APPENDICES

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NO APPENDIX A AVAILABLE
APPENDIX B

Participant’s

Name_____________________________Date________________________

Principal investigator: Mildred N.M. Buthelezi,
Organization              : South African Post Office
Address              : Private Bag X54351
                        Durban
                        4000

Informed Consent:

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

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

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

5. **Benefits:** I understand there are no known medical benefits to me for participating in this study. However, the results of the study may help
researchers gain a better understanding of how HIV/AIDS is impacting on all employees.

6. **Participant’s Rights:** I may withdraw from participating in the study at any time.

7. **Financial Compensation:** Participating in this study will not put me into any expenses.

8. **Confidentiality:** I will only complete the questionnaire. The questionnaire will only be read by the researcher. I understand that the results of this study will be kept confidential unless I ask that they be released. The results of this study may be published in Professional journals or presented at Professional conferences, but my questionnaire or identity will not be revealed unless required by law.

9. If I have a question of concerns, I can call Mildred Buthelezi at 031-3363468/2611946 at any time during the day or night.

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

____________________________________
____________________________
Subject’s Signature     Date

__________________________________________

Signature of Investigator
APPENDIX C

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

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

Please tick √ the appropriate box.

1. Age:

| 30–35yrs | 36–40yrs | 41–45yrs | 46–50yrs | 50–55yrs |

2. Sex:

| Male | Female |

3. Race:

| African | Coloured | Indian | White |

4. Main Home Language:

| Afrikaans | English | Xhosa | Zulu | Other |

5. Type of Office:

| Regional | Mail Center | Hub | Post | Depot |

6. Position:

<p>| Manager | Supervisor |</p>
<table>
<thead>
<tr>
<th>Section</th>
</tr>
</thead>
</table>

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

9. Does the Post Office possess an AIDS policy?
   - Yes
   - No

9.1 If yes, by whom was this policy developed? ______________________

10. How did you become aware of this policy?
    ____________________________________________
    ____________________________________________

11. Does your section have any employee/s who are HIV positive or suffering from AIDS?
   - Yes
   - No
   - Unsure

11.1 If yes, how many? ______________________

11.2 Which ages are they ranging?
   - 21 to 30
   - 31 to 40
   - 41 to 50
   - Other

12. How did you know about his/her/their HIV/AIDS status?
   - Self-disclosure
   - Medical report
   - Other

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

14. Have you noticed any of these symptoms by your employees?
14.1 If yes, how many employees are presenting these symptoms?
_____________________________________________________________________

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

<table>
<thead>
<tr>
<th>Doctors certificate</th>
<th>Disclosure</th>
<th>Known to you</th>
<th>Other</th>
</tr>
</thead>
</table>

15.1 How can you explain their behavior at work?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

15.2 How can you explain their physical appearance?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

16. What assistance have you given to these employees?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

| Yes | No |

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

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

<table>
<thead>
<tr>
<th>Sick leave with</th>
<th>Sick leave</th>
<th>Vacation leave</th>
<th>Vacation leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>Without Pay</td>
<td>With Pay</td>
<td>Without Pay</td>
</tr>
<tr>
<td>-----</td>
<td>-------------</td>
<td>----------</td>
<td>-------------</td>
</tr>
</tbody>
</table>

19. How often does he/she/they come to work per month?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

_____________________________________________________________________

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

Yes  No

20.1 If yes, what type of arrangements?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

Rotation  Volunteers  Relievers  Casuals  Other

22. How does the employee doing the duty accept the responsibility?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
22.1 How can you explain their behavior?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

23.1 If no, what are their duties?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

24. How can you explain their performance?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

25. What other benefits does the sick employee have?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

_____________________________________________________________________
_____________________________________________________________________

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Normal time</th>
<th>Lunch time</th>
<th>Overtime</th>
<th>Other</th>
</tr>
</thead>
</table>
29. Do they receive an extra pay/hours for performing these duties?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

29.1 If yes, how much are they being paid as extra or how many hours are they given per one day extra duties?

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

<table>
<thead>
<tr>
<th>Happy</th>
<th>Angry</th>
<th>Unsure</th>
<th>Other</th>
</tr>
</thead>
</table>

30. Should the Post Office request to know the HIV status of an employee?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
</table>

31. Please state reasons for your answer.

____________________________________________________________________
____________________________________________________________________

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
</table>

32.1 Please state reason/s for your answer.

____________________________________________________________________

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

33.1 State reason/s for your answer?

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
</table>

34.1 Please give reason/s for your answer.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

35.1 If yes, how long did he work for SAPO while still fit for duty?

<table>
<thead>
<tr>
<th>2 months</th>
<th>6 months</th>
<th>10 months</th>
<th>Other</th>
</tr>
</thead>
</table>

36. After how long did he/she/they became unfit?

<table>
<thead>
<tr>
<th>2 months</th>
<th>6 months</th>
<th>10 months</th>
<th>Other</th>
</tr>
</thead>
</table>

37. What assistance did she/he/they receive from the SAPO?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

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

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

39. Is he/she/they still alive?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
40. If no, is his/her/their family/s benefited anything from SAPO after his/her death?

| Yes | No |

40.1 If yes, what did they benefit after his/her/their death?

__________________________________________________________________
__________________________________________________________________

41. Is he/she/they replaced?

| Yes | No |

42. If yes, by whom?

| Permanent | Contract | Casual | Other |

43. His/her/their replacement was after how long after his/her death?

| 3 months | 6 months | 8 months | Other |

44. Has AIDS education been offered to employees in your section/department?

| Yes | No |

44.1 If yes, who provided AIDS education?

| Social Worker | Peer Educators | Volunteers | Other |

45. If Peer educators, who trained the educator/s?

______________________________________________________________

46. Who paid for the training of educators?

| Post Office | Self | Other |

47. How long was their training?
<table>
<thead>
<tr>
<th>4 weeks</th>
<th>2 weeks</th>
<th>1 week</th>
<th>Other</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Post Office</th>
<th>Self</th>
<th>Other</th>
</tr>
</thead>
</table>

49. How many educators were trained in your section or department?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

50. Which time is utilized to offer AIDS education?

<table>
<thead>
<tr>
<th>Post Office</th>
<th>Lunch time</th>
<th>After hours</th>
<th>Other</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>3 hours</th>
<th>2 hours</th>
<th>1 hour</th>
<th>Other</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Four</th>
<th>Three</th>
<th>Two</th>
<th>One</th>
<th>Other</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
</table>
54. To what extent is management able to respond to the legal issues related to AIDS? Please explain.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for completing this questionnaire.