7 years to 8,10 and 12 years.

The data for the analysis come from published analyses of the costs of HIV/AIDS to businesses in Africa. In this literature, the direct (out-of-pocket) costs analysed were typically pension and provident fund contributions, service gratuities, death or funeral benefits, health clinic use, recruitment and training. Indirect (productivity) costs typically include absenteeism and reduced performance. Studies in Kenya, Botswana, Zimbabwe, Malawi and South Africa have found that increased benefit claims, increased absenteeism, and increased expenditures on recruitment and training are among the largest HIV-related costs faced by companies. We therefore focus on the following three cost components (Rosen et al., 2000:4).

In both the baseline intervention scenarios, a company is modeled that incurs the following HIV/AIDS-related costs:

Paid sick leave (absenteeism) – Employees who leave a company due to AIDS take an average of 27.7 additional paid sick days in each of the two years before termination, for a total of 55.5 days. This estimate comes from a study of a South African Journal of Science (Rosen, 2000:4). The costs to a company of a day of paid absenteeism are conservatively estimated at twice daily salary.

Pension benefits – Total pension payments to employees who terminate due to AIDS and to their beneficiaries, equal three times annual salary. This estimate comes from a study of a tea estate in Malawi. In many South African companies, pension and provident fund benefits, death benefits, and service gratuities are all distributed as single lump-sum payments upon retirement or death. While the total amount that employees and their beneficiaries receive upon termination varies widely from company to company, three times annual salary appears to be within the normal range.

Recruitment and training costs - Based on a five-company study in Botswana, the average costs to recruit and train a replacement for an employee lost to AIDS is R8 405.

We also assume in all scenarios that annual salaries average R25 000 for unskilled employees, R50 000 for skilled employees and R100 000 for managers. These amounts are based on consultations with representatives of formal – sector companies in South Africa (Rosen, Simon, Vincent, Macleod, Fox & Thea, 2003:8).

3.4 Baseline Scenario

In the baseline scenario, the average time from HIV infection to death is seven years in the absence of specific interventions to prolong life.

According to Rosen et al., (2003), half of the increased absenteeism occurs six years after infection. The remaining half, and all pension payments and recruitment and training costs, occur in year seven (i.e. the year of death).

This represents only a fraction of the total costs of HIV/AIDS to a company. They omit, among others the costs of funeral leave and expenses, use of company health clinics, reduced on-the-job productivity, and the time managers and supervisors devote to HIV- positive employees.

3.5 Intervention scenarios

Combination anti-retroviral therapy (ARV) is known to extend the lives of many people who are HIV- positive, although the average duration of that extension remains uncertain. The costs and complexity of providing ARV have so far been prohibitive for the majority of South Africans. However, while the costs of the drug is expected to fall sharply in coming years, the cost and difficulty of administering and monitoring anti-retroviral therapy is likely to remain a major barrier to widespread use.

There is some evidence, however, that some lower –costs and simpler interventions have the potential to extend the asymptomatic period, and possibly the lifespan, of many people with HIV.

- A single 12-month course of tuberculosis prophylaxis (isoniazed) was found to increase the median survival time of an HIV-positive adult cohort in Spain by 3.0 years, from 6.25 years to 9.25 years. This appears to be on the higher end of findings on the mortality impact of TB prophylaxis. The cost of a 12 month course is approximately US$5.15 (Approximately R30.00).

- Prophylactic cotrimoxazole, given daily from discovery of infection until death, reduces the rate of severe events leading to hospitalization or death among HIV–positive adults in the Ivory Coast by 43%. Increased survival time was suspected in that study but was not measured. The costs of the drug is US$11.39 (R72.00) per year. For 10 years of therapy, the present value is R492 at a 10% discount rate.

- Counselling and other psychosocial interventions to diminish stress and strengthen social support reduced the probability of developing AIDS at 5.5

years after infection, by 2-3 times in cohort of HIV-positive males in the U.S. The cost of this type of intervention is unknown but could be relatively modest (Rosen et al., 2003:7).

4. An incidence-based approach to the costs of HIV/AIDS

4.1 The timing of cases and costs

One of the differences between HIV/AIDS and most other common infectious diseases is the long latency period between HIV infection and the onset of symptoms.

A company is not likely to begin to incur the major costs of HIV/AIDS until five or so years after an employee is infected. Assuming that the company stays in business and retains the employee in its workforce, however, it does acquire a liability for these costs as soon as the employee acquires the infection. In other words, from the moment of infection, the company becomes responsible for a stream of future costs.

This observation suggests that it is incident infections and not prevalent ones that should be the units of concern to a company. Yet virtually all previous work on the costs of HIV/AIDS to companies has estimated the current costs of prevalent infections. This prevalence-based approach fails to generate the information companies need to evaluate HIV prevention and treatment programmes as productive investments, rather than simply as budgetary expenditures. This is because the returns to such employees stay productive and longer in the workforce. By focusing on these costs, the incidence based approach generates the financial information firms need to evaluate HIV prevention and treatment programmes in the same way they evaluate any potentially profitable investment (Rosen et al., 2003:5).

5. Cost implications of HIV/AIDS in the workplace

The impact of HIV/AIDS, TB and other chronic diseases is being felt in the country as a whole, and the workplace is no exception. The cost of this disease within the workplace is enormous. This includes direct costs such as medicine expenditures as well as indirect costs like the value lost to society due to premature disability, and in many cases, death caused by HIV/AIDS (Farnham, 1994). The lifetime cost for an employer to treat any HIV/AIDS infected employee was estimated in 1993, at US$56 000. This amount, however, had increased by more than 100% according to Leigh, Lubeck, Farnham & Fries (1995).

One of the first role losses that an HIV/AIDS infected person may experience is that of being a fulltime worker. There are several consequences of living with a chronic, and in many cases progressive disease and in the light of this it is therefore very important in understanding the impact of HIV on employment and careers.

The consequences are;

- **Physical life:**

  Firstly, there are the physical symptoms or consequences of the disease to be considered such as fatigue at work, pulmonary, neuromuscular and central muscular and central nervous system complications (O'Dell, Levinson & Riggs, 1996).

- **Psycho neurocognitive effects**

  Psycho neurocognitive effects often occur as a result of HIV/AIDS diseases and these may have implications for employment **(**Heaton, Marcotte, White, Ross, Meredith, Taylor, Kaplan & Grant, 1996:23).

- **Psychosocial consequences**

  The psychosocial consequences of HIV/AIDS such as mood disorders, discrimination and perception of stigma in the workplace may lead to difficulties in employment (O'Dell et al., 1996:16).

Effects of HIV/AIDS in the workplace and employment extend well beyond the individual who is HIV infected. The workplace is affected in a variety of ways including actual or perceived costs associated with employing persons (employees) with HIV-related diseases, the effect on formal care-givers of providing services to these individuals and the loss of valuable productivity in young and middle-aged HIV infected persons (employees) who are coping with a chronic disease in their peak working years.

The employer has a major responsibility to all HIV/AIDS employees. This responsibility is not always possible, due to various constraints like the lack of resources.

Training people living with HIV/AIDS (PLWA) as peer counsellors and deploying them in the workplace is an efficient means of swiftly expanding counselling resources in the workplace as well as in the country and in making these resources easily accessible to people infected or affected with HIV/AIDS.

The placement of a project participant boosted pre-and post-test counselling in every workplace, and immediately makes informal/formal counselling an option for colleagues within the workplace.

6. Shock figures on HIV/AIDS in the workplace

According to the Department of Labour's Technical Assistance Guidelines (2003) on HIV/AIDS, 3% of the South African workforce or about 500 000 people could have full blown AIDS by 2010. The projected rate of 2,9% in the terminal stage of the illness represents a three fold increase since 2001, when it stood at 0,93%.

Statistics South Africa estimate the current economically active population at 16,5 million, this includes a million in the formal sector and 15,5 million in the informal sector. The Minister of Labour, Membathisi Mdladlana painted a grim picture of the impact of the disease on the most productive age group, which is also the vulnerable group (Department of Labour Technical Assistance Guidelines). The life expectancy

of men is expected to drop to 43 years in 2005 and 38 years in 2010, from 49 years in 2001 if there is no HIV/AIDS related intervention. Similarly, the life expectancy of women was 52 years in 2001, but is likely to drop to 43 in 2005, and 37 in 2010 unless there is an effective intervention.

During the Minister of Labour's budget speech (2003) which was in direct contrast with Health Minister Manto Tshabalala-Msimang, Minister Mdladlana said HIV causes AIDS, and that the epidemic was one of the biggest challenges for employers and workers.

HIV/AIDS is having a devastating effect on all South African workplaces and the economy. Its impact can be seen through an increased absenteeism and sick leave, staff turnover and lower staff morale. Until there is no known cure for AIDS, prevention of HIV infection remains crucial. The technical assistance guidelines were released by the Department of Labour in 2003. Following a request from employers this document can be seen as an important contribution by the Department of Labour in the fight against the epidemic. Companies like Anglo Gold, Goldfields and other renowned industries had signed agreements with trade unions to provide anti-retroviral treatment and co-fund immune system boosters, while banning discrimination against workers infected with HIV. It is estimated that about 30% of the mining workforce is HIV positive (Sunday Times 2002:9), a finding that prompted the mining houses to institute HIV/AIDS policies and treatment options in 2002. The key aspects looked at in this 73-paged document (Department of Labour Technical Assistance Guideline) include:

- Anti-discrimination policies from recruitment to remuneration and dismissal
- Step-by-step guide on how to draw up an HIV/AIDS company policy
- The role of confidential testing and counselling
- Workplace education and awareness programmes.
- A checklist for confidential counselling
- Health- and safety policies and the elimination of discrimination
- Ways of managing the epidemic in the workplace

The HIV/AIDS epidemic is one of the largest challenges for bosses and unions. The successful adoption of the Code of Good Conduct practice by the international labour organisations during 2000, and the technical assistance guidelines in 2002, revealed the shocking figures of HIV/AIDS in the workplace. This tool implemented by the Department of Labour helped to fight the epidemic.

Firstly, the cost factor, and secondly, management is not always convinced that such programmes work, or that anti-retroviral drugs can improve productivity. Most companies are bottom line driven, and therefore perceive most of the programmes to be expensive. Bureau for Economic Research (BER, 2001a) economist Linette Ellis, believes that the social economic impact of the epidemic can be greatly reduced with the help of business.

The simulation results obtained by BER in 2001, suggested that in the absence of significant HIV prevention treatment interventions, the rate of gross domestic product growth could fall from a projected average of 3.7% over the period of 2002 – 2015 to 3.2% per year due to the HIV/AIDS epidemic.
It is very important to note that the macro-economic impact numbers convey little, if any of the human suffering and adverse social effect of the epidemic.

“Prevention and treatment interventions can go a long way to reduce this” according to a study done by the Bureau in 2001.

7. Big business in denial on epidemic

A recent survey conducted by Antoinette Gibson of the Sunday Times (08/02/04:8) has shown that only 25% of SA companies have a formal policy on HIV/AIDS.

Although big business are in denial about the epidemic, Dr Leighton MacDonald from South African Business Coalition on HIV/AIDS believes that the facts of the matter are as follows:

- Little more than 40% of companies surveyed have implemented an HIV/AIDS awareness programme.
- Less than one fifth have a voluntary counselling and testing programme or provide care, support and treatment to infected workers.
- Nine percent of companies surveyed, predicted there would be a significant negative impact on their businesses in five years to come.
- A third of the companies surveyed said profits had already been negatively affected.
- More than the companies surveyed expected an adverse impact on profit within five years.
- Less than 15% of all employers surveyed have conducted research to determine the impact on their labour force, production costs or customer base.

Leighton MacDonald (Sunday Times, 08/02/04:8) concluded in saying that "South Africa is ill prepared for the possibly devastating consequences of the HIV/AIDS pandemic, and believes that South African businesses is definitely not prepared for the impact that AIDS will have, as this goes beyond the workplace."

He says "The mere fact, that we will have a very large population of AIDS orphans will lead to many social problems in the future, such as education, crime and so on." To plan for this as a country, we need to access the full extent of the epidemic, and the impact it is likely to have, as well as the infrastructure required to deal with these effects.

8. Adverse effects on profits

According to the Sunday Times (08/02/04:8) "30% of small companies reported lower profits due to HIV/AIDS."

HIV/AIDS prevalence is highest in the large, small and medium (LSM) category, where more than 15% of people aged 15 years and older were estimated in 2001 to be HIV/AIDS positive. The researchers also found that AIDS will affect household

spending patterns because people will be burdened with health care costs and funeral expenses. AIDS would require companies to increase their contributions to pensions, life, disabilities and expenses. According to Dr Leighton MacDonald (Sunday Times, 2004), if businesses don't tackle the epidemic their sustainability would be affected.

McDonald said it is very important for businesses to assess their risks. The cost of employee benefits including health care, medical schemes, pensions, insurances, death and disabilities will increase, unless businesses negotiate these risks by keeping their employees healthy and providing employees with the necessary **anti-retroviral.** Almost 40% of South African businesses spent most of their money on increasing the labour force, due to absenteeism which reduced labour productivity. Businesses in South Africa are well-positioned to provide treatment to infected employees and should be **incentivised** to do so; if businesses fail to do just that, they will have to look at ways of managing with fewer employees and focus on efficiency to reduce reliance on human resources. This, however, will not only have a negative impact on Business SA, but will also drastically reduce the employee base within the company.

9. Counselling on peer group programmes in the workplace:

It is not important whether a policy precedes a programme or vice versa. Both a company's policies and its programme are critical responses to the epidemic and will evolve over time, as necessitated by conditions. Where a programme exists, it is not necessary for them to be put on hold in order for a policy to be adopted Dancaster & Jamieson (1991). A programme can inform policy decisions.

An HIV/AIDS policy defines an organisation's position and practises for preventing HIV transmission and handling, and HIV infections amongst employees. The policy should provide guidance to supervisors who deal with day to day issues and problems that arise in the workplace; furthermore, the policy should inform employees about their responsibilities, rights and expected behaviours on the job.

The prevention, treatment and care programme, however is the core of an organisation's response to the epidemic. The programme activities will be sustained by well designed policies, that would comprise of the following components:

9.1 Raising Awareness:

Awareness activities, such as displays, distributions of pamphlets, industrial theatre, and getting actively involved in national recognised activities like, World AIDS Day and AIDS week.

9.2 Peer Education:

This is a successful tool in changing behaviour amongst employees. Employees will respond better to an HIV/AIDS policy and programme, as the peer counsellors will usually share a common cultural and communal background and, therefore, are better equipped to communicate in a more effective manner.

9.3 Condom Promotion and Distribution:

This is often the first response companies have taken in an attempt to prevent new infections. Condom distribution must be done hand in hand with condom education.

9.4 Voluntary Testing and Counselling :

It must be promoted either as an on-site service or in the community.

9.5 Management of Sexual Transmitted Infections (STI):

These programmes should be optimal, as part of a workplace health service or in the community.

9.6 An Infection Control programme:

These programmes should specifically focus on health care providers and first aid personnel.

9.7 A Wellness programme:

Programme should be focused on infected employees consisting of "positive living" elements and media management.

10. The types of workplace programmes available

To assist managers/employers in providing a good workplace programme to all affected employees within the South African context, a closer look should be taken at the GIPA Workplace Model (Greater Involvement of People living with AIDS) (Kohlenberg & Watts, 2001).

10.1 The aim of the model is:

- To assist different sectors within South Africa to become involved in the partnership against AIDS.
- To ensure that a business response will be mobilized with the aim of lessening the severity of business impact on the economy.
- To assist in setting up effective and practical workplace programmes and policies from which all affected HIV/AIDS employees will benefit.
- To contribute towards reducing health care costs.
- To utilize the special skills and expertise of the peer and field worker dealing with HIV/AIDS programmes.

11. Counselling on employment status/health insurance

11.1 Coverage after retirement

- According to Bogdan & Biklen, (1992) full time employment within the private sector should look at rehabilitation coverage specific to the state in which the employee resides.

- Part time employment looking at their medical coverage and as to how long it will last

- Current employment with specific HIV/AIDS tasks within the workplace should ensure coverage through employment group health (Bogdan & Biklen, 1992).

-

- Insurance coverage for HIV/AIDS affected employees by employers is very important, but most important is not just to provide the insurance information to employees, but also to ensure that employees should take the most affordable cover.

11.2 Health: Counselling in HIV/AIDS symptoms and co-infections

It often happens that employees go for voluntary testing and counselling within the workplace, and once their status is known as HIV/AIDS positive or affected, not much is said about what to expect on the type of infections and symptoms. These aspects should be dealt with during counselling to help employees.

11.3 Health: Symptoms:

These are the symptoms associated with the discussion on HIV/AIDS:

- Fatigue, loss of pleasurable activities, occasional stomach cramps and diarrhoea.

- Side effects from medicine regime.
- Kaposi's sarcoma lesions on face and torso.
- Wasting syndrome, liver and kidney dysfunctions and hemophilia and hepatitis B, C and D.
- Impaired concentration.
- Unplanned weight loss.
- Loss of appetite.
- Day and night sweat (abnormal).
- Joint and leg pain (Patton, 1990).

Counselling is often seen as a timeous process. Within the workplace, where everything depends on profit and productivity, managers are not always willing to release or provide the necessary counselling to their employees. To ensure counselling does take place in a more effective manner, companies are looking more and more at group counselling programmes. This is seen as very cost effective and the preferred counselling method by employees.

Yelin & Katz (1994) developed a special eight week "Making a Plan" (MAP) HIV/AIDS group workplace programme, with specific focus on group counselling of HIV/AIDS employees.

12. Workplace programme for HIV/AIDS employees

The "Make a Plan" programme looks at assisting self-determining employees within the workplace (Yelin & Katz 1994: 32).

- Physical capacity to work and the maintenance thereof.

- Interest and value testing and further exploration of values and goals.

- VCT (Voluntary Counselling and Testing).

- Identification of barriers to employment in four inter-related areas (medical, financial, legal, psychosocial and vocational).

- Test interpretation and counselling .

- How referrals to other support groups and community resources should be utilized.

- Training and development of self-employment.

- Early retirement, pension, legal rights, housing, debt, credit, etc.

These are important concerns that get discussed within group counselling sessions. Discussions are not only cost effective but also give affected employees the opportunity to share their fears and concerns with fellow employees.
The advantage of the "Make a Plan" (MAP) programme reflects sound counselling practices that meet the needs of most employees in a real setting, which reflects real operational practice.

The responsibility of voluntary counselling and testing should be done in partnership with the employer and community.

12.1 Management of sexual transmitted disease and infection control programmes

This service within the workplace should be optimal and part of the workplace programme to communities with specific focus on health care providers and first aid personnel.

A wellness programme:

A wellness programme, according to Rau, (2002:44) is a detailed and well-updated informational programme for infected employees consisting of positive living elements and medical management.

This programme should have information on new developments about HIV/AIDS. The updating of the HIV/AIDS programme while maintaining the visibility of the various activities and components will demonstrate openness about the disease and its human consequences. This will go a long way in demonstrating the company's commitment to its policy and programme (Rau, 2002:44).

12.2 What are anti-retroviral (ARV) drugs

Since HIV is a retrovirus, any drug used to fight it is called an anti-retroviral drug. These drugs act by blocking the action of the enzymes that are important for the replication and functioning of HIV. The different drugs target the enzymes, at different stages of the HIV virus replication cycle. The ultimate purpose of ARV's is to reduce the viral load as much as possible – preferably to the undetectable levels for as long as possible. This in turn means that less damage will be inflicted on the immune system, the person will experience an improvement in his/her immune functioning and the onset of AIDS will be delayed (UNAIDS, 2001:159).

12.3 Counselling on anti-retroviral drugs to HIV/AIDS affected employees in the workplace:

The ultimate value of a company's human resource department is the ability to fulfill job functions efficiently. These abilities come from innate skills, prior education, experience and accumulated on-the-job training. Companies can safeguard against the loss of these skills by providing the following to their employees:

- Anti-retroviral therapy to employees and their dependants, thus managing their illness and prolonging their lives and time on the job.

- Training two or more employees to perform one or more selected functions for the company (multitasking).

A company cannot act in a vacuum and must seek partnership and form coalitions through which they can negotiate with pharmaceutical companies to distribute drugs effectively and to price these reasonably.

13. Counselling on Peer Group programmes in the workplace

13.1 Voluntary testing and counselling :

This is important information for all employees to know.

13.2 What is the HIV antibody test?

When your body is infected by bacteria or by a virus, your immune system produces antibodies to fight against the invaders. The body produces special types of antibodies to fight particular viruses.
The HIV Test normally looks for HIV antibodies in the blood.

13.3 What does the test mean?

The HIV test is very accurate and reliable. If the result is positive, your blood will be retested for confirmation.

Employees should know:

- If you are HIV positive, you have been infected with HIV.

- If you are HIV negative, and not in the window period, then you have not been infected with HIV.

- Employees/workers have the right to choose whether they want to do the test or not.

13.4 What happens when you go for the test?

Pre-test counselling:

- Before you get tested for HIV antibodies a health care worker/social worker or counsellor will inform the employee what the test consists of.

- Employees have the right to remain anonymous in doing the test.

- During pre-test counselling the counsellor may ask you a few questions to find out whether you have been at risk of any other infections.

- Counsellor will also try and determine how good the patient/employee's knowledge is about HIV/AIDS.

- Counsellor will correct any misunderstanding employees have on HIV/AIDS.
- Counsellor will then prepare employee on the possibility of positive results.

13.5 Taking the test:

- A health care worker will prick your finger with a needle

- A small sample of your blood will be taken (this does not hurt).

- Because it is a rapid test it means your results will be given to you while you are waiting.

13.6 Hearing the results:

- Employees' test results will be given to him/her personally by a well trained counsellor/health care worker.

- The health care worker will tell you whether your test results are HIV positive or negative.

- If your test results are positive, the health care worker will discuss the results with you briefly, after which you will be referred for post test counselling.

13.7 Post-test counselling

- The news given to the employee being HIV positive is normally very traumatic for employees.

- It is the role of the counsellor/health care worker to help the employee to cope with his/her "new status".

- Employees must, through counselling, be empowered to deal with the HIV infection in a positive manner.

13.8 What can you do being an HIV/AIDS positive employee?

With the help of counselling, employees can:

- Live positively and healthy lives being infected.

- Stay positive by finding various ways in improving their quality of life.

- Be encouraged to join a support group. This will not only help the employee to accept the HIV/AIDS positive status, but will provide an opportunity to meet other employees with similar problems, and share their experience being HIV/AIDS positive.

- Make important decisions about their lives, and to whom they reveal their status.

- Employees can, during this period, rely mainly on the guidance and support of their counsellors.

- Employees have the right to confidentiality after they had been tested positively.

- It is very important that employees should reveal their "status" being HIV/AIDS positive to any medical staff that needs to treat them for any ailment or accident.

Employees often get encouraged by their counsellors to be open and honest about their HIV/AIDS status.

14. Counselling on workplace risk of acquiring and transmitting AIDS

The public outcry in South Africa 1998 over the transmission of the HIV/AIDS virus by a dentist to five of his patients has led to a serious debate about policies dealing with HIV/AIDS infected health care professionals in the workplace.

This debate has focused on three issues:

- HIV testing of health-care workers.

- The importance of health care workers, in caring for their own status.

- HIV/AIDS status to patients and co-workers and restrictions of practice of HIV/AIDS health care professionals.

The possibility of workplace acquisition serves as a stressor for most employees.

For professionals the revealing of their own status to patients/employees in the workplace may lead to fear of:

- Having the zero-status revealed.

- Professionals fear that their practice may be restricted.

- Fear of losing their job within the workplace (Riley and Pristave, 1995).

According to the International Commission on AIDS, occupational risk of contracting HIV/AIDS infections for workers and health care workers is a documented fact and guidelines for occupational HIV exposure have been developed for the workplace.

Transmission of HIV/AIDS from an infected person to a health care provider (nurse, doctor, etc) has been rare, however serious attention should be given to this group for counselling sessions.

According to Gerbert, Bleecker, Berlin & Coates (1993) health care is one of the few work settings where there is some risk of work related HIV/AIDS transmission, although very rare.

The counsellor should ensure that all employees who receive the necessary professional services from HIV infected professionals should display:

- A correct attitude towards professionals;

- Trust that HIV/AIDS infected providers are able to safely provide the vast majority of care procedure; and

- Employees/patients should not strive in restricting professionals in rendering their services being HIV infected but should rather provide the necessary support to these care-givers.

It is very important that HIV positive employees, should only concentrate on the service/counselling given to them, and not the status of the professionals providing the service. Employees failing to do this (accepting services) would experience:

- Work demands (unrealistic)

- Burnout.

- Emotional Stress (Silverman, 1993)

15. Counselling of productional changes for employees being HIV/AIDS affected

The cost of producing goods is a function of the cost on inputs such as labour, materials and utilities. It is therefore, important that employees being HIV/AIDS affected should be informed how their HIV/AIDS status may raise costs and reduce productivity for a number of reasons:

15.1 Absenteeism:

Employers should know that less time will be spent at work because of ill health.

- Spouses who became primary care-givers will necessitate being away from work.

- Attending and organizing funerals for workers, co-workers and partners are all leading to high absenteeism within the workplace.

- Employees should be informed, that with their health failing, they would become less productive and will be unable to carry out physically or emotionally demanding jobs.

- Replacements for employees who die, or retire early will become unavoidable within the workplace.

- Recruitment of new workers will take place more often, and the training and development of new workers will be an extra cost for the employer.

- Employers may make use of more unskilled workers.

- Employers may look at employing more contract workers to cut down on medical and pension benefits.

Being HIV/AIDS infected, does not only affect your co-workers, but also the employer. To be counselled on the changes you will experience both physical and on production level, not only assists employees to accept “changes” in their personal and work environment, but it also ensures that employees stay “positive” for a longer period.

15.2 Employee turnover:

Retirement due to ill health or death can be monitored. This data can be costs and added together with that of hiring and training.

15.3 Medical cost:

Many companies offer medical assistance to their employees. This can be medical aid or insurance medical cost reimbursement schemes or the provision of an onsite clinic.

15.4 Company Benefits:

Benefits such as health insurance, life insurance and death benefits will be affected. These benefits should be closely monitored by the Human Resource Management Department to ascertain the cost impact of HIV/AIDS.

15.5 Disruption of production:

When an employee falls ill and continues with his/her work commitments, because they have no remaining sick leave, and the employees require their wages, production and service delivery could be disrupted. The training of new staff or the retraining of existing staff to fill a vacant position can impact on productivity and profits. Work disruption should be monitored closely by the supervisors while recruitment and subsequent training is a function of the Human Resource Department.
The collection and monitoring of baseline data can give a company a good indication as to the impact HIV/AIDS has on the workforce and subsequently, on its profits.

16. Counselling of HIV/AIDS employees on legal aspects (Physical)

HIV and the Law:

16.1 Medically incapacitated employees:

The pre-requisites for the handling of medically incapacitated employees due to ill health or injury, is clearly prescribed in Schedule 8 of the Labour Relations Act, No 66 of 1995.

Affected employees should be familiar with the following scenarios:

16.2 Permanent medical incapacitation:

- These employees who are unable to do any work.

- It could also be employees who are unable to perform their current work.

- Employees who can perform their own work with certain adaptations.

It is important that employees should be informed by a counsellor that they would never be able to return to work, but that employee and counsellor should start preparing for early retirement.

16.3 Temporary medical incapacitation:

- These employees normally experience difficulties in performing their own jobs.

- These employees may also find it difficult to perform any kind of work.

Employees and counsellors should ensure that when management terminates their work that it should be because of:

- Termination of services because of permanent medical incapacity.

- Employees having difficulty performing their current work/jobs, circumstances should be investigated with the aim of redeployment in accordance with approved procedures.

- In cases where employees are able to perform their daily tasks with some adaptation, management should do the necessary adaptation of duties or work circumstances in accommodating the medical incapacity.

During this period of convalescence it is very important that management ensures employees receive the necessary counselling and rehabilitation services.

Cognisance must, however, be taken of the following difficulties which may be experienced in redeploying employees:

- The availability of posts and needs that exist.

- The suitability of the employee to the post available.

- The negative perception with regard to redeployment in general.

- It is a very time-consuming and protracted process.

- Lack of co-operation on the side of the employee to be redeployed.

It is very important that each and every company should ensure that their policy on incapacity should be based on the Labour Law of 1995, and that each HIV/AIDS infected employee should be effected "positively" by this Law.

A person with the full-blown disease – AIDS – may be concerned with the practicalities of death. She/he may want to complete unfinished business such as asking for or granting forgiveness, seeing or speaking to certain persons once again, and engaging in life review. People with a fatal illness often focus on putting legal and financial affairs in order, such as drafting a will. They tend to gain a sense of control by attending to 'real world' concerns, or by participating in decisions about their treatment.

17. Coping with HIV/AIDS

Crisis counselling may be necessary periodically, especially after diagnosis or onset of illness, but in between the person with HIV infection may be adjusted and coping well. Counselling is a fine blend of emotional support and practical assistance.

It is useful to obtain information from the person by asking questions aimed at covering areas such as high-risk behaviours he/she engages in which may need

modification, reaction to being seropositive and the practical and emotional difficulties this will present. Obtaining information serves three purposes:

- It gives the person the opportunity to voice fears and anxieties he/she may have;
- It encourages the person to think through likely difficulties
- It allows the counsellor to locate likely difficulties that should be worked through with the infected person.

A key to the latter is to break down the person's problems in a way which makes it clear what issues need to be addressed and the order in which they need to be dealt with. The first step in helping people can be to make a list of problems which are expressed in concrete terms. Whilst it may be necessary for the counsellor to make some input into generating solutions, people should be encouraged to generate their own solutions because

- they are likely to be suited to the person's situations, since the person knows more about his/her own life than the counsellor does;
- People are more likely to follow through with things they have suggested for themselves.

The final step is to go through the possible solutions and to consider, in the light of assets and difficulties, which solutions are best, which ones the person can handle entirely on their own, and with which ones the counsellor needs to offer some help. The following serves to illustrate the above process. The person may bring up sex as a difficulty, specifically, anxiety about engaging only in safer sex. Ensuing discussion could reveal that sex is more than a need for orgasm but is also a source of intimacy, of comfort, of closeness, as well as a way of making social contact with others. Assets on the person's behalf may include being assertive, sociable and outgoing. A difficulty that is identified may be that the person's only source of social life is sex, or that the person is known to many people in bars who expect sex. Possible solutions that are generated could include developing alternative social outlets like socializing with people at work. In addition, the counsellor may need to offer advice on how to make social contacts or provide the person with information on social places.

18. Management programmes are crucial in the workplace

The purpose of a HIV/AIDS management programme is to reduce the impact and associated costs of HIV/AIDS in the workplace (Sunday Times Business Times, (08/02/04:18).

According to Jerry Terwin (researcher for the Bureau for Economic research (BER, 2001b), is also of the following belief, namely that

- HIV/AIDS policies and a workplace programme will help to reduce the spread of the epidemic and assist in reducing the impact on the company, but that the real challenge lies in the how to translate it into practice.

Comprehensive programmes are required to achieve significant and sustainable results. The programmes should consist of the following elements:

- Programmes that are aimed at preventing or reducing new HIV/AIDS infections, and programmes that provide treatment, care and support to employees and their families who are infected or affected by the disease.

Comprehensive workplace programmes can be put into place at a fraction of the amount that would otherwise be incurred due to AIDS.

The South African Business Coalition on HIV/AIDS has developed an HIV toolkit for small and medium enterprises to help companies implement such programmes.

According to Dave Strugnell, head of actuarial research and development at Momentum Collective benefits, there are two reasons why these programmes have not been widely implemented in South Africa (Sunday Times Business Times, 08/02/04:20):

- There are serious psychological problems that are not appropriately dealt with in the workplace.

- The HIV/AIDS antibody test is like no other blood test, it comes with enormous emotional and social implications. It is therefore a very important test which should be given with counselling (Pre and Post counselling).

19. Managing AIDS in the workplace and assessing bottom line

19.1 Impact is only the first step

To properly manage HIV and AIDS in the workplace, employers must address all the factors likely to impact on their bottom line but this is only the first step.

According to an article in the Pretoria News (29/06/04:23) by Arlene Georgeson and Tjaart Esterhuyse of Metropolitan Employee Benefits, care and prevention can only work effectively in environments that are conducive to the implementation of intervention initiatives.
A sustained and concerted effort is required to build awareness in every individual of their personal risk, to motivate them to know their HIV status, to persuade the uninfected to protect themselves and the infected to manage their disease.

They point out, that HIV/AIDS is clearly costly, but it is often difficult to quantify the many ways in which it has affected the workplace. Indirect costs like absenteeism and sick leave exact a high toll and need to be taken into account when employers formulate an effective response to the pandemic.

Most insurance schemes have seen an increase in both disability and death benefits claims. The trends vary sharply across schemes, depending on the age,

gender and regional distribution of the underlying membership, as well as the industry the company falls within.

"Over the past five years, in some cases death has doubled, even tripled. The normal mortality rate for a group of employees with an average age of employees with an average age of 40 is approximately four to five in one thousand. For certain group death benefit schemes, HIV/AIDS has added more costs for extra deaths to their figure" (Pretoria News, 2004:23).

Referring to **Risk benefits**, the article adds that premiums are rising faster than expected in a non AIDS scenario. Some companies have capped the cost of risk benefits, but this tends to be enormous for employees.

Pension Funds are also straining though the impact differs according to whether the fund is based on defined benefits or contributions. In the former, the retirement benefit is based on a formula linked to the member's salary at retirement. This is normally fixed while the employer guarantees the funding level of the fund with varying contributions. As more younger members die, their pool will diminish in the pension fund and the benefits of cross – subsidisation will be lost, making it difficult for the fund to sustain healthy reserves. Because the members' contribution is fixed, the employer will need to contribute more.

The cost of risk benefits, offered by the fund is deducted from contributions. On retirement, the fund balance is used to purchase a monthly income. As the pandemic progresses the cost of the risk benefits offered by the fund will increase. To maintain the retirement portion the pension fund contribution will have to be increased.

HIV/AIDS is also expected to place a significant burden on medical schemes, even without the cost of anti-retrovirals (ART's) other treatment may occur in the treatment of the opportunistic diseases are considerable, in the late stages of HIV infections.

The additional increase to cover the impact of the disease is estimated at between two and five percent per annum. Despite significant reductions in the price of ART's as well evidence that treatment can reduce costs in the long term, drug expenses are still taxing. Medical schemes do not qualify for discounted prices on ART's.

20. Persons with HIV/AIDS in the workplace: Implications for Employee Assistance Professionals

The economic and social impact of workers with HIV/AIDS on businesses has not waned with the increased public complacency regarding the virus that seems to have marked the 1990s. As we approach the beginning of the third decade of the AIDS pandemic, increasing numbers of businesses can expect to be faced with the reality of infected employees. While many employers will hesitate to provide staff training or develop company policies until after a case has arisen, such reactive efforts may be largely ineffective or even counter productive. Employee assistance professionals and industrial social workers are liable to be involved in coordinating a business response to workers with HIV, and must advocate a proactive approach to the situation.

As the AIDS epidemic nears completion of its second decade, it is important to take stock of the continual interplay between the business community and those who are either infected or believed to be infected with the virus. During this decade, the fear and panic related to AIDS that characterized the 1980's have largely given way to a generalized feeling of disinterest. Increased public complacency in the face of AIDS, however, should in no way be confused with social acceptance of those infected. Many of the stereotypes that have typified the epidemic linger and continue to adversely affect the right of persons with HIV. A potential negative consequence of the growing public indifference to AIDS may be that many employers will refuse to see the need to either train their employees about HIV issues, or take efforts to proactively prepare to assimilate persons with HIV into the workforce (Smart, 1999:121).

21. Economic impact on HIV/AIDS

Classical economic theory sees health as the more or less benign product of the development process: wealth leads to improved health. Although this is supported by an apparent correlation between Gross Domestic Product (GDP) and life expectancy, there is evidence suggesting that this relationship is by no means a mechanical one, and that improved health does not always come with higher income growth. More recent research has however begun to establish that countries with healthy populations tend to grow faster (particularly in a good policy environment) and that this apparent correlation between health and wealth operates through a number of channels including the effects of improved health on demography, education, the labour market and investment (Cadre, 2002:10).

Wealth and health then are intricately and unquestionably related. Although the nature of this relationship is as yet not quite fully understood, it is known to be a dialectical one and that depending on the overall policy environment, it can either produce a "virtuous circle" in which improved health promotes economic growth, or a "vicious circle" in which poor health and poverty become mutually reinforcing (Bloom, Bloom & River Path Associates, 2000).

In terms of methodology, the recent studies have either used macroeconomic growth modelling to establish the relationship between health and economic growth, or have done so by examining the historical record directly.

21.1 Macroeconomic and demographic impact on HIV/AIDS in Africa

21.1.1 Macroeconomic effects of HIV/AIDS in Africa

The extraordinary impact of HIV/AIDS on development is attributable to its ability to undermine three main determinants of economic growth, namely physical, human and social capital. Current estimates suggest that HIV/AIDS has reduced the rate of growth of the per capita income in Africa by 0,7 percentage points a year and that for those African

countries affected by malaria, growth was further lowered by 0,3 percentage points per year (Bonnel, 2000:1).

Broadly speaking poverty, income inequality, labour migration, gender inequality, low levels of education, and a range of context-specific socio-cultural variables and initial health conditions facilitate the spread of HIV/AIDS and are associated with higher prevalence rates (Bonnel, 2000:1).

HIV/AIDS impacts on **physical capital**. The accumulation of physical capital is a function of the savings rate of the economy. It will tend to reduce household savings both in absolute terms and also as a percentage of household income. Budgets are affected by increases in costs associated with treating and caring for AIDS-related diseases. Other expenditures, such as pension payments, increase as civil servants are forced to take early retirement. The training of newly hired teachers and health professionals – to replace those lost to the disease – also affects national budgets. Thus, fiscal deficits would tend to worsen generally, as few countries will be able to offset the fiscal cost of the HIV/AIDS epidemic by cutting other expenditures or raising taxes (Bonnel, 2000 Annex 5:3).

HIV/AIDS also has an impact on **human capital** accumulation. Linking to previous discussions, HIV/AIDS affects the most economically active age groups, thereby reducing both the quantity and quality of available labour (Seghal, 1999:6). Entire generations of teachers, health workers, civil servants and other skilled and professional people are being lost. Shorter life expectancies are raising the costs of schooling and training, thereby reducing the short-term returns (Bonnel, 2000:3).

Since a significant amount of human capital accumulation takes place within the household, the death or sickness of a parent, particularly a mother, can have a disruptive impact on the intergenerational

transmission of knowledge. Moreover, children may be forced to leave school to help replace lost income or production caused by the loss of a parent, as family finances come under increasing strain. Thus the human capital of African nations is being eroded and incentives to invest in the education and training of replacement labour are being reduced (Bonnel, 2000 Annex 5:4).

HIV/AIDS also affects **social capital**. The epidemic is eroding social networks and traditional support mechanisms, as well as challenging the efficacy of legal and regulatory institutions to respond. The quality of countless lives is being eroded and a generation of children are growing up without the emotional and financial support of their parents (Bonnel, 2000:5).

HIV/AIDS impacts the business sector by 'increasing expenditures and reducing revenues' (World Bank, 1999:16). Many industries are facing increased levels of absenteeism and are having to recruit replacement labour as their staff fall ill and die, in turn incurring costs in recruitment, training, healthcare, medical insurance, sickness and burial payments (Seghal, 1999:6).

21.1.2 Demographic impact of HIV/AIDS in Africa

Health in general can affect economic performance through its impact on demography. Shorter life expectancy from HIV/AIDS prevalence will tend to inhibit investments in education and human capital accumulation. Where a greater proportion of the population becomes dependent, that is, consumes more resources than it produces, the rates of savings can decrease capital investment, and therefore the rates of economic growth, will be affected (Cadre, 2002:70). HIV/AIDS has a devastating impact on the demographic profile of infected nations and reduces the size of the economically active population.

While demographic projections vary in predicting the effects of the epidemic on population growth, there is general agreement that the annual population growth will show a decrease by 2010 (World Bank, 1999:13).

In Botswana – Africa's most economically successful nation in recent years, "a regional leader in literacy and healthcare" – life expectancy at birth will be cut in half over the next 10 to 12 years, from perhaps 65 years down to about 33, entirely as a result of HIV/AIDS (Essex, 1999:1).

Significantly more women than men are living with HIV infection in sub-Saharan Africa (UNAIDS, 1999:15). Social, economic and cultural factors, as well as biological and economic conditions mean that women are disproportionately affected.

A key consideration is the difference in age patterns of HIV infection for men and women. Women tend to become infected younger for both biological and cultural reasons and for every ten African men infected, between twelve and thirteen women are infected (UNAIDS, 1999:15).

Migration then is undoubtedly an important factor in the spread of HIV/AIDS. Labour migration – with its resulting concentration of individuals in urban areas, the 'relaxation of social norms' and the adoption of risky behaviours – is associated with an increased risk of HIV/AIDS infection (Seghal, 1999:5). Examples are the mines and commercial farms of Southern Africa with their concentration of single men and widely available commercial and casual sex.

21.2 Conclusion

In spite of the weaknesses and limitations in existing methodologies and models for measuring the economic impact of disease burdens generally and of the

impact of HIV/AIDS in particular, there is sufficient evidence that the overall economic impact of the epidemic is devastating. Indeed, the indications are that current estimates based on traditional cost-of-illness studies underestimate the economic impact of the disease.

22. The impact on HIV/AIDS on the South African economy

HIV/AIDS will have the following effects on the operating profits of industries, workplaces and sectors:

- AIDS-related illnesses and deaths of employees increase company expenditures and reduce revenues.
- Expenditure on healthcare costs, funeral costs and the recruitment and training of replacement employees increase.
- Revenues decrease as a result of absenteeism due to illness, provision of care to persons with HIV/AIDS or funeral attendance, as well as time spent on training.
- Labour turnover increases resulting in a loss of skills, tact, knowledge and experience and consequently declining morale and lower productivity. Resultant labour replacement will increase production costs.
- An increased demand for benefits (including insurance cover, retirement funds, health and safety provisions, medical assistance, testing and counselling and funeral costs) will lead to increased remuneration costs.
- The customer/client base is reduced and sales affected.
- Investment in capital-intensive technology/production is more likely.

Several comprehensive studies have been undertaken looking at the impact of HIV/AIDS on the population and the labour force, as well as direct (increased contributions by firms to employee retirement, life, disability and medical benefit schemes) and indirect (costs associated with increased absenteeism, training and recruitment, as well as reduced productivity) costs of HIV/AIDS to the private sector (Rosen et al., 2003:2).

In April 2002, NMG-Levy Consultants & Actuaries confirmed that AIDS prevalence estimates by both the United Nations and the World Health Organisation were borne out by NMG-Levy's model (NMG-Levy, 2002). The study showed that by the beginning of 2001, nearly 25% of South Africa's workforce was HIV positive. The model used by NMG-Levy predicts that this will approach 30% in 2005.

In its study on HIV/AIDS, Deutsche Securities (2002a) referred to what it termed the most in-depth quantitative work on the macroeconomic effects of HIV/AIDS completed to date using Actuarial Society of South Africa (ASSA) demographic data. According to the study, in an AIDS scenario relative to a no-AIDS scenario there would be an estimated loss to the labour force of 386 000 highly skilled, 984 000 skilled and 4,3 million semi/unskilled workers between 2000 and 2015. This represents an 18% fall in the estimated workforce in an AIDS scenario relative to a no-AIDS scenario (Deutsche Securities, 2000b).

Studies of two South African companies by the Harvard Centre for International Health found that HIV infections could cost companies between 2% and 6% of salaries per year. Furthermore, depending on how company benefits were structured each HIV infection would cost between one and six times the employee's annual salary (Abt Associates Inc, 2001:22).

A Business Map investor survey released at the end of January 2002 found that the spread of HIV/AIDS in South Africa has contributed significantly to the decline in foreign direct investment (FDI). Macroeconomic performance will be hard hit by HIV/AIDS infection, resulting in a reduction in human capital and a negative impact on consumer spending, which will shift to healthcare and funeral expenses. The South African Government is likely to suffer from larger deficits with increased public sector spending on healthcare resulting in lowered spending in other sectors like capital expenditure.

It would appear that there is no literature on econometric modelling which suggests any new approach to modelling the epidemic. The approach of modelling future population patterns in with and without AIDS scenarios has been challenged because such estimates misrepresent the underlying dynamic relationship between HIV/AIDS and economic growth. The effects of HIV/AIDS are cumulative and HIV/AIDS will

already have influenced the basic structure of any economic model of Africa that is used (McPherson, Hoover and Snodgrass, 2002).

In the previous review, Cadre (2002:10) mentions a study suggesting a new approach to the calculation of cost of HIV to companies. Rather than base costs on prevalent infections in the year that costs are incurred, calculations should be based on an incident rather than a prevalent infection rate. The authors argue that companies incur responsibility for future costs in the year in which the employee is infected with HIV. In basing calculations on prevalence rather than incidence, companies often understate costs in the earlier stages of the epidemic when incidence is high and mortality low and overstate estimated costs when they start experiencing absenteeism and death in their labour force. They run the risk of reduced returns by investing too little in prevention and management in the early stages and over-investing in the later stages of the epidemic. HIV costs should be estimated as a present value, discounted at the rate applied to their potential investments (Rosen et al., 2000:1)

While it provides no detail on how it arrived at its estimates, AngloGold has estimated that the cost of HIV/AIDS to its South African operations is in the region of between US$4/oz and US$6/oz (in 2001 the total cash cost was US$178/oz). If AngloGold did nothing to manage the impact it estimated that this cost could rise to US$9/oz (Anglogold, 2002). This supports the argument that it will cost a company more by not intervening or managing the impact of AIDS.

22.1 HIV/AIDS implications for future education and skills availability

The demographic profile of the population of South Africa has been changing for some time. There has been a transition from high fertility and high mortality to low fertility and low mortality. The transition has resulted in the focus moving from simply conceiving greater numbers of children in order to offset higher rates of mortality to improving the quality of the life of fewer children. In addition, falling birth rates have been accompanied by a rise in life expectancy. But the effect of falling fertility has been even stronger on population growth, which slowed from 2,85% p.a. between 1960 and 1970 to 2,53% p.a. between

1970 and 1980, 2,27% p.a. between 1980 and 1990 and 1,46% p.a. between 1990 and 2000 (Arndt & Lewis, 2002).

The impact of AIDS will in two ways be negative on human capital:

- Investment in schooling and higher education will have diminished personal and economic returns for the individual, family and society.
- The loss of parents due to AIDS-related mortality will result in the loss of a critical resource for acquisition of human capital, as well as the loss of material, emotional and motivational support for children.

In addition to the above erosion of human capital, higher-income individuals are in a position to increase their risk of HIV infection and thereby their AIDS-related mortality because of their status in their communities and because they are able to finance casual or commercial sexual relationships with excess disposable income. This is true of employees in any sector of the economy, not least of all those in the education section who are such a vital component in improving human capital. The death or absence of a single educator has an impact on the education of 20 to 50 children (Abt Associates Inc, 2001:54).

Table 3: HIV/AIDS impact

	Direct costs	**Indirect costs**
From each employee with HIV/AIDS (individual)	- Benefit payment - Retirement (including early ill-health retirement and, late retirements - Retrenchments - Disability with lump sum/ PHI benefits - Withdrawal benefits - Death benefits - Funeral benefits - Medical aid subsidization - Recruitment, training and replacement	- Absenteesim - Reduced on the job productivity - Vacancy - Learning curve replacement

From many employees with HIV/AIDS (organization)	- Legal costs - HIV/AIDS programmes and policy work - Financial planning and reporting - Consultancy costs	- Management time and knock-on costs - Production disruptions - Workplace morale and cohesion - Institutional memory and experience - Industrial action
Investment savings (these are savings to the employer, not costs)	- HIV + women require less maternity benefits - ARV provision to dependants reduces absenteeism and increases productivity, morale and cohesion.	- Companies that adapt, redesign and effect these costs – role of multi-skilling - Political expediency can save costs in terms of involving labour, being updated, etc.

Stevens, Budlender and Schneider, November, 2002 (Sunnyside Model).

23. The Legislative Context

South African employers are operating in an increasingly complex legal environment with regard to HIV/AIDS in the workplace. The legislation that is applicable in the HIV/AIDS context includes, but is not limited to, the following:

- The individual's right to privacy – section 14 of the Constitution of South Africa Act, 108 of 1996.

- Unfair discrimination, HIV testing, promotion of a safe workplace – sections 6(1) and 7(2) of the Employment Equity Act, 55 of 1998, which also contains the Code of Good Practice on Key Aspects of HIV/AIDS and Employment.

- Dismissal on the grounds of an employee's HIV status, as well as termination for valid reason and with fair procedure – sections 187(1)(f) and 188(1)(a)(i) of the Labour Relations Act, 66 of 1995.

- Provision of a safe workplace and minimizing of occupational risk – section 8(1) of the Occupational Health and Safety Act, 85 of 1993 and sections 2(1) and section 5(1).

- Benefits following occupational exposure – section 22(1) of the Compensation of Occupational Injury and Diseases Act.

- Basis standards of employment – section 22(2) of the Basic Conditions of Employment Act.

- Unfair discrimination against members of medical schemes on the basis of their state of health – section 24(2)(e) of the Medical Schemes Act, 131 of 1998.

- Mine Health and Safety Act, 29 of 1996

- Occupational Injuries and Diseases Act, 130 of 1993

- Employment Act, 75 of 1997

In only a few cases employees took their employers to court to contest workplace practices. However, this is an area that is likely to gain prominence in the future. The most contested area at present is the question of HIV testing either for pre-employment purposes (Motebele & Heywood 2001:10) or as part of a voluntary counselling and testing campaign in the workplace to encourage employees' knowledge of their HIV status (Joni & Heywood 2001:10).

Corporate governance has, until now, not focused on corporate action to ensure sustainability. The King Report (2002) on corporate governance devotes much of the section on safety, health and the environment to the HIV/AIDS epidemic, the impact of which it cites as potentially huge. King notes that there is little evidence of measures taken by the corporate community to promote business sustainability in the face of the disease.

The report goes beyond broad guidelines and urges boards of directors to take the following specific action:

- Ensure that it understands the social and economic impact that HIV/AIDS will have on business activities
- Adopt an appropriate HIV/AIDS strategy, plan and policies to address and manage the potential impact.
- Regularly monitor and measure performance using established indicators. Report to stakeholders on a regular basis.

Directors will need to obtain a clear understanding of their risk environment and to put a financial value to the potential impact of the disease on their business in order to develop a response that will enable them to comply with these requirements.

23.1 Response by a number of small companies in South Africa

An evaluation of the response to HIV/AIDS of a sample of South African companies by the Deloitte & Touche Human Capital Corporation concluded that company size determined the extent to which employers responded to the HIV/AIDS epidemic.

This corporation released a rapid situation analysis evaluating workplace responses to HIV/AIDS in South Africa in May 2002. It was commissioned by the SA Business Coalition on HIV/AIDS and funded by the United Kingdom's Department for International Development (DFID). Data was collected on 110 companies with 31 companies employing fewer than 100 people, 29 employing between 100 and 500 employees and 50 employing more than 500 people. Twenty-three industrial sectors were covered with mining and finance representing the greatest number of respondents.

Companies employing fewer than 100 people were least likely to have implemented substantive interventions. Companies with between 100 and 500 employees were most likely to have introduced awareness and education

programmes (72,4%), but hardly any had commissioned risk assessments (6,9%).

Employers of up to 500 people implemented policies and strategies without ascertaining the extent and location of their risks. They were not likely to monitor and evaluate their programmes or coordinate with other employers.

Large employers, those employing 500 people or more were weak in areas of risk assessment and monitoring and reporting, even coordination with industry associations was not as high as anticipated.

The respondents were also compared to international best practice. The South African companies were compared to countries which achieved at least partial success in curbing the epidemic. The gaps identified included the following:

- Inadequate surveillance data in South Africa makes it difficult for companies and society as a whole to respond effectively
- Forums do not exist where private sector data can be shared and can be leveraged in collaboration with government.
- Insufficient use is made of KAP (knowledge, attitude and practices) studies in South Africa, which are used to benchmark and measure initiatives and to facilitate the formulation of HIV/AIDS strategies.
- Use of peer educators is poor.
- With the exception of a few individual company and industry initiatives, employers have largely ignored involvement in community-based care responses.
- The transition from undimensional to multifaceted approaches has, for the most part, not occurred.
- Because South African initiatives are too limited, behaviour change, which is a key thrust internationally, has not been effected.
- South African employers have hardly involved people living with HIV or AIDS in their HIV/AIDS programmes to the same extent as their international best practice counterparts.

- South African employers rely more heavily on public sector initiatives and services to treat sexually-transmitted infections in their employees and their dependants. Such reliance is ineffective because many do not make use of public sector services.
- South African employers also fall short of international standards when it comes to condom distribution.

23.2 Response by a number of large South African organisations

Focusing on the vulnerability to HIV/AIDS of a company's workforce, employee benefits and the availability of people with the necessary skills, education and training, while vital, is only one part of the equation. Companies also need to reflect on the demand side of their business, namely customer retention and more importantly in the HIV/AIDS scenario on customer acquisition.

Strategic marketing planning requires a demographic impact analysis of the customer base; calculation of market segment, size and profitability; a review of the current product portfolio (to assess which products will grow, remain stagnant or decline over a period of time) and identification of new market and new product opportunities; recalculation of customer lifetime values; and risk assessment due to unpaid customer credit or employee loans (Naidu 2001;8).

While little literature on company responses to the HIV/AIDS pandemic exists in the public domain, it would appear that more private companies are willing to share their experiences in tackling HIV/AIDS with a broader public. A few of the published company/sector responses are highlighted below.

Deutsche Securities embarked on case studies in 2000 and took account of these differing impacts in analyses of **AngloGold** and **Amalgamated Beverage Industries (ABI)**.

AngloGold's response to the epidemic was initiated almost two decades ago. The response has been a dynamic one taking account of the changing environment. AngloGold's response comprises of restricting the spread of HIV/AIDS through education; promotion of condom use and treatment of sexually-transmitted infections; caring for those infected through voluntary counselling and testing; treatment of opportunistic infections and a compassionate ill-health retirement system for those no longer able to work. It further involves ongoing fundamental research to support and direct its medical strategy through Aurum Health Research, a wholly-owned subsidiary of AngloGold Health Service (AngloGold, 2002).

A case study on AngloGold found that the most important impact to understand was the effect of the disease on its workforce and overall productivity (Deutsche Securities, 2000a). Effective utilization and cost control in the deployment of labour is critical. AngloGold operates in an industry that has steadily shed jobs over the past decade. Over the past five years alone employment in mining has declined by 30%. The fact that mining work is in fairly short supply contributes towards a low (ex-AIDS) annual attrition rate.

AngloGold's strategy is to reduce its reliance on labour, although its process will remain labour intensive with labour accounting for in excess of 50% of total costs incurred. At the same time it will increase per capita remuneration to support more efficient mining techniques in all of its mines. The sharp fall in the number of miners employed and a high unemployment rate suggest that a ready supply of experienced miners and new staff is available to replace those retiring due to ill health or any other reason.

Deutsche Securities concluded that AngloGold can avoid high escalations in staff costs because of the strategies it has put in place and will therefore continue to dominate gold production.

ABI (Amalgamated Beverage Industries) Limited is a subsidiary of South African Breweries PLC (SAB) and employs around 4 500 people across South

Africa (Deutsche Securities, 2000a). Its principal activity is the bottling and distribution of soft drinks in Southern Africa. Product presence is concentrated in the carbonated soft drink market. Although ABI products are available in almost every corner of South Africa, the most important segments are those relating to the higher-income groups. It is estimated that more than 80% of its volumes are consumed by Large Small Medium (LSM) 6 to 8, and half of this is sold to (LSM) 8 families.

Analysis of ABI Limited found that a critical area for this company is the effect HIV/AIDS will have on consumers of its product (Deutsche Securities, 2000b). ABI reduced the proportion of employee expenses to total costs from 21% to 17% over a four-year period to 2000 thereby moderating the impact of HIV/AIDS. The company has also invested in increasing the skills level of the employee base. Increased productivity and greater mechanisation in future should see the impact moderated even further.

The De Beers Group has responded to the threat of HIV/AIDS since the mid-1980s. It has conducted voluntary and anonymous sero-prevalence studies on many of its Southern African operations and has acknowledged a number of shortcomings in its approach to date. This resulted in a review of De Beer's strategy. De Beers has identified six strategic fronts or project areas, which are being tackled by six project teams. The project areas are communications; saving the lives of people who are HIV negative; living positively for people living with HIV/AIDS; the financial impact, stakeholder engagement; and measuring and monitoring (De Beers, 2001). De Beers launched its revised HIV/AIDS strategy at a company-sponsored conference involving representatives from each of its operations, trade unions, as well as external stakeholders and interested parties in Johannesburg in August 2001.

24. Conclusion

There are lay beliefs people have about HIV/AIDS infections. Many things have been said about AIDS and little has been proven.

One of this is that HIV/AIDS is REAL!!. The country's economy and workforce is the hardest hit at the moment.

It is very likely that all employers will, in the future, have to confront the reality of AIDS at work. It is an epidemic which has taken root, and is spreading at an alarming rate.

It is a life-threatening illness, like any other, except that it is a socially stigmatized disease, and therefore requires some special attention.

The literature also gives sufficient evidence that the overall economic impact of the epidemic is devastating on the social, economic as well as the physical environments.

South Africa is also likely to experience a similar impact in terms of the progression of the epidemic. Actuarial estimates of HIV prevalence of the total population in South Africa, as well as the effect of AIDS sick and AIDS-related death are forecast from year 2003 – 2015. It is clear that unless drastic intervention strategies are implemented from both Governmental and private sector the epidemic will have a detrimental effect on the South African economy.

South African small and large business organisations have responded to the challenge that this disease poses to the survival of companies. Both small and large companies have acquired success in addressing the effects of the epidemic. Case studies are reflected in this section of the chapter. They are AngloGold, De Beers and ABI.

An increasing number of partnerships between NGO's, government, international funders, the community and large organisations are being formed to take hands in supporting each other in addressing the effect of HIV/AIDS.

CHAPTER 3

EMPIRICAL FINDINGS AND DISCUSSIONS

1. Introduction

This chapter discusses findings and interpretations of the study carried out to assess HIV/AIDS in the workplace: Affected employees' perception of Social Work Counselling Services.
Findings will be displayed, in the form of discussions (words).

Ten employees from Goldfield Mining Company in Carltonville, Johannesburg were interviewed through semi structured interview schedules to obtain information. All semi structured interview schedules were analysed by the researcher to address the objectives of this research study namely;

- To conduct an investigation by undertaking a literature study on HIV/AIDS affected employees' services in the workplace and their perception in relation to counselling

- To conduct an empirical study with employees affected by HIV/AIDS on the need for counselling

- To make recommendations for a programme on counselling for HIV/AIDS affected employees in the workplace.

The results of the research project have been placed under one main section. The section (main) discusses responses of Goldfield Mining Companies employees, under the following sub-sections;

- Personal Details of Respondents (Example)

- Age

- Marital status

- Description of current counselling received by employees

- Employees' perception on counselling

- Positive and negative aspects of counselling received by employees

- How supportive is management towards counselling

- Time allocated to counselling in employees' daily life

- Role of counselling to daily life stressors

- How does counselling ensure that employees remain "positive" and maintain a healthy lifestyle

- Describe the content of counselling provided to HIV/AIDS positive employees

- Suggestions to improve HIV/AIDS counselling in the workplace

The researcher analysed the data, by firstly analysing all transcripts into sub transcriptions, with different themes, to assess the importance of HIV/AIDS counselling in the workplace for affected employees from a social worker's perspective.

The information was analysed by the researcher, as it may have serious implications for Goldfield Mining Companies' economical development and production growth for both employee and employer.

2. Personal Information

The total number of the research study was 10 (ten) employees from Goldfields Mining Company in Carltonville Johannesburg. Each employee was interviewed on the basis of a semi-structured interview schedule.

Employees were all asked the same questions but not in the same order. Personal data reflected on the following:

- Age
- Marital Status
- Gender

2.1 Age Distribution

The ten employees from Goldfields Mining Company who took part in the research study, are of different age groups.

Half of the respondents are of the same age group namely 31-41 years. This age group represents the majority of respondents.

Age group 21-31 years were the second most respondents.

The age group of 41-51had the least number of respondents.

The results show that most employees were middle aged men (31-41 age group)

HIV prevalence among persons aged 15-49 years

According to UNAIDS, (2001:49) HIV prevalence among persons aged 15-49 years permit comparison of South Africa with other countries. The results show that 15.6% tested positive. However the burden of this epidemic is uneven between the sexes. Women have much higher HIV prevalence than men and these differences are statistically significant.

2.2 Gender

Although the mining sector is starting to employ female employees, it is still predominately male oriented, which is clearly shown, during this research study.

Males and females do not differ significantly in respect of HIV/AIDS knowledge. However, respondents who are younger, more educated, who live in urban rather than rural areas, who are employed and who have higher household socio-economic status, are more informed about HIV/AIDS.

The predominantly male mining sector is busy changing at a very fast rate because of gender equality and employment equity. If this trend continues, the researcher believes that female prevalence would have a much higher impact on mining companies.

2.3 Marital Status

The majority of respondents are married.

Although the majority of men used in this study from Goldfields Mining Company are married, none of them are living with their wives at the place of their employment. Men only visit their wives every second month and most of these men have girlfriends. They also make use of commercial sex workers who live outside the Goldfields Mine premises.

As one employee put it, “It is cheaper to pay for commercial sex workers, than to visit or pay for a railwarrant to visit our families, who live far away”.

2.3.1 Socio-Economic Status

Relationship between HIV and socio-economic status (a proxy measure for poverty): While this study cannot claim to have adequately measured poverty, a perceived rating of adequacy of household income was utilized as a measure. The results were correlated with HIV prevalence. The study found that the relationship between perceived socio-economic status and HIV infection indicates that all strata of society are at risk and not only poorer persons.

2.4 How employees were selected to obtain counselling

The majority of Goldfields employees (respondents) obtained counselling from their employer, because they went for voluntary counselling sessions offered during working hours at Goldfields on a weekly basis.

Most employees obtain counselling by voluntary(self) referral while some of the employees were referred for counselling by the medical doctor/sister after a consultation session. One respondent was referred by his colleague who, is also HIV/AIDS positive and receiving counselling on a weekly basis.

Although employees attended the counselling session offered by qualified nurses employed by Goldfields Mining on a voluntary basis, they questioned why managers never participated in these type of programmes. “White people never attend nor are they referred for counselling”.

2.5 Describe the type of counselling currently received by HIV/AIDS employees

The type of counselling offered to Goldfields Mining employees, are either individual counselling or group counselling sessions.

The majority of respondents are offered counselling once a week at Goldfields Mine.

A limited number of employees are receiving individual counselling.

The minority of employees are not receiving any form of counselling currently by Goldfields employers.

Group Counselling

Group counselling is conducted by trained nurses. The groups comprises of between 5 – 8 employees

The following are some of the topics discussed during group counselling:

- Condom Use
- The importance of exercising and following a healthy diet
- Living positively being HIV/AIDS positive (How to cope with HIV/AIDS status and stay motivated)

Individual Counselling

The individual counselling is done by both medical doctors and nurses

During individual counselling the employees are counselled in their mother tongue, and allowed to ask personal related questions (example) "How long do I have to live?"

Table 4: The type of counselling currently received by HIV/AIDS employees

Type of counselling
Individual (Life skills) example, condom use, diet plan, health
Individual (Personal) medication. Time for clinic
Group counselling Pre and Post Test Counselling (VCT)

2.6 Perceptions employees have on HIV/AIDS counselling in the workplace

A large majority of respondents are "positive" and having good perceptions on counselling services in the workplace because all their personal needs are met during counselling sessions.

Some of the respondents had a negative perception on counselling services in the workplace due to the fact that their needs were not met even though they received counselling.

A respondent described the counselling services as satisfactory and felt that the total needs were not yet addressed during counselling.

It was clear that each employee/individual had their own perception about counseling.

Some of the perceptions were positive while others were negative. Employees' perceptions at Goldfield Mining Company were mainly based on their personal needs and uncertainties.

Perceptions according to Jerry Terwin (Researcher for the Bureau of Economic Research (BER, 2001b) about counselling can be positively changed amongst employees, by realising that counselling is;

- A workplace programme, that is aimed at preventing and reducing new HIV/AIDS infections, and programmes that provide treatment, care and support to employees and their families, who are infected or affected by the disease.

2.7 What are the positive and negative aspects of counselling you have received

When the respondents were asked about the positives and negatives of the counselling they received at work, the majority were very positive about the counselling programme they received at work.

The majority of respondents regard the counselling as positive because:

- Their personal needs were met

- Clarity was given to concerns they had regarding HIV/AIDS

- A good diet was explained/offered to respondents

- They were motivated to have a "positive" attitude although they were HIV/AIDS positive.

Some respondents were negative about the counselling they received for the following reasons:

- Very little was discussed on the physical changes they may experience (fatigue, skin problems etc.)

- Respondents felt that no counselling was offered to them at all.

  "We never get an opportunity to talk, we get our tablets and go back to work"

Some respondents had mixed feelings (both positive and negative) about the counselling.

"We go there to get away from work"

* Reasons for being negative were:

- Respondents felt that not enough time was spent on personal related information like pension funds/retirement etc.

* Reasons for being positive were:

- Counselling provided on pre and post counselling for HIV/AIDS was very detailed and respondents' fears about the sickness were laid to rest.

Negatives of Counselling

Counselling becomes negative when, counsellors fail to inform employees:

- that with their **health failing** they would become less productive, and would be unable to carry out physically or emotionally demanding jobs
- **Replacement** of fellow employees who die, or retire early would become unavoidable within the workplace
- **Retirement due** to ill health or death was unavoidable being HIV/AIDS positive employees

- Not discussing the relevant **medical** Cost/Assistance available to all HIV/AIDS employees (example medical aid cost and reimbursement schemes).
- Company benefits such as health insurance , life insurance and death benefits.

Table 5: The positive and negative elements of counselling received by employees

Positives and negatives of counselling
Positive views (Majority Respondents) - Their personal needs were met - Clarity was given to concerns regarding HIV/AIDS they had - A good diet was explained/offered to respondents - They were motivated to stay "positive" although they were HIV/AIDS positive.
Positive and negative views (Some Respondents) *** Reasons for being negative were:** - Respondents felt that not enough time was spent on personal related information like pension funds/retirement etc. *** Reasons for being positive were:** - Counselling provided on pre and post counselling for HIV/AIDS was very detailed and respondents' fears about the sickness were laid to rest.
Negative views - Very little was discussed on the physical changes they may experience (fatigue, skin problems etc.) - Respondents felt that no counselling was offered to them at all.

2.8 Managements view/position on counselling

Respondents were mainly happy about management support towards the counselling programme.

A large majority of the respondents mentioned that management gave their full support to the counselling programme.

Respondents are given time off during working hours to attend counselling programmes with full remuneration.

A small number of respondents mentioned that management did not support the counselling programme by not;

- Allowing respondents to attend counselling during working hours

- Showing interest in respondents' physical condition and their status, and were only concerned with respondents' working performance.

Although the HIV/AIDS counselling programme was approved by senior management for all employees of Goldfields Mining Company, senior management did not always have control to ensure that this counselling programme received the necessary support from all managers employed by the company.

Management's knowledge and perception of counselling and HIV/AIDS issues

In addition to qualitative questions on epidemiology and costs of the issues, the following qualitative questions were asked of management: (Debswana's Mining Company)

- What Managers impressions were on the HIV/AIDS situation in their operations
- Managers "knowledge on the employees" understanding or ARVT benefit
- Measures in place to sensitize employees about ARVT benefit and to encourage enrolment into the mine's ARVT programme.

The benefit of Debswana's HIV/AIDS policy is well accepted by management (Medupe & Collins 2004). Respondents consider themselves "aware and informed" of their principles and they promoted their practices.

Economically, according to the analyses of Kennedy (2002), Nattrass (2002) and Rosen et al., (2000), many companies cannot afford not to treat AIDS (especially with regard to their most skilled workers).

Management believes that the reason for low response/registration is that most people did not know their status (Orapa weekly news May 14, 2003).

At both Debswana Mining Company and Goldfields Mining Company managers are expected to play a more prominent role, in reversing respondents/employees being discriminated against.

- Management should publicly display that HIV is not a problem confined to subordinates but that it affected every person.
- Workers required more involvement from management than what they were currently offering to the programme.

Management can ensure absolute commitment to the HIV/AIDS counselling programme by the following:

- Leadership should be displayed by all levels of management
- Managers should integrate HIV issues with other departmental issues
- Objectives of HIV/AIDS preventative programmes should be included in the departmental planning, budget and workplans
- Managers participation in the workplace programme
- Managers act as role models
- Managers promote values such as gender equality

2.9 Support for Counselling activities during working hours.

The majority of respondents were satisfied with time allocated during working hours for counselling. They were happy with an hour per week for counselling and did not have a need for any further time spent on counselling.

Some of the respondents were unhappy about time allocated for counselling for the following reasons:

- Most of the time was spent waiting for the bus to take them to the medical centre

- Time was provided to receive medication but no counselling was done

- Counselling did not allow respondents to talk about personal problems

- Counselling sessions should be conducted whenever there was a need for counselling and not once a week. This is what some of the employees had to say:

"We go there, because we must go there
We never talk about our problems/family/work
We sometimes get sick/but we have to wait
For counselling date given by nurse"

Table 6: Time allocated for counselling activities during working hours

Time allocated
Sufficient time allocated
Insufficient time allocated - Rush for bus - Little time to discuss personal problems - No crisis counselling, strictly by appointment - Little privacy about the counselling - Never received any counselling - No time given off for counselling

It was found, that the majority of respondents were happy with time allocated for counselling during working hours, however some of the respondents needed time for counselling.

The researcher supports the idea of more time be given to counselling. Not only will it ensure respondents talk about personal related problems, but more effective counselling services would be rendered by counsellors.

2.10 The role counselling plays in employees' daily lives

The majority of respondents mentioned that counselling played a positive role in their daily lives. Counselling helped respondents to cope with life's daily stressors and identified the importance of condomising and having one partner.

- A minority of respondents were not only receiving counselling at work but were coping with daily life's demands by talking to other employees about their personal needs/problems and concerns.

- One respondent felt that counselling helped him to live "positively" being HIV/AIDS positive.

- One respondent felt that counselling helped him to accept his HIV/AIDS status and was living his life as an HIV/AIDS employee.

- Another respondent mentioned that counselling did not have any meaning in his daily life because he never received any counselling at work.
  "I live everyday as it comes – nobody ever told me how to live my life when I was HIV negative and I don't think anybody should tell me, how to live my life being HIV positive"

Table 7: The role counselling plays in employees' daily lives

Role counselling plays in employees' daily lives
Training on condom use and living with one partner
Learn to cope with life stressors (peer/friends important role)
To live "positively" being HIV and how to live a healthy life
Not coping completely with life because he never received any counselling
Help employee to accept his status and being able to change his lifestyle accordingly

According to Medupe and Collins (2004:294), the role counselling plays in employees' daily lives is:

- The benefit in prolonging their own lives
- Being able to plan for their own future, their children and society
- Preventing re-infection to themselves and to others
- Developing a responsible attitude self, dependants and others within the broader community
- Improving employees' knowledge on HIV/AIDS on a regular basis
- Establishing support groups amongst affected and effected employees'.

2.11 How does counselling provide the necessary relief to work stressors

Some of the respondents mentioned that counselling helped respondents to "accept" themselves being HIV/AIDS employees, talking to management and other infected HIV/AIDS employees helped to cope with stressors.

A few respondents mentioned that relief to work stressors had been gained by attending treatment during working hours, and spending time with other infected employees helped respondents cope with work stressors.

A minority of respondents were motivated through counselling that they should always deal with work stressors as they come their way, "Doing their best was good enough."

A respondent was being provided necessary relief to work stressors, by having faith that for as long as he works he will be able to care for his family.

A respondent by means of counselling accepted that his work performance would not be the same because of his HIV/AIDS status. Being aware of this helped the respondent to provide the necessary relief to daily work stressors.

> "Amongst my friends we are many that are HIV positive. We give each other tips on traditional medicine and how to work hard being HIV positive".

The researcher believes that during counselling the counsellor should show belief in the employees. In counselling the less "educated" employees who believe in traditional healers, they should be counselled around their beliefs, which would minimize their work related stressors.

Table 8: How counselling provides relief to employees daily work stressors

Relief to work stressors
Receiving treatment at work
To stay "positive" being HIV positive
A respondent is motivated through counselling that he should always deal with work stressors as they come his way. Doing their best was good enough.
Possible breakthrough on research conducted on cure for HIV
Knowing that he has fellow employees at work who are also infected provides necessary relief

2.12 How does counselling ensure that you as employee remain positive (working environment) and maintain a healthy lifestyle.

The majority of respondents accepted that by means of counselling they have to follow a healthy and balanced diet to stay healthy, which would ensure a healthy "working lifestyle" within their working environment. " If I eat ok my body will be ok."

Most employees believe that counselling helped them to be "positive" towards working demands and ensured healthy working relationship with fellow employees. "I don't have very long to work, because of that I will be happy at my work".

A few respondents were not receiving any counselling to help them being "positive" within their working environment and lifestyle. Respondents were still consuming alcohol and did not always take the necessary precautions regarding their personal safety at work. "If I drink, I don't feel sad and am not afraid of my sickness".

AIDS Counselling has two main aims: Education and Support

- Education helps to alleviate fear and ignorance about AIDS. Accurate information in itself can be very reassuring for a person who is HIV infected because it helps to dispel myths about the disease, and gives the person a feeling of being more in control of his/her illness. Another benefit of education is that informed people respond more appropriately, and without paranoia, to the AIDS sufferer, thereby allowing him/her to lead a normal life.

- Support is essential because of the personal trauma that is created by being infected. Social and emotional support can be provided to the sufferer in a variety of ways, ranging from warm, human touch to helping to identify difficulties and actively trying to address and resolve these difficulties.

Table 9: How counselling ensures that you as employee remain positive and maintain a healthy lifestyle.

How counselling ensures employees remain positive and maintain a healthy lifestyle
Accepting their status and "face" life on a daily basis as a challenge
Employees know that by living healthy they will prolong their lifespan
Not receiving any form of counselling but maintaining a healthy lifestyle and positive thinking by sharing fears with other colleagues/employees

2.13 The content of counselling provided to HIV/AIDS positive employees

The majority of respondents are satisfied with the content of the counselling programme offered by Goldfields Mining Company to their employees.

The content includes:

- Pre and post counselling

- Condom use

- Healthy lifestyle and balanced diets

- How to live “positively” being HIV/AIDS positive

- Information on coping with life

- Work stressors

Most respondents felt that more information should be given on:

- Retirement funds

- Medical aids

- Wills/Testaments

- Pension funds etc.

One respondent was not aware of the counselling programme neither the content thereof, because he never received any form of counselling from his employer.

Although Goldfields Mining Company is providing a HIV/AIDS workplace programme to its employees, it does not consist of all the core elements of any workplace programme.

According to Department of Public Services and Administration (2003:75-76), a well defined workplace programme should consist of

- Awareness
- Education and Training
- Creating a non-discriminatory environment
- STI prevention and treatment
- Infection control

- Voluntary Counselling and Testing
- Condom promotion and distribution
- Preventing any new infections
- Changing high risk behaviours
- Provide services to support the above
- Wellness programme (treatment and care)
- Social Support Structures
- Assistance for employees to plan for their future (support)

One employee puts it as follows: "I don't know my own future, how can I plan for my families future"

The researcher is of the opinion that more should be done from the employer/management in supporting employees with possible future financial related issues, for example, policies/testaments etc

"I know I'm dying…. But I don't know how long my employment benefits will last?"

Table 9:

The content of counselling given to employees
Condomising, healthy lifestyle, dietary plans (Majority)
Information on how to cope with life daily stresses (Most)
Never received any form of counselling and are unaware of counselling programmes and the content thereof (Few)

2.14. General Information (Workplace)

According to Business Africa (7/12/2002:13), employers should counsel employees that:

- employers will need to offer more competitive take-home packages to maintain standards of living for all employees.

- profitability will be affected by increasing social responsibility costs, such as the provision of anti-retroviral drugs to infected employees.

- less disposable income will be available to consumers as a result of increased spending on medical and related costs.

- this would negatively influence essential services and products in particular.

- consumers will pose an increased credit risk as far as credit retailers are concerned.

- fixed investment industries such as land transport and building/construction will be adversely affected, because they are relatively labour-intensive and employ workers from the highest risk groups.

- mining is also potentially a high risk sector, although mining houses such as Anglo American are less vulnerable, because of the diversified geographical sphere of the operations.

The researcher agrees with the above article that this is important information that employees should be informed about being HIV/AIDS positive in the workplace.

This information should also be given to employers and management to let them realize what long-term negative effects HIV/AIDS will have on the workplace, and especially when the employer is failing to invest in a good workplace programme for employees.

2.14 What suggestions would you make to improve counselling for HIV/AIDS employees.

The majority of respondents did not have any recommendations or suggestions to be made for counselling programmes.

Majority of the respondents felt that their needs were met with the current counselling programme offered to HIV/AIDS affected employees at Goldfields Mining Company.

A respondent suggested that more attention should be given to concerns like;

- Pension funds payouts
- Medical aid costs
- Involvement of family on counselling programmes

A respondent suggested that more information should be made available on traditional medicine.

A respondent felt that more time should be spent in preparing employees on physical changes they might experience.

A respondent felt that management should undergo a training programme in working with HIV/AIDS infected employees.

According to Medupe and Collins (2004:260) the following recommendations are made by employees/workers to improve compliance with a treatment programme in the workplace.

- Attach an incentive (money) for workers who undergo a voluntary HIV test from the mine and enroll for ARVT with the mine.
  This will be an encouragement to the workers, and it will improve enrollment to the programme.

- Hire more staff for the hospital to avoid long waiting hours for consultation and long queues at the dispensary.

- Dispense HIV drugs in consultation rooms instead of publicly at the dispensary to protect the interest of those employees who may not desire to be seen at the dispensary.

- Because it seems as if top management and senior staff members are given superior drugs, management should ensure that workers are given the same good drugs irrespective of position and race.

- Since health workers "leak out" information about medical conditions, health workers must be given extensive training on issues of confidentiality.

- Top management must have voluntary counselling publicly so that other mine workers/employees may learn from their example and be drawn to utilize the programme.

Suggestions to improve counselling for HIV/AIDS employees

- Satisfied with counselling offered. No need for improvements on counselling programmes (Large Majority)
- More time allocated to address employees' personal needs (Most)
- More information on traditional medicine (Few)
- Should spend more time on physical changes the body will undergo being HIV/AIDS positive (Individual)
- Management should be more involved in counselling programmes in working with HIV/AIDS employees (Few)

3. Problems encountered with research study

The researcher stated that the main problems encountered in facilitating this research study were as follows:

3.1 Language

The majority of the respondents were unable to speak English or Afrikaans.

Most respondents spoke Sotho or Zulu.

The researcher had to make use of interpreters from Goldfields Mining Company.

Interpreters were not always available or willing to assist with the research study because of other work related commitments.

This problem often led to researcher having to travel from Pretoria to Carltonville without being able to interview the respondents of Goldfields Mining Company.

3.2 Venue

The researcher's "allocated" venue was double booked. Students from other universities were scheduled at the same venue at the same time. Respondents' time allocated for research expired without being able to conduct the interview.

3.3 Time

Respondents of Goldfields Mining Company were instructed by senior management to participate in the research study on the morning of the interview.

The time was normally given to respondents to attend "counselling" or to collect their medication from the medical centre, which made respondents very unhappy.

The researcher often had to travel to Carltonville and spend an entire day interviewing two respondents because of insufficient time allocated to conduct research study with Goldfields employees.

4. Conclusion

The results of this study have been presented and discussed in this chapter. The respondents interviewed were only black males.

The majority of respondents only spoke a South African black language as their home language and grew up in rural areas and outside of the South African borders (example: Lesotho, Mozambique)

All the respondents who participated in the study were living in hostels in the West Rand but were originally from rural areas including farms in Mpumalanga.

HIV prevalence in rural areas: HIV prevalence is lowest in rural areas and higher in urban areas, particularly at mines as reported in this study.

According to UNAIDS (2001) the lower HIV prevalence in tribal areas and farms, when compared to the prevalence ratios in urban formal areas and suggests that increased efforts are needed to keep prevalence lower in rural areas, while parallel efforts are needed in urban areas to reduce new infections. Residents of hostels and mines are known to be more mobile, and thus need targeted interventions.

The majority of respondents who participated in this research study were middle aged.

From the data collected, it is clear that the majority of the respondents were positive about the type of counselling they received from work, although there was a need for personal related problems which were to be attended to during counselling sessions.

Positive attitude towards the counselling programme does not always lead to involvement (UNDP:1999). (Although Management and some of the respondents acknowledge and support the counselling programme, they don't actively participate in the programme).

UNDP (1999) explains further that attitudes will best predict behaviour when the attitude is;

- cognitively accessible
- based on direct experience of the attitude
- part of a stable set of attitudes; and the person is:
- an active person
- low in self monitoring (these people act according to their inner feelings)
- high in need of cognition.

It is clear from findings, that despite respondents receiving counselling at their workplaces it did not imply that they were satisfied with the type of counselling and the content of the counselling they received.

Despite senior management's positive counselling policy at Goldfields Mining Company and the "positive attitude" management have for the counselling programme, this did not imply that they would automatically engage themselves in the process.

In the next chapter the researcher will discuss the conclusion that can be drawn from this study and recommendations for future research will be presented.

CHAPTER 4

RECOMMENDATIONS AND CONCLUSION

Recommendations and future developments:

1. Introduction

The final chapter provides recommendations by the researcher on different recommended key indicators of a HIV/AIDS workplace counselling programme for affected employees and how these counselling programmes should be measured.

It concludes with remarks on HIV/AIDS workplace counselling programmes and provides suggestions for further research.

2. Recommended workplace counselling programmes for HIV/AIDS affected employees

It is strongly recommended that not only one or two counselling areas should be monitored (example pre and post test counselling) but that all recommended counselling as described in chapter two be monitored in a holistic manner.

Standardised specifications on data relating to HIV/AIDS counselling and the importance thereof for HIV/AIDS affected employees should be collected from various data sources dealing with HIV/AIDS counselling in the workplace. It is recommended that an integrated database be structured for all workplace counselling programmes. Companies (workforce) should be allowed to download the counselling information from the computer. This availability of workplace counselling data will ensure and develop standardised counselling programmes for businesses throughout South Africa.

3. HIV/AIDS counselling programmes for employees

The medium and long term objective of any counselling programme, is to reduce the HIV/AIDS prevalence of the population/or total employee complement.

The private and public sectors and government cannot function in isolation and will need to form an integrated approach to ensure that all South Africans will in the long term receive the best counselling programme and reach their goals (reducing the HIV/AIDS rate).

4. The awareness and knowledge of affected employees

Knowledge, Attitude and Practice (KAP) surveys are very effective tools to establish the level of the company employees for counselling. The tool also assists with the identification of any potential obstacle or barrier for employees to participate in both counselling and intervention programmes.

Education and training programmes should be conducted on a regular basis and must be designed to suit the different levels of employees. These training and education programmes should be conducted on a regular basis. The attendance of employees to this education/training should be monitored and measured.

Goldfields Mining Company should at all times ensure that HIV/AIDS counselling is conducted by trained nurses who are qualified in the field of HIV/AIDS.

Counselling for HIV/AIDS employees in the workplace can also be conducted by using other tools like the internet and other web based programmes.

This counselling programme should be measured in terms of registration of employees and the number of times the employee accesses the different sites and modules.

5. The voluntary counselling and testing programme as part of an active employee counselling programme

Research has shown that a VCT programme is one of the most important key indicators of a successful HIV/AIDS intervention programme. It is therefore very important that a company should conduct a successful counselling programme on VCT to ensure that they target to achieve the highest possible VCT saturation.

Employee counselling programmes would be able to identify any abnormal patterns within the VCT programmes. Any variances can be corrected by targeting VCT counselling programmes.

6. Productivity measurement of infected employees utilising sick leave, monitoring criteria through counselling

Absenteeism and productivity of the HIV/AIDS employees were discussed in previous chapters. It is recommended that the company should appoint an outside service provider to monitor and investigate all sick leave absenteeism cases.

The information and management obtained from an effective monitor and management programme is essential to determine the cost compared to the benefit for an employer funding the HIV/AIDS intervention programme within the workplace.

7. Concluding remarks and areas for further research

Information on company/sector HIV/AIDS impacts counselling programmes is becoming available. This information is not always provided in a format for other companies/sectors to benchmark themselves.

The requirements set out for companies in the King II Report on Corporate Governance and the fact that a greater number of companies are beginning to share information, stipulates that there is a need for making the results of HIV/AIDS impact/counselling programmes and responses comparable from one sector to

another, from one company to another. It is therefore very important that companies should participate in the Global Reporting Initiative on HIV/AIDS.

It would be beneficial if data to be collected could be defined and key indicators could be developed not only for measuring, evaluating and monitoring the impacts, programmes and responses of sectors, companies and workplaces but also for cost benefit analyses.
Additional research is also required on indirect costs, what these cost comprise of and the economic impact of HIV/AIDS on such indirect costs to the South African economy.

There are several areas that Goldfields Mining Company are not reporting which may require further research which include:

- The methods and models used for studies are rarely disclosed. This might possibly be because of either a fear of breaching confidentiality or the negative reaction the results might have amongst other groups/companies.

- It is also not clear how Goldfields Mining Company will confront the losses they will incur when employees become debilitated and the companies productivity declines.

- Although the Mining Company/Sector is a significant contributor to the Gross Domestic Product, it is generally not the most significant employer.

- Anti-retroviral treatment is mentioned in Goldfields Mining Companies HIV/AIDS programme, but the reason and importance thereof is not clearly communicated to their employees.

- Very little information is given about the senior levels of employees within Goldfields Mining Company. Because senior level employees are also affected by the impact of HIV/AIDS in the workplace, an intensive study should be conducted regarding this neglected area.

- Goldfields Mining Company, like many other companies/sectors are making use of the Peer Counsellors. The selection, compensation, motivation and the sustainability of the programme are known.

In conclusion, HIV/AIDS counselling must be taking an emotional toll on peer educators, counsellors and occupational health practitioners, human resources, personnel, trade union leaders and representatives to name but a few, and yet there appears to be not enough available literature on the provision and type of support, if any, afforded them. The challenge for future research on the impact of and response to HIV/AIDS in the workplace is to encourage as far as possible, the universal adoption of proven responses to the impact of HIV/AIDS, and the importance of counselling to affected employees in the workplace.

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Appendix A:

UNIVERSITY OF PRETORIA

FACULTIES OF HUMANITIES, EDUCATION, LAW, THEOLOGY, ECONOMIC & MANAGEMENT SCIENCES

*APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS AND / OR WITH ETHICAL IMPLICATIONS

PLEASE NOTE: 1. No applications will be considered without the necessary documentation. See 3.5, 3.7, 3.8 and 4.1 below.

2. No applications will be considered unless they have been approved by the Departmental Research Committee.

Please type or print legibly with black pen.

Name: **Mrs. P.R. Dick** Address: **235 P.S. Fourie Drive** **EERSTERUST, PRETORIA** **0022** University Department: Department of Social Work Professional status (if student: student number, degree and year of study): Mrs. P.R. Dick M.A. (Management) 2002, 8684928 Telephone: 012 358-4434 Cell phone:082 856 1697 Fax:012 358-4419 E-mail: Nellad@tshwane.gov.za	TITLE OF RESEARCH PROJECT: **HIV/AIDS in the workplace: affected employees' perceptions of social work counselling services.** PURPOSE OF THE RESEARCH: Undergraduate ☐ Graduate ☑ Not for degree purposes ☐
ANTICIPATED FUNDING SOURCE (if any):	ESTIMATED DURATION OF THE PROJECT : From **November 2004 – March 2005**
FIRST APPROVAL REQUESTED: Yes ☐ No ☐ RESUBMISSION Yes ☑ No ☐	

1. OBJECTIVES OF THE RESEARCH

Please list:

* To conduct an investigation by undertaking a literature study on HIV/AIDS affected employees services in the workplace and their perception in relation with counselling.
* To conduct an empirical study with employees affected by HIV/AIDS on the needs for counselling .
* To make recommendations for a programme on counselling for HIV/AIDS affected employees in the workplace.

2. SUMMARY OF THE RESEARCH

Please provide a brief summary of the research (maximum 250 - 300 words)
The researcher is of opinion that people with HIV/AIDS may obtain reassurance during counselling. If they share their worries and fears about what may happen to them being HIV/AIDS positive, they would be able to deal with rejection and hostility from fellow employees, family members and the broader community. The researcher believes that every infected person should be perceived as a unique individual and is different from one another.

The researcher is of opinion that every person is a human and is therefore in need of acceptance, love and support from others in their spheres of interaction. If a person with HIV/AIDS should lose these mentioned support systems it may have a stressful impact on the employee and that can be dealt with during counselling sessions.

The aim of this study is to ensure that counselling to affected employees within the workplace would play a meaningful role in the employee's work environment and also employees perception on social work councelling service. To ensure coping strategies in order to reduce stressors in the workers daily lives and to provide employees with information on how to be productive and living a healthy life being HIV/AIDS positive.

3. SUBJECTS' PARTICIPATION

3.1 Where and how are subjects to be selected?
The subjects would be selected from Goldfields Mining Company, by the Goldfields medical doctor and management on a random basis.

3.2 If subjects are asked to volunteer, who is to be asked to volunteer and how are they to be selected?
The subjects will be selected from employees attending counselling sessions within Goldfields Mining Company on a voluntary basis. These will be the same subjects that will be asked to participate on a voluntary basis in the research study.

3.3 If subjects are to be recruited, what inducement is to be offered?
Not applicable. The subjects are fulltime employed by Goldfields Mining Company and no inducement would be offered to voluntary subjects.

3.4 If subjects' records are to be used, specify the nature of these records and indicate how they will be selected.
The subjects records will be selected by the medical doctor and the company nurse and permission would be granted by employees guided by the Goldfields Mining Labour Relations Group.

3.5 Has permission been obtained to study and report on these records?

Yes ☑ No ☐ Not applicable ☐

*If **Yes**, attach letters.*

3.6 Salient characteristics of subjects:

Number :	10
Gender :	Male
Age :	22 - 64

3.7 Describe if permission of relevant authorities (e.g. school, hospital, clinic) has been obtained?

Yes ☑ No ☐ Not applicable ☐

*If **Yes**, attach letters.*

Find attached letter as Annexure A

3.8 List proposed procedures to be carried out with subjects to obtain data required by marking the applicable box(es):

☐ Record review
☑ Semi-structured interviews (*Attach)*
☐ Interview schedule (*Attach, if available. If not, submit at a later stage, together with initial approval of Ethics Committee*.)
☐ Clinical assessment
☐ Procedures (e.g. therapy). Please describe.
☐ Other. Please describe.

3.9 If specific evaluation/assessment and treatment procedures are to be used, is the researcher registered to carry out such procedures?
Yes, researcher is a registered social worker with the SA Counsel for Social Workers.

3.10 If the researcher will not personally carry out the procedure, state name and position of person who will.
The researcher will conduct the procedure personally at the Goldfields Mining Company Head Office in Carltonville, Johannesburg.

4. INFORMED CONSENT

4.1 *Attach copy* of consent form

Attached to proposal as Annexure A. Consent had been granted by Goldfields Management on behalf of their employees with their permission.

4.2 If subjects are under 18, mentally incompetent, legally incompetent to consent to participation, how is their assent obtained and from whom is proxy consent obtained?

Please describe.

Not applicable

If subjects are under 18, mentally incompetent, legally incompetent, how will it be made clear to the subjects that they may withdraw from the study at any time?

Please describe.

Not applicable

4.3 If the researcher is not competent in the mother tongue of the subjects, how will he/she ensure that subjects fully understand the content of the consent form?

Please describe.

The interview schedule will be translated in a language best understood by employees to ensure that the subject understands the content.

5. RISKS AND DISADVANTAGES TO THE SUBJECTS

5.1 Do subjects risk any potential harm (e.g: physical, psychological, legal, social) by participating in the research? No ☑ Yes ☐

*If **Yes**, answer 5.2:*

5.2 What safeguards will be taken to minimize the risks?

Please describe.

Not applicable

5.3 Will participation or non-participation disadvantage the subjects in any way?

No ☑ Yes ☐ If Yes, explain in which way.

6. DECEPTION OF SUBJECTS

6.1 Are there any aspects of the research about which the subjects are not to be informed?

No ☑ Yes ☐

If ***Yes***, describe the nature thereof.

Not applicable

7. BENEFITS TO THE SUBJECTS

7.1 Will participation benefit the subjects? No ☐ Yes ☑

If ***Yes***, please describe.

If any shortcomings will be noticed within Goldfields Counselling of their HIV/AIDS employees within the workplace, special affection would be given to improve these shortcomings of which participants would benefit the subject.

8. CONFIDENTIALITY

8.1 How is confidentiality and/or anonymity to be assured?

Please describe.

* The researcher will at all times strive to respect HIV/AIDS employees' status while conducting the research study.
* Private data obtained regarding the subject will not be divulged to other employees.
* Employees will provide written consent prior to the research interview
* Employees will be interviewed at Goldfields Mining Company Head Office, Carltonville Johannesburg and not at their workplace in Carltonville to ensure confidentiality.

9. DISSEMINATION OF RESEARCH

9.1 To whom will results be made available?

* The Goldfields Mining Company.
* The University of Pretoria – Social Work Department.
* Employees who had participated in the research study.

9.2 In which format do you expect results to be made available?

Please mark those applicable:

☑ book ☑ scientific article ☐ lay article ☐ TV ☐ radio

☑ conference papers ☑ other, please describe.

Info desk at workplace

Goldfields Mining Company – Aids Booklets

10. STORAGE OF RESEARCH DATA

10.1 Will research data be destroyed at the end of the study? Yes ☑ No ☐

10.2 If **No**, where, in what format and for how long will the data be stored?
Please describe.

10.3 For what uses will data be stored?
Please mark those applicable:

☑ research
☐ demonstration
☐ public performance
☐ archiving

10.4 How will subjects' permission for further use of their data be obtained?

☑ Informed consent form
☐ Other. Please describe.

11. OTHER INFORMATION

Any other information which may be of value to the committee should be provided here:
Not applicable.

- **APPLICANT'S SIGNATURE :** **DATE:**
- **SUPERVISOR'S SIGNATURE:** **DATE:**
- **CHAIR : DEPARTMENTAL RESCOM: SIGNATURE:** **DATE:**

Are you of the opinion that the proposed research project has ethical implications?

Yes ☐ **No** ☐

- **HEAD OF DEPARTMENT: SIGNATURE** **DATE**

Are you of the opinion that the proposed research project has ethical implications?
Yes ☐ **No** ☐

- **CHAIR: FACULTY ETHICS COMMITTEE** **DATE:**

ATTACHMENTS:

☐ Other authorities' approval
☐ Informed consent
☐ Questionnaires, interviews, assessment
☐ Subject instructions
☐ Other

***** *With acknowledgement to Harvard University 1999-2000, and the University of the Witwatersrand 1992*

Appendix B:

APPENDIX B

GOLD FIELDS
HIV/AIDS PROGRAMME

Gold Fields Health Services
Leslie Williams Private Hospital

PO Box 968
Carletonville
2500

Tel: +27 18 788 1230
Fax: +27 18 786 1376

Thursday, 05 June, 2003

Mrs Nella Dick

Dear Mrs Dick

RE: RESEARCH PROJECT

Gold Fields undertake to randomly recruit 10 HIV infected employees for the study once a time and date is set for Mrs Dick's visit.

We are in a confidentiality agreement with our employees and will have to seek their consent to disclose their status to Mrs Dick, although it might be by implication only.

Yours truly,

DR A.P. BESTER
MANAGER: GFL HIV/AIDS PROGRAMME

Appendix C:

1. PARTICIPANTS NAME:

10 Employees of Goldfields Mines

2. DATE:

During March 2003 – June 2003

3. TITLE OF STUDY:

HIV/AIDS in the workplace: Affected employees' perception of social work counselling service

4. AIM OF THE STUDY:

To assess HIV/AIDS employees' perception of social work counselling services in the workplace.

5. PROCEDURE:

The researcher intends to implement semi-structured interviews with volunteering HIV/AIDS infected participants.

6. RISK AND DISCOMFORT:

There will be a "no risk" or discomfort associated with the research project.

7. BENEFITS AND FINAL COMPENSATION:

The employee of Goldfields Mining Company will not receive any financial benefits. However the results of the study may help the Goldfields Management to improve their HIV/AIDS Counselling Programme to their employees.

8. PARTICIPANT'S RIGHTS:

The participant/employee of Goldfields Mining Company has the right to withdraw from participating in the study at any time and also has the right not to answer questions of a sensitive nature.

9. CONFIDENTIALITY:

The researcher will at all times respect participants' status while conducting the research study.

Employees will grant their consent in writing for release of identity or any personal information if required at any stage. Employees will be interviewed at Goldfields Mining Company Head Office, Johannesburg, and not at their workplace in Carletonville to ensure confidentiality.

The researcher understands that the results of this research/study/project will be kept confidential unless written approval from participants and Goldfields Management is obtained for release. After obtaining such written consent or approval, the results of the study may be published in professional journals or presented at professional conferences, but no identity of participants will be revealed.

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

If I have any questions I can call

Mrs P R Dick (Researcher)
Goldfields Management: Human Resources – Labour Relations

SUBJECT SIGNATURE: ……..

SIGNATURE OF INVESTIGATOR: ……..……..

DATE: ……..…….

Appendix D: Semi-structured interview schedule

SECTION 1 : PERSONAL DETAILS OF RESPONDENT

1. What is your age?

2. What is your marital status?

3. How were you selected to obtain counselling?

4. Describe the counselling that you currently receive?

5. What is your perception on counselling received within the workplace?

6. What are the positive and negative aspects about the counselling you receive?

7. How supportive is management towards your counselling?

8. Support for counselling activities during working hours.

9. Describe the role counselling plays in your daily life.

10. How does counselling provide the necessary relief to work stressors?

11. How does counselling ensure you as employee to remain positive (working environment) and maintain a healthy lifestyle?

12. Describe the content of counselling provided to HIV/AIDS positive employees during counselling

13. What suggestions would you make to improve the counselling for HIV/AIDS employees?