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**A SOCIAL WORK STUDY ON THE IMPACT OF HIV/AIDS IN THE  
SOUTH AFRICAN POST OFFICE IN DURBAN**

by

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Submitted in partial fulfilment of the requirements for the degree MSD (EAP) in the  
Faculty of Humanities – Department of Social Work at the University of Pretoria,  
Pretoria.

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April 2003

### **DECLARATION**

I hereby declare that this dissertation denotes original work by me and has not been submitted in any other form to another University. Where use has been made of the work of other authors and sources it has been accordingly acknowledge and referenced in the body of the dissertation.

The research for this dissertation was completed in the Department of Social Work at the University of Pretoria, Pretoria. Research was undertaken under the supervision of Dr F.M. Taute during the period May 2002 to April 2003.

Opinions expressed and conclusions attained are mine.

Signature : \_\_\_\_\_

MILDRED NTOMBENHLE MAMOEKETSI MOHAU-BUTHELEZI

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APRIL 2003

## **DEDICATION**

This Dissertation is dedicated to:

my dad

Wilfred Tsidiso Selo Mohau who passed away in 1973

“Every time I make a wish.....I wish you were here”

and my daughter:

Melody who was born in 2002

“The happiest moments are those shared with you, I’m glad I have you”

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I am extremely grateful and thankful to a number of people who assisted me to ensure that this dissertation was completed:

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An extra special thank you to my little girls Buhle, Lesedi, and Melody for being understanding when I was busy with this dissertation and not with them. I will always love you.

MILDRED NTOMBENHLE MAMOEKETSI MOHAU-BUTHELEZI  
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## **ABSTRACT**

AIDS is a leading high-risk disease with multiple-faceted impact worldwide. It is impacting on a number of sectors.

This subject was chosen because of personal interest, and also because of lack of research on the subject in the South African Post Office (SAPO). The researcher's work in Durban, at the SAPO as an Employee Assistance Professional for two years, has exposed her to an increasing number of employees infected and affected by HIV/AIDS.

As an Employee Assistance Professional the researcher is expected to support these employees. Through working with employees who are infected and affected by HIV/AIDS the researcher felt interested in the subject, especially in investigating how HIV/AIDS is affecting SAPO. The researcher also wanted to contribute to increasing the knowledge base, and to contribute to the development of the organization. This study will assist management to gain insight into the impact of HIV/AIDS on the workplace, and then to be able to plan for the future.

This study was focused on the impact of HIV/AIDS in the SAPO in Durban. It was designed to understand the psychosocial impact of HIV/AIDS on both the infected and the affected employees. The aim of the study was to explore the impact at individual level and at the organization as a whole. A particular area of interest was on the impact caused by HIV/AIDS on their benefits and the execution of work of the employees.

Data was gathered by a questionnaire through a sample of 33 supervisors and 10

managers from the Post Offices around Durban who were selected using systematic random sampling. Efforts were made to ensure that cultural diversity in the Post Office is represented in the sample.

A literature review was conducted on the subject of HIV/AIDS and its impact in the workplace.

Key concepts of the study were the following; Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), and impact.

The study found that both the infected and affected employees were affected physically and psychologically by HIV/AIDS in different ways. It was indicated that the impact was also experienced in different ways. The impact depended on the type of a job of an infected employee. Employees were found to be at various stages and relapsing to and from backward stages, most of the time.

As a final product of the applied research used for this study, some guidelines to make a difference to the impact are proposed. Proposals constitute future broad guidelines with regard to HIV/AIDS services to be provided by the Employee Assistance Professional and management, and the support to be provided to both the HIV infected and affected employees.



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## CHAPTER ONE

### GENERAL INTRODUCTION AND RESEARCH METHODOLOGY

#### 1.1 INTRODUCTION:

In 1983 Acquired Immune Deficiency Syndrome (AIDS) was first reported as a disease present in South Africa. It was found that it is caused by a Human Immunodeficiency Virus (HIV), which is a virus that destroys the human immune system. Since then the virus is spreading day by day and has killed thousands of people and currently poses a health challenge to all organizations.

HIV/AIDS has affected not only those who have contracted it but also their immediate family members, their communities, and their co-workers in the workplace. It infects and affects many people worldwide. The workplace as part of the world sector is also greatly and directly affected by HIV. It affects every individual, every family, every social institution, every organization and every business. It knows no race, social standards, academic achievements, sex or religious affiliation. Nortje & Associates (2000:3) stated that “this is not an issue that only concerns government or the medical fraternity, or something that happens “somewhere” or “to other people”. “It is not a gay thing, or a passing plague. HIV/AIDS is here to stay and we must all work in partnership in combating the epidemic and its detrimental effects. It directly affects your business/ organization – today and in the future” (Nortje & Associates, 2000:3).

The Post Office in South Africa, like other industries is going to face a major HIV /AIDS impact which will result in the collapse of their domestic market. There will be a poor overall economic performance owing to a decrease in the number of consumers and a change in priorities. More focus will be on medication to fight AIDS. Whiteside & Sunter (2000:85) confirm that there would be diversion of resources from savings to care. This will happen as people spend their savings on medication and special food.

In this study the researcher examined the impact of HIV/AIDS on the SAPO in Durban. The male form will mostly be used in this study. The aim is not to discriminate in any way but it is just for convenience.

## **1.2 MOTIVATION FOR THE CHOICE OF THE STUDY:**

This subject was chosen because of personal interest, and also because of a lack of research on the subject in the SAPO. The researcher's work in Durban, at SAPO as an Employee Assistance Professional for two years, has exposed her to an increasing number of employees infected and affected by HIV/AIDS.

As an Employee Assistance Professional the researcher is expected to support these employees. Through working with employees who are infected and affected by HIV/AIDS the researcher became interested in the subject, especially in investigating how HIV/AIDS is affecting SAPO. The researcher also wanted to contribute to increasing the knowledge base of employees, and to contribute to the development of the organization. This study will assist management to gain insight into the impact of HIV/AIDS on the workplace, and then be able to plan for the future.

According to the Sunday Times Business Times May 19, 2002:10, the survey conducted by Deloitte & Touche revealed that "most companies have done little to evaluate or monitor the extent of HIV/AIDS among their workforce, they are just implementing policies and strategies without any real understanding of the extent or precise location of their risk". This study will assist management to gain insight into the impact of HIV/AIDS.

The University of Natal's Health Economic and HIV/AIDS Research Division (HEARD) (2001:13), confirmed that the economic impact would also be felt at the sectoral level. Increased sick leave and deaths are already being reported and have implications for the production process. The loss of skilled workers is having a significant impact on output. The increasing need of spending resources on medication will be felt as a result of fall in

output. HEARD (2001:14) continued to state that increased deaths and illness are likely to affect the economy, society and the achievement of goals.

The findings and recommendations of this study may assist management to develop new strategies to accommodate HIV/AIDS infected and affected employees. These new strategies may assist management to develop an HIV/AIDS policy, and to develop a different program to work towards prevention of further spread of HIV/AIDS, and to offer care and support to all the infected and affected employees.

### **1.3 PROBLEM FORMULATION:**

The spread and prevalence of HIV/AIDS is of great concern to all humans. The main concern for everyone is that HIV/AIDS is targeting all those employees who are still economically active. Those are employees between the ages of 18 and 40 years. All organizations depend on people for delivery; this indicates that people are integral to any organization (Nortje & Associates, 2000:3). Without a cure for HIV/AIDS all South African organizations are faced with a future with a dwindling supply of economically active people. Nortje & Associates (2000: 3) also state that business/employers are at risk of becoming victims of our future, "a future where, in 2005, our average South African life expectancy will dwindle to around 43 years, where there will be enough jobs but not enough people". Masi (2000:321) points out that presently, on average 27% of the workforce is infected with the HIV virus, with 3% to 4% actually being ill with AIDS. It is expected that by the year 2009, 17% of the workforce will be showing the symptomatology of AIDS.

The KwaZulu-Natal Premier, Mr L.P.H.M. Mtshali, in his speech on 25 February (2002:04) stated that "each hour that goes is marked by an estimated 15 people contracting HIV/AIDS in our Province". The KZN Premier (2002:4) further stated that KwaZulu-Natal has the highest prevalence of HIV infection in our country, and possibly up to 35% of our population is HIV positive. HEARD (2001:32) estimated that in 2000 about 71 020 people were living with AIDS in KwaZulu-Natal and by 2010 this figure

could rise to 288 104.

HEARD (2001:33) further stated that the estimated deaths due to AIDS were 40 082 in 1999 and by 2010 this will rise to a peak of 107 010. The projections imply that by 2008 there will be almost 300 deaths a day in the province and by 2010 there will be almost 500 000 orphans (HEARD, 2001:33).

With the current HIV/AIDS pandemic affecting South African organizations, employees of the Post Office are also part of the infected and affected community. There is an increasing rate of people taking long sick leave because of HIV/AIDS related illnesses, and this poses a need to gain insight into the impact of this disease.

This study is in line with the Post Office's commitment to address the problem of HIV/AIDS. The Post Office has committed itself to addressing the pandemic through its policy. This policy states that the Post Office is committing itself to preventing the further spreading of the disease. It is also stated in the SAPO policy (2002:2) that "the policy will be reviewed regularly to take account of the progression of the epidemic; development in medical care; experience in managing the disease in the workplace; and the impact of the epidemic on employee benefit schemes".

"The war against HIV/AIDS will be long and cannot be won by government alone. We can only win it if we change our attitudes and, from this moment on, begin dealing with this problem differently than we did before. We need to move ourselves into emergency mode. We must conduct this war with the assistance of each and every segment of our society" (KZN Premier, February 25, 2002).

This study on the impact of HIV/AIDS on the SAPO in Durban is therefore being done to contribute to the fight against the HIV/AIDS pandemic, within SAPO.

#### **1.4 GOAL AND OBJECTIVES OF THE STUDY:**

**Goal of study:**

to investigate the impact of HIV/AIDS on the SAPO in Durban.

**Objectives of the study:**

to gather information on the impact of HIV/AIDS on employees and the organization by conducting a literature study;

to establish through an empirical study the extent to which employee's benefits and execution of work in the South African Post Office in Durban are impacted on by the presence of HIV/AIDS in their work environment;

to formulate conclusions and recommendations based on the empirical study for the SAPO on relevant strategies to address the impact and to monitor the extent of HIV/AIDS infection among their workforce.

#### **1.5 RESEARCH QUESTION FOR THE STUDY:**

De Vos (1998a: 115) states that research always commences with one or more questions or hypotheses. Questions are posed about the nature of real situations, while hypotheses are statements about how things can be (De Vos, 1998a: 115). A hypothesis is used when a convincing theory about the supposed relationships among variables may be lacking and the question is concerned with the relationship between one or two variables. In this research the researcher used a research question, namely: "What is the impact of HIV/AIDS on the SAPO in Durban?" This research question was formulated because not enough is known about the phenomenon to be studied, that is, HIV/AIDS in the workplace, to justify the formulation of a hypothesis (De Vos, 1998a: 116).

De Vos (1998a: 116) noted that when enquiry is focused on one variable at a time, it generally takes the form of a question since it is usually difficult to predict the values that

may be found for the single variable. The researcher used a question, which was concerned with a single variable, that was, the impact of HIV/AIDS.

#### **1.6 RESEARCH APPROACH:**

There are three types of research: qualitative research, quantitative research and a combination of both quantitative and qualitative research. According to De Vos, Schurink & Strydom (1998:15) “the nature of the data and the problem for research dictate the research methodology”. Leedy (1993:142) describes qualitative research as a warm approach to the center of the problem of research, and quantitative research as a cold approach. Leedy (1993:142) further states that qualitative research is concerned with human beings, interpersonal relationships, personal values, meanings, beliefs, thoughts and feelings, whereas quantitative research is impersonally experimental and manipulates variables and controls natural phenomena. Rubin & Babbie (1993:30) states that quantitative methods might be more appropriate when we seek to verify hypotheses or describe with precision the characteristics of a population. Qualitative methods may be more appropriate when we seek to gain insight into the subjective meaning of complex phenomena in order to advance our conceptualization of them and to build theory that can be tested in future studies. A combination approach utilizes both approaches. In this research the researcher utilized a quantitative approach.

According to Rubin & Babbie (1993:30) when we want to verify whether a cause produces an effect we use a quantitative approach. In a quantitative approach the researcher aims to arrive at an understanding of facts from the outsider’s perspective by maintaining a detached, objective view (Leedy, 1993:144).

Schurink (1998: 241) states that “quantitative researchers use a deductive form of reasoning. The quantitative researcher sees himself as detached from, not as part of, the object that he studies. The researcher is concerned with the subjective exploration of reality from the perspective of an outsider; for example, the researcher calculates the number of respondents answering the same question in the questionnaire in the same



manner. In quantitative approach, constructs and concepts are translated into operational definitions and into numerical indices. The research conducted was quantitative in nature because the researcher aimed to obtain facts from SAPO by investigating the impact of HIV/AIDS in the SAPO in Durban, and involved as many respondents as possible and utilized questionnaires.

### **1.7 TYPE OF RESEARCH:**

There are different types of research: There is basic (pure) and applied research. The type of research conducted in this research was applied research. The goal of basic research is to seek empirical observations that can be used to formulate or refine theory, and basic research is not concerned with solving the immediate problems but rather with extending the knowledge base (De Vos, Schurink & Strydom, 1998:8). De Vos, Schurink & Strydom (1998:8) stated that the goal of applied research most often is the scientific planning of induced change in a troublesome situation. In this study the researcher conducted applied research since HIV/AIDS is a concern in the SAPO, therefore there was a need for strategies to manage the impact and thus make a difference.

This research is applied research because its purpose was to develop solutions for problems already existing in the SAPO. There were indications like long sick leave, which were clear indications that employees were possibly infected and affected by HIV/AIDS. This study assisted in indicating the impact and the strategies to monitor or manage the impact.

### **1.8 RESEARCH DESIGN:**

A research design is an overall plan or strategy of how a research study is to be conducted (Fouché & De Vos, 1998:123). According to Babbie & Mouton (1998:74) a research design is a plan or blueprint of how the researcher intends conducting the research. Mouton (1996:108) states that “the rationale for a research design is to plan and

structure a research project in such a way that the eventual validity of the research findings is maximized through either minimizing or, where possible, eliminating potential error.” The purpose of a research design is to ensure a comparison that is not subject to alternative interpretation (Blaikie, 2000:37).

De Vos, Schurink & Strydom (1998:15) states that the research design to be used is determined by the type of research approach chosen. Rubin & Babbie (1993:107) states that an exploratory research design is used when a researcher is examining a new interest, when the subject of study is relatively new and unstudied. Rubin & Babbie (1993:107) further states that this design is utilized when a researcher seeks to test the feasibility of undertaking a more careful study or wants to develop the methods to be used in a more careful study. Bless & Higson-Smith (1995:42) concurred that the purpose of exploratory research is to gain insight into a situation, phenomenon, community or person. The need for such a study could arise out of a lack of basic information on a new area of interest. Exploratory studies are very useful to assess the feasibility of a research project.

In this research the researcher utilized an exploratory design because there was little known in the area under study, that is, on the impact of HIV/AIDS on the workplace. By means of this research, more topics for further research were developed, for example, to explore the impact of HIV/AIDS on the SAPO and then to conduct further research on the needs of the employees impacted by HIV/AIDS and /or on suitable programs to support infected and affected employees.

## **1.9 RESEARCH PROCEDURE AND STRATEGY:**

The research procedure and strategy to be used is also determined by the research approach used (De Vos, Schurink & Strydom 1998:15). Research procedure and strategy will include specific data collection methods. A sample of 10 managers and 33 supervisors was selected because they were in authority and responsible for keeping all the records of each employee’s attendance and job performance, which are the indicators

of the impact of HIV/AIDS.

The researcher used a self-constructed questionnaire to collect data from the respondents. The objective of using a questionnaire was to obtain facts from SAPO supervisors and managers about the impact of HIV/AIDS in their offices.

De Vos & Fouché (1998a: 89) state that “a questionnaire is an instrument with open or close ended questions or statements to which a respondent must react.” A questionnaire for this study had both open and closed ended questions. The type of questionnaire that was used is a questionnaire delivered by hand. According to Fouché (1998:155) questionnaires are delivered by hand so that respondents can complete them in their own time, and they can be collected later. Questionnaires will be delivered during the day.

Questionnaires were delivered to respondents on a set date and time. Collecting questionnaires two weeks later gave every respondent enough opportunity to complete their questionnaires, helped the researcher to clarify questions to those respondents who experienced some difficulties in answering, avoided the loss of questionnaires, and avoided receiving uncompleted questionnaires. Fouché (1998:155) further states that this type of questionnaire raises the response rate because of the personal contact with the respondents; it also prevents lost and uncompleted questionnaires.

To increase the response rate the covering letter had clear instructions on how respondents should complete the questionnaire and for those who could not understand, the researcher clarified questions on her return to collect questionnaires. Fouché (1998:157) recommends this by stating that “A straightforward, easy-to-read cover letter may improve return rates and response accuracy more than any other single factor”.

Data collected was analyzed. According to De Vos & Fouché (1998b: 203) analysis means the categorizing, ordering, manipulating and summarizing of data to obtain answers to research questions. De Vos & Fouché (1998b: 203) further states that the purpose of analysis is to reduce data to an intelligible and interpretable form so that the

relations of research problems can be studied, tested and conclusions drawn. The process of analysis involves categorizing, ordering and summarizing of data. This process was planned early in the research. According to Neuman (2000:314) in quantitative research data is collected in the form of numbers. The numbers represent values of variables, which measure characteristics of respondents. Data was first coded. Data coding means systematically reorganizing raw data into a format that is computer readable. De Vos & Fouché (1998b: 202) states that quantitative data in professional research could be analyzed manually or by computer. The decision depends primarily on the amount of data that was analyzed and the number and types of analysis that were performed. Since the researcher was involving a reasonable bigger number of respondents with a bigger amount of data to be analyzed she analyzed her data manually. The researcher also used a univariate analysis, which means that one variable was analyzed, mainly with a view to describing that variable. Data collected was displayed and summarized using a frequency distribution. The frequency distribution was in table form and frequency distributions were displayed in the form of pie charts and bar graphs (De Vos & Fouché, 1998b: 204).

## **1.10 PILOT STUDY:**

A pilot study is a preliminary study designed to provide some feeling for or general understanding of the phenomena to be studied. It is intended to yield cues as to how to proceed with the major investigation (Strydom, 1998a:179). The author further states that a pilot study is one way in which the prospective researcher can orientates himself to the project he has in mind. The following are the components of a pilot study:

### **1.10.1 Literature Study**

According to Strydom (1998a:179) a pilot study starts with a literature study. The researcher did a literature study to gain all the necessary information about the proposed study. Doing a literature study entails orientating the researcher to the subject and tracing all available literature broadly and specifically relevant to her subject. The major function of a literature study is to link the proposed research with the current state of relevant knowledge (Blaikie, 2000:24). Blaikie (2000:24) further stated that the purpose

of a literature study is to link the proposed research with the current possible answers to research questions, particularly “why” questions.

The researcher searched through the Academic Information Center of the University of Pretoria and the libraries of the University of Natal, University of South Africa, community/city, and Post Office for relevant books, journals, dissertations, and theses to orientate herself to the subject of HIV/AIDS and its impact in the workplace.

It is stated that literature improves the insight into the topic and it improves the researcher’s understanding of how to conduct the subsequent study steps (Strydom, 1998a:180). De Vos & Fouché (1998c:104) states that the literature study shows the gaps that have been identified by the researcher from previous research and that the proposed study will fill a demonstrated need.

The literature study also illustrates the extent of information about the subject available to the researcher. It is vital in executing the planning and actual implementation of the investigation. After doing her literature study the researcher was then well informed about all the relevant information on the HIV/AIDS subject and was able to identify and fill the gaps that assisted her to plan and start doing the investigation (Strydom 1998a:180).

#### **1.10.2 Consultation with experts**

Experts were consulted in order to get their ideas about the prospective project. The utilization of experts can help to delineate the problem more sharply and to gain valuable information on the more technical and practical aspects of the prospective research endeavor (Strydom, 1998a:181).

Strydom (1998a:181) further states that it is important that the researcher conduct the literature study first to be well informed about the prospective project before consulting the experts so that the researcher would not be confused by those experts who want to force their ideas and possible subjects on the researcher. The researcher contacted

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different organizations such as the Provincial Action Unit (Coordinator of the Private Sector on HIV/AIDS issues) and the Department of Health. The experts consulted are listed below.

Sibongile Madondo from Provincial Action Unit (Coordinator of the Private Sector on HIV/AIDS issues) - experience 7 years - supported the idea of conducting research on HIV/AIDS. She was of the opinion that this research would help management to know that HIV/AIDS exists in the SAPO and also help them decide on how to assist the infected employees.

Mandisa Dlamini from the Department of Health - experience 5 years - supported the idea of the research on HIV/AIDS. She commented that infected and affected employees might get assistance from the employers once the employers get to know that their employees are also impacted by HIV/AIDS.

Pat Hlongwane from National Association for People with AIDS (NAPPWA) – experience 10 years in the HIV/AIDS field - supported the idea of conducting a study about HIV/AIDS, but was much more concerned about the future plans of the company, mentioning that people living with HIV/AIDS needs care and support from their employers.

Fanyana Mdluli from AIDS Training Information Center (ATTIC) - experience 8 years- supported and encouraged the researcher to conduct the study on HIV/AIDS mentioning that it can bring positive recommendations. He also mentioned that in most of the companies studies on HIV/AIDS were used to develop policies and programs that changed the attitudes of both employers and employees to accept and be willing to help people living with HIV/AIDS.

Johan Hougaard - experience 9 years - SAPO Regional Human Resource Manager (Administration) - to obtain the number of employees on long sick leave from 1999 to 2001, employees who are on and off at work because of ill-health, employee mortality

rate due to natural causes from 1999 to 2001. He was positive about the topic and mentioned that the results will add to those of the surveillance test that was conducted in the SAPO in 2002. Through both recommendations SAPO will be able to plan to meet the needs of both the affected and the infected employees.

### **1.10.3 Feasibility of the study**

According to Rubin & Babbie (1993:101) a feasibility study is a study that informs the researcher about the possibilities of conducting a particular research successfully. Rubin & Babbie (1993:102) identified common issues in determining the feasibility of a study, such as its scope, the time it will require, its fiscal costs, ethical considerations, and the cooperation it will require from others. It gave the researcher practical facts that contributed to the success of conducting the study.

Conducting this research was feasible because the researcher is working in the SAPO with the employees where the research is to be conducted and thus the researcher knew the population. The researcher is also a coordinator of the HIV/AIDS program, therefore, the language of HIV/AIDS is familiar to her and the respondents were free to talk to her about HIV/AIDS because they were aware of her involvement in SAPO HIV/AIDS activities.

The fact that SAPO had recently conducted an HIV/AIDS surveillance test made the study feasible because it allowed the respondents to learn and be familiar with the HIV/AIDS language and the research language. As a result they understood it better and easily.

The researcher conducted this study during her work time. Being at work made this study feasible because the researcher was able to reach the Post Offices in Durban at any time since she was combining the study with her work. The researcher used her work transport. Since the researcher works in the same Post Offices where the research was conducted she combined her research with her normal daily work. As a result the costs for her research were not separate from those of her daily work and offices were not far

apart from each other.

Formal consent to conduct the study within the SAPO was granted (see appendix A).

#### **1.10.4 Pilot test of questionnaire**

The researcher pilot tested the questionnaire on a small group of 2 managers and 3 supervisors it was presented to the full sample of 43 managers and supervisors. The researcher pilot tested the questionnaire in order to find errors that might be in the questionnaire and made modifications on the wording, ordering, layout, and filtering. Some questions were cut to manageable length. Fouché (1998:158) states that pilot testing the questionnaire would give the researcher assurance of the feasibility of her questionnaire and the data that she obtained.

### **1.11 DESCRIPTION OF THE RESEARCH POPULATION, BOUNDARY OF SAMPLE AND SAMPLING METHOD:**

#### **1.11.1 Research Population**

According to Mouton (1996:134) “a population is a collection of objects, events or individuals having some common characteristic that the researcher is interested in studying”. The population of this study was 85 (19 managers and 66 supervisors) in the SAPO in Durban.

#### **1.11.2 Boundary of sample**

Strydom & De Vos (1998:191) define a sample as “the element of the population considered for actual inclusion in the study”. The sample is studied to understand the population from which it was drawn. Rubin & Babbie (1993:258) states that a sample is a special subset of a population observed for the purpose of making inferences about the nature of the total population itself. This proves that a sample represents the population from which it is selected. The first step in drawing a sample is to determine the size and representativeness so that the population has the same properties as those of the sample. Mouton (1996:132) states that the aim of sampling is to produce representative selections



of population elements. The sample of this study was 10 managers and 33 supervisors.

### **1.11.3 Sampling Method**

The sampling method that was used in this study was probability sampling (based on randomization), specifically systematic random sampling because it gave each unit of a population an equal opportunity of being selected, and made the selection of every possible combination of the desired number of cases equally likely (Strydom & De Vos, 1998:197).

Systematic random sampling was used to select a sample of 10 SAPO managers and 33 supervisors that was representative of the total population. Strydom & De Vos (1998:197) states that systematic sampling involves selection done according to a particular interval. In this study the researcher selected every 2nd manager and 2nd supervisor on name lists until she selected 10 managers and 33 supervisors. The selection process was done by means of two staff lists (the management and supervisors list). Each employee on each list was numbered and every 2nd number on the list was selected for the sample. According to Blaikie (2000:200) systematic sampling provides a method that avoids having to number the whole population. Blaikie (2000:200) further states that systematic sampling is simple and foolproof.

### **1.12 ETHICAL ISSUES:**

Strydom (1998b:24) defines ethics as “a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioral expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students”. Ethics guidelines also serve as standards and the basis upon which each researcher ought to evaluate his own conduct”. The subject of HIV/AIDS is very sensitive and deals with very confidential issues therefore a number of ethical issues need to be the researcher’s total guide and adhered to. Rubin & Babbie (1993:57) confirms that if you are going to do social work research, you should be aware of the general agreements shared by

researchers about what is proper and improper in the conduct of scientific inquiry. These ethical issues are listed below.

### **Informed consent (attached as appendix B)**

Obtaining informed consent means that participants were fully informed about the goal of the investigation; the procedure which was followed during the investigation, the possible advantages, disadvantages and dangers to which the respondents may be exposed, and the credibility of the researcher be rendered to potential subjects or their legal representatives (Strydom, 1998b:25). The researcher wrote a consent letter to all respondents to inform them about all their rights. They agreed with the letter and they signed an agreement to be among the subjects. This enabled the respondents to make a voluntary decision about their participation and also enhanced their right to self-determination. Respondents were allowed to withdraw from being research participants at any time. Respondents were given the opportunity to ask questions before, and during the investigation. Strydom (1998b:27) also confirmed the fact that “Informed consent ensures the full knowledge and cooperation of subjects, and also resolving or relieving any possible tension, aggression, resistance or insecurity of the subjects”.

### **Violation of privacy**

Privacy refers to the ability to control when and under what conditions others will have access to your beliefs, values, or behavior (Monette, Sullivan, & Dejong, 1998:55). To prevent violation of privacy requires that the researcher respect participants' rights to privacy. Bailey (1994:463) states that any question that leads to feelings of anxiety or guilt in a respondent is an invasion of privacy. The researcher did not use video cameras, one-way mirrors and microphones during the investigation. Respondents were assured of anonymity, which means that no one was going to be able to identify the respondent after the investigation and all the information obtained, was treated as confidential. Referring to the HIV/AIDS subject, there is no information that was required about the office where it was obtained and the results were not released per office, depot or hub, because that was going to enable others to identify the respondents. To also protect infected employees when collecting data no name or HIV/AIDS status was disclosed. Only the

problems or symptoms associated with HIV/AIDS were asked of the respondents. The problems that were also asked about in the questionnaire included long sick leave, ill health, symptoms of HIV/AIDS, and diseases related to HIV infection.

### **Harm to respondents**

Harm to respondents refers to both physical and/or emotional harm (Strydom, 1998b:25). This means that the researcher did not invoke his/her own values to label any potential respondent as “bad” or “good” in order to justify any potential harm that might come to the “bad” subject because of the study. The respondents were informed beforehand about the potential impact of the investigation to enable them to decide whether to continue participating in the investigation or to withdraw. All respondents who were identified as vulnerable to this investigation were withdrawn from the investigation; for example, by making them recall a sensitive incident about the subject (the loss of a loved one through HIV/AIDS).

### **Deception of respondents**

The researcher revealed all relevant information to respondents as deemed necessary, irrespective of whether that information was going to make them decide to withdraw. If deception of respondents occurred but was unforeseen, then the incident was discussed or rectified with the respondents immediately or during the restoration interview. In case of the HIV/AIDS subject the respondents were informed about the real goal of the study, the real functions of the subjects and the experiences the subjects were going to go through (Strydom, 1998b:27).

### **Actions and competence of researcher**

Information gained in research methodology theory, and interest in the subject made the researcher feel that she was competent to conduct this research. The researcher was also aware of her ethical responsibility regarding the respondents and the subject of HIV/AIDS. The researcher was well aware of the values, norms and climate of the community of the South African Post Office because she had been working with them for almost two years. The researcher was also aware of the culture of almost all the available

race groups in the province, so no value judgement was made with regards to their cultures relating to HIV/AIDS.

### **Release or publication of the findings**

Strydom, (1998b:32) states that the findings of the study must be introduced to the reading public in written form. Strydom (1998b:32) further states that researchers should compile the report as accurately and objectively as possible. The researcher wrote a report that is clear and contains all the information necessary for readers to understand the research undertaken. The researcher also states clearly all the shortcomings of her investigation in her report so that other researchers will improve on them. A copy of the report was provided to the South African Post Office Human Resource Management so that respondents will have access to the findings. Strydom (1998b:33) states that it is desirable to present the findings to respondents as a form of recognition and to maintain good relationships with the community concerned. Providing findings to respondents also helps them to know what has happened to the information they contributed towards the research. Sharing of information was done to assure them of the learning experience they have been exposed to during their participation, but the principle of confidentiality was maintained.

### **Restoration of respondents**

HIV/AIDS is a very sensitive subject and some of the subjects might be HIV positive and/ or have friends and relatives who are HIV positive and/or have died or are dying of AIDS. Participation in the study, although it was voluntary could be harmful to them, therefore the researcher conducted a debriefing session after the study to assist those subjects who were affected by the study to deal with their experience and its aftermath. Debriefing sessions were done in a supportive context and as a way of completing the learning experience that began with agreeing to participate (Strydom, 1998b: 34).

### **1.13 DEFINITIONS OF KEY CONCEPTS:**

#### **HIV**

HIV is an abbreviation for HUMAN IMMUNODEFICIENCY VIRUS. HIV attacks and slowly destroys the human immune system by killing the importance CD4 and T4 cells that control and support our immune system. HIV causes AIDS (Nortje & Associates, 2000:4).

The Institute for Health and Development Communication (IHDC) (2002:1) define HIV as follows: -

H- stands for HUMAN- it is only found in human beings.

I - stands for IMMUNE- The body's system that fights against infection and disease.

V- stands for virus- something that destroys the immune system.

In the researcher's view HIV gradually destroys the human immune system and takes over the weak body.

#### **AIDS**

AIDS is an abbreviation for ACQUIRED IMMUNE DEFICIENCY SYNDOME. AIDS is "acquired" in the sense that it is not hereditary. AIDS is not a specific disease, but it is a collection of several conditions that occur as a result of damage the virus causes to our immune system. People do not die of AIDS but die of opportunistic disease and infections, which attach the body when immunity is low. AIDS is the final stage of HIV (Nortje & Associates, 2000:4).

IHDC (2002:1) define AIDS as follows: -

A stands for ACQUIRED- something that you get that is not your own. AIDS is "acquired" because it is contracted from a source of blood or bodily fluid other than one's own.

I stands for IMMUNE- The body's system that fights against infection and disease.

D stands for DEFICIENCY- Something that is absent or lacking. AIDS is called an

immune deficiency because the immune system of infected people deteriorates over time. S stands for SYNDROME- A collection of signs and symptoms or diseases. AIDS is a syndrome because a whole range of illnesses, referred to as opportunistic infections, are associated with the disease.

The researcher defines AIDS as a condition that the human body reaches, the condition of being unable to fight any diseases.

### **Impact**

According to Liebech & Pollard (1995:257) impact means a strong effect.

Impact means an influence (Hawkins, 1998:221).

In the researcher's view impact means an influence or effect. Impact refers to how HIV/AIDS has affected, or is changing or is influencing the functioning of the SAPO or has an effect on the SAPO; how HIV/AIDS is bringing about change or has caused change on the SAPO.

### **1.14 CONTENTS OF RESEARCH REPORT:**

1. General introduction and research methodology.
2. Literature review on HIV/AIDS in the workplace.
3. Empirical study on the impact of HIV/AIDS on the South African Post Office, analysis and interpretation of data.
4. Conclusion, recommendation, limitations, and general summary.

### **1.15 CONCLUSION:**

In this chapter an introduction to the study has been discussed. The value of the study concerning the impact of HIV/AIDS and motivation for the study has been outlined. It has provided the purpose of the study, objectives, question, and research design issues. Details of the sampling design, data collection methods and data analysis techniques have been noted.

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The next chapter consists of a literature review in which literature pertinent to the study will be discussed. This chapter gives a clear discussion on the epidemiology of the HIV/AIDS virus, the impacts of the epidemic worldwide. The focus is much more on the impact on the workplace in the SAPO in Durban.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION:

The HIV/AIDS epidemic affects everyone, every individual, every family, every social institution, and every small and big business. The HIV/AIDS pandemic poses one of the greatest challenges to business development in Africa. The pandemic claims some of the best business leaders, managers and a great number of workers at all levels of the production system. HIV-related absenteeism, loss of productivity and the cost of replacing workers lost to AIDS threaten the survival of numerous businesses and industrial sectors in the increasingly competitive world market (Provincial HIV/AIDS Action Unit, 2000:2). Nortje & Associates (2000:3) confirm that “because most organizations depend on people for delivery, because people are integral to any organization, a dwindling supply of economically active people is a serious threat to business in general”.

The epidemic primarily affects working age adults and exceeds any other threat to the health and well being of South African employees.

In South Africa HIV/AIDS has reached its symptomatic phase. It does not only have health implications, but it has medical, social, economic implications because it is incurable. In the workplace HIV/AIDS is beginning to be of concern and to impact on businesses because it is infecting people in their most productive years. Whiteside & Sunter (2000: 36) states that AIDS has become the leading cause of death among persons under the age of 40 years. It is therefore obvious that the majority of the employees/workers are infected, and this has a negative impact on the job performance of both the infected and affected employee and consequently to the organization’s performance and benefits as a whole.



The work system constitutes a major unit of the larger societal system with its set of rules, norms, behaviors and cultural values. It is a place where people with different cultural values are employed. It is a place where people are employed and perform their duties as required by the respective job descriptions. Since there is a connection between and within employees and their job life and personal life the workplace is greatly affected by HIV/AIDS. The effect is a direct result of human beings living together and working together in the same organization.

The effect of HIV/AIDS on the national economy will be devastating. Individual businesses will be the first to show the effect as HIV/AIDS among managers, employees and their families will impose significant direct and indirect costs. Hence the principle of confidentiality and the stigma attached to HIV/AIDS makes it difficult to assess early how many people are infected in each organization.

HIV/AIDS impacts on all individuals and it knows no distinction between colour, race and age. It is a democratic disease with the potential to affect all members of society (Heinzen cited in Chetty, 2002:16).

Having discussed the threat posed by HIV/AIDS in the workplace this dissertation focuses on the impact of HIV/AIDS on the SAPO in Durban. To make this discussion on the impact clear the following will be discussed: Definition and history of HIV/AIDS, stages, transmission, the socio-economic determinants of HIV/AIDS in the SAPO in Durban, impact of HIV/AIDS in the workplace and the psychosocial impact on employees.

## **2.2 WHAT IS HIV AND AIDS:**

### **2.2.1 History and Definition**

Spier and Edwards cited in Mkhize (1997: 7) describe AIDS as “a syndrome of diseases caused by the general destruction of the immune system by the human immunodeficiency virus (HIV), opening the way for a number of severe infections and certain cancers”.

HIV affects the immune system of a human being and produces immuno suppression. HIV reduces the number of helper T lymphocytes and, in doing so it undermines the immune system's capacity to resist many infections and illnesses.

HEARD (2001:3) states that once in the bloodstream the HIV acts on the cells that produce the antibodies that fight disease. Inside the cell the virus replicates itself and eventually destroys the cell and thus the body becomes increasingly unable to resist other infections, giving rise to the opportunistic infections which are characteristic of AIDS. The human body therefore is often affected simultaneously by multiple opportunistic infections because it becomes susceptible to a wide range of diseases caused by bacterial, viral, fungal, and protozoan agents. HIV progresses in stages in the human body: these stages denote the severity of the infection as it progresses towards the AIDS stage.

### **2.2.2 Stages of HIV/AIDS**

According to Nortje & Associates (2000:4) there is a six-stage course that a person follows once he/she is infected by the HIV virus: -

#### **Stage 1: HIV Infection**

This is the initial infection with HIV.

#### **Stage 2: Window Period**

This stage begins shortly after infection. The person experiences no signs or symptoms and there are no detectable antibodies. This stage is called the "window period" because antibodies have not yet developed and consequently blood tests will indicate HIV negative in spite of infection. However, during this stage an infected person is highly capable of transmitting HIV. This stage usually lasts 6 to 12 weeks after infection.

#### **Stage 3: Seroconversion**

During this stage antibodies have developed and blood tests will indicate HIV positive. The development of the antibodies is usually accompanied by the experience of flu like symptoms.

**Stage 4: Asymptomatic HIV Infection**

During this stage, antibody tests will indicate HIV positive, but the person will experience no apparent signs or symptoms of illness or infection. This stage may last for years and often persons are unaware that they are infected and therefore transmit the virus unknowingly to others.

**Stage 5: HIV/AIDS Related illnesses**

In this stage signs and symptoms of the infection increase because HIV is progressively damaging the immune system. The opportunistic diseases in this stage are not life threatening. This stage may also continue for years with infections gradually becoming more persistent and serious.

**Stage 6: Clinical AIDS**

This is the final stage. A person may be said to have AIDS. At this stage the person's immune system is no longer capable of withstanding the opportunistic diseases and consequently such infections now become life threatening. The person usually dies within two years as a result of the opportunistic diseases.

The course of HIV/AIDS varies from person to person and country to country depending on the coping mechanism and strategy of an individual person, the accessibility of immune boosters and balanced nutrition, the availability of support services and facilities, affordability, and accessibility of drugs that boost the immune system in the country. The course therefore varies from 5-20 years. According to (HEARD, 2000:3) the median time from infection to development of full-blown AIDS in industrialized countries is 10-11 years. In sub-Saharan Africa it is estimated to be between 5-10 years. The life expectancy of persons living with HIV/AIDS also differs according to their general state of health, living conditions, available health services and treatment and the opportunistic disease in question.

### **2.2.3 Transmission of HIV**

To effectively understand and combat HIV/AIDS in the workplace Mkhize (1997:19) indicated that it is fundamentally important that employers and employees are fully informed about how the virus is transmitted. This knowledge is also vital to dispel myths and misconceptions that encourage much of the stigma, fear and stereotypes surrounding HIV/AIDS. HIV is transmitted only through specific and limited routes. According to Loewenson & Whiteside (1998:15) there are three main ways in which HIV is transmitted and these are the following:-

#### **Sexual Contacts**

There is a high concentration of HIV in blood, semen, vaginal fluids and the linings of the genital areas which when they are not intact allow the virus to enter the body. The presence of sexually transmitted diseases increases the risk of transmission. It is said that women are more likely than men to be infected with the virus through sexual contact because of a thin and delicate skin inside the vagina.

#### **Infected Blood passed directly into the Body**

This may occur when an open wound comes into contact with infected blood or through blood transfusion, sharing of needles or razor blades. For transmission to occur the infected blood must go through the skin into another person's blood stream or body (There must be a point of exit and a point of entry for the blood to go through).

#### **From an Infected Mother to her Child**

This may occur during pregnancy through the liquid in the womb, or during childbirth through both birth liquids and blood because of the baby's soft underdeveloped skin, and through breast-feeding (because of sores in the nipple and the baby's soft and delicate gums).

It is important to clarify that to infect a person, HIV must enter the blood stream, but outside of the human body and especially outside body fluids HIV has an extremely limited life span of only a few seconds, and the virus is destroyed by any disinfectant.

HIV cannot be transmitted by air or casual contacts, food preparation, toilet seats, and an ordinary workplace.

### **2.3 THE SOCIO-ECONOMIC DETERMINANTS OF HIV/AIDS IN THE SAPO IN DURBAN:**

Nortje & Associates (2000:7) points out that there are many socio-economic determinants in the workplace, which represent increased risk of HIV transmission. These socio-economic determinants also contribute to the spread of HIV/AIDS in the SAPO in Durban. Nortje & Associates (2000:7) mentioned the following: -

A migrant labour system is one of the factors that have contributed to the spread of HIV. Men were migrating to work in cities. As a result the family system was destroyed. Men were getting new partners in cities and therefore become infected by the virus. When they went back home they infected their wives and the virus spread further at home. If a wife happened to get a partner in the rural areas the virus spread further to another family and it become a “chain” of HIV infection. The Post Office is one of the organizations or industries in which some of its employees are migrant workers. There are employees from Southern and Northern KwaZulu-Natal who stay in single sex hostels. Some are cohabiting with new partners in townships and in informal settlements around Durban.

Durban is a tourist area. There are many entertainment areas such as the beaches, casinos, dolphinarium, and swimming pools along the beach. All these places attract tourists from the whole world. Some of these tourists do not come with their partners but they come to make casual affairs, they get new partners in Durban or use commercial sex workers as part of their entertainment (Foreman, 1999:1).

The SAPO is one of the biggest national industries. It possesses all the characteristics of big industries. One is the transportation of its products, which is mail. Mail is transported from Durban to the whole of KwaZulu-Natal province and to all other provinces in South Africa in big trucks. Truck drivers have been identified as part of

another community, which contributes to the spread of HIV. The nature of their work, travelling day and night, being separated from their families for a long time encourages them to use commercial sex workers or to make casual partners to entertain themselves sexually while driving their long distances (Foreman 1999:27). Post Office truck drivers also fall into this trap as part of the truck community.

The SAPO is dominated by male employees. This is because most of the employees in Durban area are the so-called “post men” who do street mail delivery. Males were identified earlier as a group who is more infected than females, although the statistics changed later. The researcher believes that most of the statistics are taken from the pregnant mothers in Government hospitals. This implies that more women are tested when they are pregnant, whereas men are only tested if they are beginning to be sick. Secondly, the majority of the employees are on medical aid and there is more confidentiality and less research done in private hospitals with private patients than in Government hospitals. Therefore, the researcher suggests that statistics presented on male and female comparisons might not be an accurate reflection of the HIV infection rates in KwaZulu-Natal or South Africa today. The females who were also involved in the survey are those who were still of child bearing age, and those who were older and younger were not included. Therefore the researcher could say that females are more susceptible and vulnerable to infection owing to both biological and cultural reasons whereas more males might be infected by HIV. This indicates that the Post Office may have more employees who are HIV infected because it is dominated by male employees (Loewenson & Whiteside, 1998:17).

Postmen in the Post Office are a high-risk group because they do not work normal hours. Their starting time is 6h00 and their finishing time is when they finish delivery, which in the majority of cases is not later than 13h00. That means that they have the rest of the day not doing anything. This puts them in more risk because some of them spend that time in bars drinking alcohol. If they are drunk they become more vulnerable to commercial sex workers, or to making casual affairs and sleeping with any one who makes themselves available at that particular point in time (Foreman, 1999:1).

Secondly, postmen deliver the mail in community boxes, streets and door to door. This means that they are more in touch with the community almost every day. Therefore they come across different people who are unemployed, they become vulnerable or at risk especially if they become tempted to have multiple partners. HIV spread is much quicker when people have multiple partners.

The Post Office is a uniform profession. Employees of the Post Office wear uniform especially the semiskilled and unskilled groups. A uniform assures women commercial sex workers and other groups who need security that a person is working and having a relationship with him will mean money and security. Employees wearing a uniform are being seduced quickly by those who are unemployed and in need of money and security to be their providers (Foreman 1999:28). A uniform puts Post Office employees at risk and makes them more vulnerable. Durban has more of these needy people because of high unemployment rate, informal settlement, poverty and overcrowding.

The majority of the employees in the Post Office fall into the category of the semi- and unskilled labour. The South Africa statistics indicate that the semi- and unskilled labour force is higher with 32,8% compared to skilled labour force, which is 22.8% (Jane-Bosch cited in Chetty, 2002:35). Since the majority of the employees in the Post Offices fall in this category, this might mean that the majority of the employees are infected by HIV.

#### **2.4 THE IMPACT OF HIV/AIDS IN THE WORKPLACE:**

According to Nortje & Associates (2000:8) the HIV virus will have a dramatic effect on the workplace directly and indirectly in a number of ways, in the following areas: productivity, absenteeism, family responsibility leave, training costs, discrimination, equity and affirmative action, employee turnover, recruitment costs, fears, myths and stigmas relating to HIV/AIDS on the workplace morale, and medical aids, retirement schemes and other employee benefits. These will be briefly discussed: -

### **Productivity**

The employees' increased inability to perform due to their incapacity, increased absenteeism, and stress related to the death of family members, friends and colleagues would affect productivity. Nortje & Associates (2000:8) states that productivity will be most affected where the workforce is semi or unskilled. This paralleled the wider extrapolation of figures relating to income levels and the spread of AIDS. The transport sections/industries will be vulnerable since drivers will be prevented from driving trucks and buses due to their potential public liability.

Infectious diseases such as Tuberculosis will increasingly affect employees who do not have AIDS, and thus the secondary effect of AIDS will be profound.

### **Absenteeism**

With the progression of AIDS from the infection stage to full-blown AIDS, it is expected that the incidence of absenteeism will increase dramatically. The indirect cost of sick leave is 5% of any company's payroll. With the gradual increase in the amount of sick leave being taken, this cost will shift from becoming an indirect cost to becoming an immediate burden (Nortje & Associates, 2000:10). Employees will be unable to execute their duties that are strenuous as their muscles begin to waste away and they experience low energy levels. This will in turn have a negative effect on productivity.

Nortje & Associates, (2000:10) also confirm this by stating that the status of an employee's physical and mental health can represent risk problems that range from the excessive use of sick leave to expensive disability or premature retirement payments (early retirement due to disability). Mkhize, (1997:35) agrees that some of the hidden costs are excessive sick leave, replacement costs, training replacements, and insurance claims processing.

### **Family responsibility leave**

According to Nortje & Associates (2000:12) the majority of employees will be utilizing their family responsibility leave to attend funerals of relatives. These costs will be high



amongst the migrant employees because they will take long trips to bury their relatives. This will place pressure on family responsibility leave, annual leave, unpaid leave allowances and increased absenteeism.

### **Training costs**

This will be a high risk to companies especially because pre-employment testing is prohibited. Nortje & Associates (2000:13) suggest that employers should not be discouraged from training employees because people can live with HIV and operate efficiently for a long time after contracting the virus. They suggest that an employer should consider investing in training employees on HIV/AIDS awareness, as well as multi-skilling their employees for replacement purposes.

### **Affirmative action, discrimination and equity**

It is confirmed that the most infected and affected group is black people, and the Employment Equity Act protects this group from discrimination. As a designated group they are given first priority when recruitment and selection is done. If they are the ones most infected and affected that means all the companies/organizations will experience or will be affected by HIV/AIDS, the Employment Equity Act being the contributory factor.

Discrimination is identified as one of the ways that fuel the pandemic because people become aware that they are HIV positive but do not disclose their status fearing discrimination and isolation by their co-workers, management and their families. They continue to live their old life style. Therefore discrimination increases the impact of the disease on people living with HIV/AIDS and those presumed to have the virus, as well as their families and associates.

Nortje & Associates (2000:21) states that there would be an increase in labour action as labour unions demand a better response to HIV/AIDS. To prevent labour action, the SAPO with its HIV/AIDS policy has committed itself to regularly review its HIV/AIDS policy to take account of the progression of the epidemic, developments in medical care, experience in managing the disease in the workplace, and the impact of the epidemic on

the employee benefit scheme. This review will demand a lot of employees, which leads to a lot of time and costs involved for the company.

### **Employee turnover**

Metropolitan Life has predicted that by 2005 there will be over 500 000 full-blown AIDS cases. It is projected that South African companies will lose 4% of their employees to AIDS over the next ten years.

### **Recruitment costs**

Employers are at risk of hiring an employee who is going to be disabled or die the following month because they do not have a right to employ whom they choose when it comes to HIV/AIDS. Recruitment costs therefore will be an increasing burden to employers and will have a devastating impact on the organization as a whole. The main contributory factors being labor turnover, death, disability, absenteeism and leave.

### **Fears, myths and stigma relating to HIV/AIDS**

The fears and myths around transmission will cause disruption for employers unless employees are educated. The hidden psychological impact on an individual, along with fears of being stigmatized will have the same effect as the physical effects. The unwillingness of people to be tested, and the perception that HIV/AIDS predominates amongst the marginalized groups, especially Africans, further stigmatizes the epidemic.

### **Medical aids, retirement schemes and other employee benefits**

There will be a great effect of HIV/AIDS on these benefits because employees who are HIV positive cannot be denied these benefits. The Labor Relations Act-Schedule 7, The Medical Schemes Act, Retirement Funds and the New Equity Legislation prevent discrimination on the basis of an individual's HIV status. They all promote a non-discriminatory policy and equality. According to the SAPO HIV/AIDS policy (2002:3) management will ensure that no employee is discriminated against.

All the above facts are confirmed by the World Health Organization (WHO) cited in Chetty (2002:37) when stating that HIV/AIDS will have far reaching implications for training and employment patterns, as large numbers of skilled employees die. AIDS is already taken into account in life assurance and medical insurance policies. It will have an impact on social structures and family units, on male-female relationships, the number of orphans, and on parenting by grandparents when the middle generation dies.

The HIV/AIDS pandemic will have a devastating impact upon the South African workplace. The greatest impact will be experienced by the economically active portion of the population. However not all the organizations will feel the impact in the same way, and this will depend on the type of business and production processes. Some capital-intensive industries can be more vulnerable to HIV/AIDS than labor intensive industries. Replacement of employees in a high skill labor intensive industry will be more costly than in a low skill industry. The cost of HIV/AIDS for most organizations could affect their international competitiveness. The results of illness and death might result in the closing down of other companies.

Consequently the impact of HIV/AIDS on human and social development is expected to be much more severe than reflected in any indicators such as the Gross Domestic Product. Increased illness, deaths and reduced life expectancy will compromise development objectives. Many affected children will have less educational and other opportunities owing to the loss of their parents. Those who survive will have to enter the labour market at an early age and be semi-skilled owing to intensive labor shortages. More socio-economic disparities and challenges will be posed by the existence of HIV/AIDS in all workplaces.

According to Wildlife cited in Chetty (2002:35) HIV/AIDS will impose significant direct and indirect costs at the level of individual businesses, managers, employees and their families. AIDS related illnesses and deaths of workers affect employers both by increasing their costs and reducing revenues. Much spending will be focused in areas like health care, burial, training, and recruitment or replacement of employees (ILO, Love

Life, Roberts, Barese cited in Chetty, 2002:35). Revenues may be decreased because of absenteeism due to illness or attendance of funerals as well as time spent on training. Increased labour turnover can lead to a decrease in experienced employees and therefore a less productive work force.

It is also speculated that employers are significantly going to be affected by HIV/AIDS. Owing to high rates of unemployment, there is likely to be a mismatch of human resources and labour requirements in terms of qualifications, training and experience. Another significant impact may be a loss of markets where the purchasing power of the population declines.

In view of these factors, some companies have already begun to adopt succession plans by hiring or training employees for the same position, because it is feared that employees in key positions may be lost due to AIDS or may engage in job hopping.

Other companies will replace employees by importing labour from neighbouring countries, at the risk of creating a bigger immigrants sub-population, which is often more vulnerable to HIV infection (ILO cited in Chetty, 2002:36).

## **2.5 THE IMPACT OF HIV/AIDS ON AN INFECTED EMPLOYEE'S PERSONAL SYSTEM:**

HIV/AIDS has devastating effects on the self and on self-esteem. Self is defined as the way the individual defines herself to herself and others. Self is said to have a set of beliefs and values and is dynamic; therefore it strives to maintain a state of equilibrium at all times. Individuals who are HIV positive are unable to fulfil the ideal state of being a healthy person and having children or healthy babies. They lose this value system the day or minute they acquire HIV. To produce children is one of the desires that enhance/s the individuals self-actualization. If it cannot be achieved, self-actualization is negatively affected. HIV positive individuals become weak and expect to be sick at any time or day. Their social interactions are negatively affected by this problem. An individual's

perception of herself to herself is affected. As a result they also have a low self-esteem. Self-esteem is defined as a judgement or evaluation of one's ideal self in relation to the performance of others (Tallis, 1997:57).

Body image is also affected when the infected employee reaches a stage of being sick. Body image is defined as a person's perceptions of his/her own body, other's reactions to his/her appearance, and is a result of other's reactions to self. HIV positive individuals experience weight loss which gradually becomes obvious and peaks when they reach an AIDS stage. This weight loss is caused by loss of appetite or other opportunistic diseases such as tuberculosis, diarrhea and exposure to emotional trauma of being HIV positive (Tallis, 1997:56).

Once an individual knows that he/she is HIV positive their willingness to grow and develop fades away. Their desire to achieve certain goals fades away. To be HIV positive may interfere with the individual's goal-orientated activities because they become fixated in their HIV status and thus become more death orientated.

## **2.6 THE PSYCHO-SOCIAL IMPACT OF HIV/AIDS ON BOTH THE INFECTED AND AFFECTED EMPLOYEES:**

HIV/AIDS was viewed as the most pressing health problem because of its potential for rapid spread and its impact on young to middle aged adults. It firstly aroused medical concerns but today it is much more than a medical problem. HIV infection and AIDS have psychological, social, ethical, legal, economic, material and political implications. It will have long term implications for socioeconomic development, planning, population growth, and population structure. It will change mortality patterns, fertility, and lead to slower population growth and population decline in some areas. Whiteside & Sunter (2000:93) confirm that AIDS affects not only the infected person. It also affects the family and significant others. AIDS is not solely a medical crisis; it is also a psychosocial crisis. According to HEARD (2000:3) unlike most other forms of disease where there is hope of recovery, HIV is effectively a death sentence and usually results in

various forms of psychological trauma.

The person with AIDS and his or her family must cope with emotional and social stresses brought on by the medical aspects of the disease and the ramifications the disease has on social roles. The community response to AIDS and the support services also can affect the psychosocial adjustment of the person with AIDS and his or her family. Psychosocial stress may interfere with medical treatment and may also interfere with the ability of people to function at an optimal level.

Emotional and psychological distress develops in people by just knowing that they are exposed to the HIV infection. In this case individuals, partners, friends, and families may have to cope with years of uncertainty about future health. Those who are already infected and aware of their seropositivity live with the constant fear of developing AIDS. The most common psychological reaction to seropositivity is anxiety, anger, depression, somatization, and denial.

Hochhauser & Rothenberger (1992:71) confirm that people living with AIDS experience social difficulties that stem from avoidance or fear of others, which increases the person's sense of isolation. Anxiety, depression, and anger are often detrimental to interpersonal relationships. People living with HIV may withdraw from social contact and spend more time in solitary activities having the fear that their HIV exposure would negatively affect established relationships. There is some evidence that relationships are more likely to end after one partner learned or disclosed seropositivity.

It is obvious that when seropositivity becomes known, there may be a loss of relationships and social supports, and even people who desire to maintain their social support systems may discover that others are now fearful and avoid them. Thus even if the person living with HIV/AIDS is responding to seropositivity in an emotionally healthy way, the reactions of others can produce social isolation and rejection. It is proven that maladaptive coping behavior by HIV infected persons could directly influence their future health course, since high stress levels can have immunosuppressant effects of their own. It is also stated that learning of HIV exposure often produces an

emotional crisis.

Nowell & Van der Merwe (2003: 48) states that when an employee starts to be sick he loses weight and importantly he begins to misunderstand their health status. This is because an HIV positive person develops a weak immune system so that they become vulnerable to different infections at any time or day. They suffer from one or a number of opportunistic diseases. Waking up to work and be seen by the community and co-workers become more stressful and add to vulnerability to the attacks by opportunistic disease day by day. In a uniform workplace like SAPO it becomes very difficult for an employee to quickly get the suitable size of a uniform for the current weight because uniforms are ordered in bulk and at certain times following a specific procedure. For this reason an employee continues to wear oversized clothing that makes him more vulnerable to suspicions and gossip. He/she therefore becomes more aggressive or withdrawn and experiences poor interpersonal relations.

An employee suffers financially because of the exhaustion of his/her medical aid and exhaustion of sick leave days, which results in unpaid leave having to be taken. Most of the employees who are HIV positive become absent from work from the day they are told about their HIV status. Absenteeism becomes a tendency because of depression and ill health. It is important to note that AIDS mainly strikes the group between 18 to 40 (Nortje & Associates, 2000:3). At the ages between 25 and 45 some employees are still at lower ranks or positions and are earning less money. With less money it becomes impossible to afford all the expenses such as medical costs, best nutrition, and new clothing brought by being HIV positive.

It is important to mention that people living with HIV must deal not only with medical problems, but also with social and emotional problems. They worry about what will happen to their spouses and children when they become ill or after they die. They worry about how they will pay medical expenses. They feel sad, fearful, angry, and anxious. They may lose hope in the future. These feelings may become so strong that the person may fail to do his/her day-to-day activities. WHO in Chetty, (2002:37) confirms that as

people with HIV progress to AIDS they are likely to experience financial, material and practical hardships. Income from employment may be lost just when medical costs are rising and a nutritious diet is most essential, and when added stress is most damaging. Pension and other benefits may be curtailed. Medical aid may have limits put on it to safeguard the fund against the rising cost of AIDS treatment. On top of these financial hardship friends and even family members, may draw away, yet this is a time when people need practical help with household chores, transport and other basic needs most. The extended family may be unwilling or unable to take on orphaned children, who then need other sources of care.

People living with HIV/AIDS and their families need assistance to deal with their emotional needs. They need to adjust to life-threatening diagnosis; to deal with fears of contagion; to accept the sexual orientations of family members; to cope with stigma and discrimination; to manage conflict among family members and significant others; to confront a time-limited rush for reconciliation; to prepare for loss and bereavement; to shift family roles, and; to provide necessary care and negotiate with external system. The overall aim in addressing the emotional needs of people is to promote increased compassion and co-operation amongst caring people, namely the extended family, lovers, friends, volunteers, colleagues, supervisors, and managers.

Nevid, Rathus & Greene (1997:188) confirm that people who are HIV positive experience psychological problems such as:

### **Shock**

Shock about the diagnosis and possible death; and about loss of hope for good news particularly news of being healed.

### **Denial**

Denial to accept the result. This can initially represent a protective emotional device, allowing the individual to distance herself from the intense emotions caused by the diagnosis. Denial gradually diminishes as the individual confronts the reality and



meaning of HIV. He/she then develops sophisticated coping mechanisms to deal with the period of emotional overload. If denial persists for a long time it can be dangerous as the person may not make life changes.

### **Anxiety and fear**

Anxiety and fear of the prognosis and course of the illness; of the prospect of disfigurement and disability; of the effects of medication and treatment; of isolation, abandonment, and social/sexual rejection; of infecting others and being infected by them; of the lover's ability to cope; and of loss of cognitive, physical, social, and work abilities.

### **Depression**

Depression over the inevitability of physical decline, loss of body image, the absence of a cure, the prospect of a virus controlling future life, limits imposed by ill health, possible social, occupational, emotional, and sexual rejection, self-blame and recrimination for having been vulnerable to infection in the first place. Depression is characterized by feelings of helplessness and hopelessness.

### **Anger and frustration**

Anger over being infected by HIV and inability to overcome the virus, new and involuntary health and lifestyle restrictions, and at being caught out over the uncertainty of the future.

### **Guilt**

Guilt about past misdemeanors, resulting in illness and about the possibility of having spread the infection to others.

### **Obsessive disorders**

Relentless searching for new diagnostic evidence and for bodily symptoms, faddism over health and diet, preoccupation with death and decline and with the avoidance of new infections.

### **Acceptance**

Acceptance of the HIV status.

There is no sequence of how individuals undergo these stages. They are experienced at different times and rates. An individual may experience a stage, pass through to another stage and regress to the first stage she/he experienced. Some authors call these stages grief response stages.

### **2.7 CONCLUSION:**

HIV/AIDS impacts are undeniably negative. AIDS threatens society as a whole. For companies and institutions it poses a threat to the workforce, the market place, service provision and profitability. All organizations need to get to grips with living with AIDS by developing a strategy for long term survival especially as real and demand pressure intensify.

Nortje & Associates (2000:3) states that the HIV/AIDS pandemic raises massive challenges for all stakeholders in the South African economy, and will have unavoidable social, ethical and economic consequences. The problem is unavoidable and must be dealt with in a proactive manner.

Strong social supports are needed during this time. A strong network of family and friends can be important in helping the person cope with pain and adjust easily to the new challenge. HEARD (2001:39) states that supporting people with HIV could be a rewarding experience.

The chapter that follows will introduce the empirical study, analysis and interpretation of data.

## CHAPTER 3

### EMPIRICAL STUDY, ANALYSIS AND INTERPRETATION OF DATA

For the purpose of convenience this chapter will constitute an introduction to the chapter and the analysis and interpretation of data.

#### 3.1 INTRODUCTION:

A pilot test was conducted in order to identify weaknesses in the research design and to make alterations. According to Emory & Cooper (1991: 66) a pilot test is conducted in order to detect weaknesses in design and instrumentation and provide proxy data for selection of a probability sample. A random sample of 5 respondents who consisted of 2 managers and 3 supervisors was selected for the pilot test.

The pilot test went very well and only one spelling mistake was detected in question 5 where “male” centre was written instead of “mail” centre. This spelling error could have led to a misinterpretation of the question. The employees working in the mail center were going to be confused and maybe not choose the appropriate answer. Some questions were added to assess the psychosocial impact of HIV/AIDS on an individual infected and affected employee.

A total of 43 questionnaires were administered, of which 36 were returned and four were burnt because they were incomplete. This means that the return rate was 84%.

#### 3.2 ANALYSIS OF DATA:

This chapter highlights management and supervisor’s responses to the questionnaire. This is the analysis and interpretation of data emanating from the whole sample. The interpretation highlights the psychosocial impact of HIV/AIDS on infected and affected employees, the HIV/AIDS impact on employee’s benefits, and the HIV/AIDS impact on

the organization as a whole. This study is guided by the psycho-social approach which emphasizes the holistic approach considering the four interrelated facets of a human being, that is psychological, physical, social, and emotional. If one facet is affected all the rest become affected.

The purpose of this study was to investigate the impact of HIV/AIDS in the SAPO in Durban. A questionnaire was administered to a sample of 10 managers and 33 supervisors of all race groups.

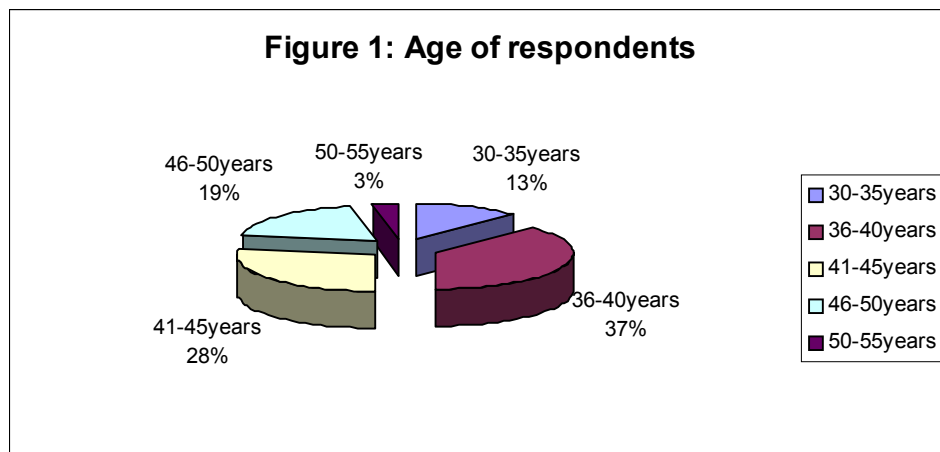


Figure 1 indicates that respondents were between the age of 30 and 55. Thirteen percent were between age 30-35, 37% were between age 36-40, 28% were between age 41-45, 19% were between age 46-50, 3% were between age 50-55.

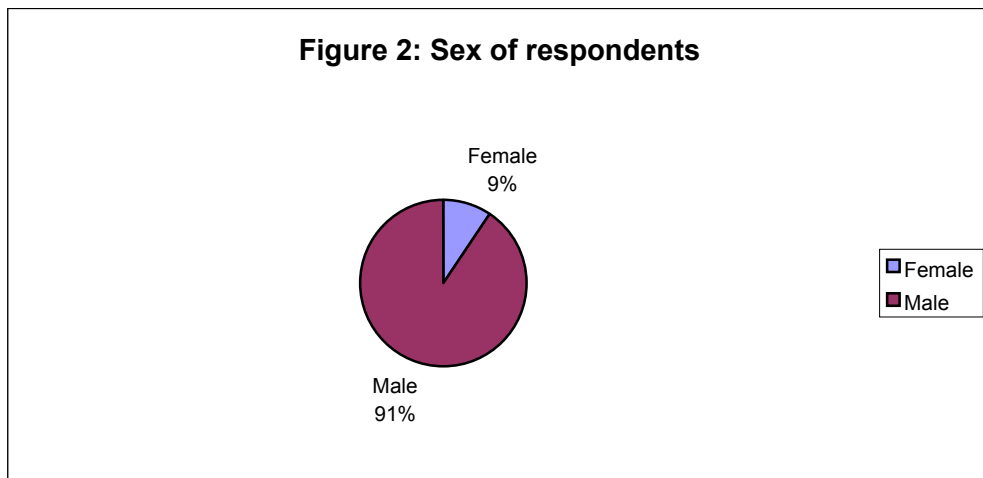


Figure 2 indicates that respondents consisted of 91% males and 9% females.

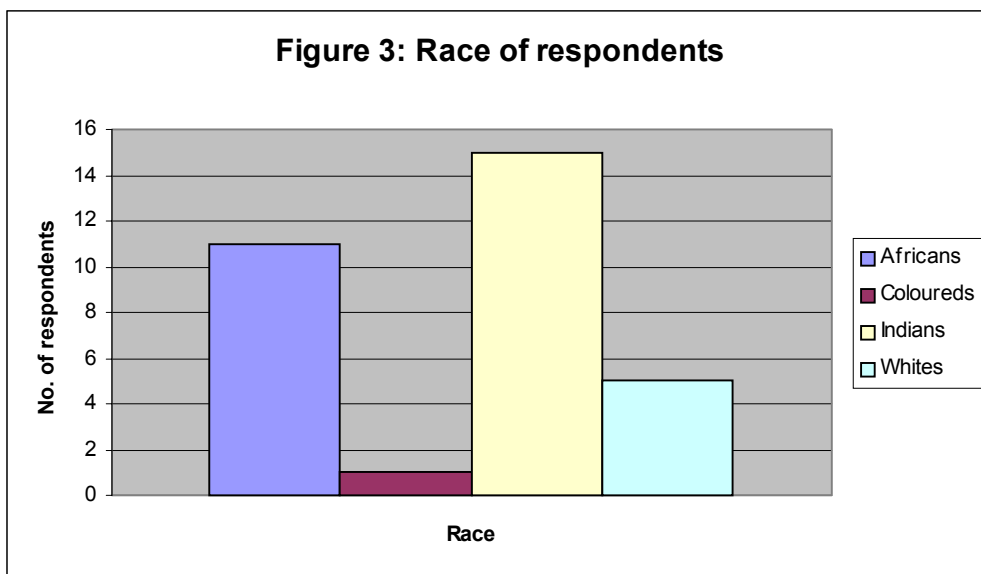
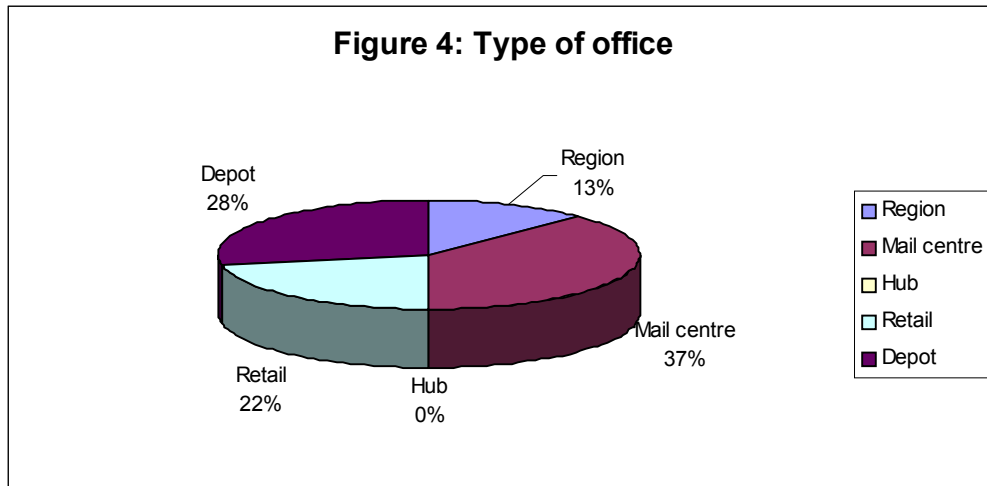


Figure 3 indicates that the respondents ended up consisting of 5 Whites, 15 Indians, 01 Coloureds, and 11 Africans.

Figure 4 indicates that respondents were 13% from the Regional office, 37% mail centre, 22% from the Post Offices (retail), 28% depots, and 0% from hubs because there is no



hub in Durban.

**Table 1: Positions of respondents**

| Positions    | No. of respondents | Percentage  |
|--------------|--------------------|-------------|
| Manager      | 07                 | 22%         |
| Supervisor   | 25                 | 78%         |
| <b>Total</b> | <b>32</b>          | <b>100%</b> |

Table 1 indicates that 7 (22%) managers and 25 (78%) supervisors returned correct questionnaires.

### **Aids policy**

A large percentage (98%) of respondents were aware of the presence of the AIDS policy in the Post Office and that it was developed for employees to protect those who are infected, from discrimination.

**Awareness of policy**

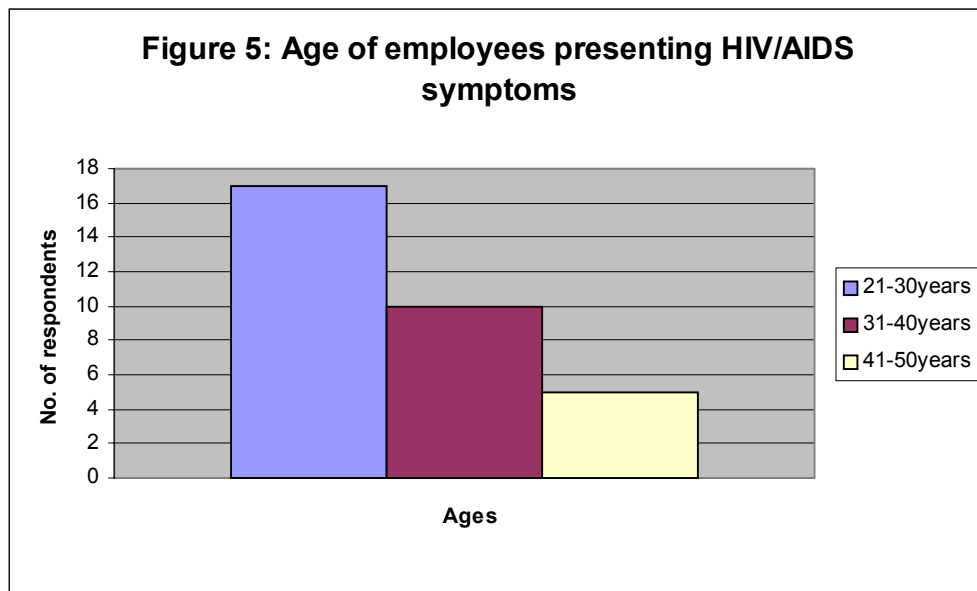
A small percentage (39%) of respondents came to know about the policy through Human Resources. The majority (57%) of supervisors got to know the policy through employee assistance program workshops, and 4% of respondents came to know about it when they had to discipline or assist some sick employees for excessive sick leave.

**Employees who are HIV positive**

The majority (53%) of respondents were unsure whether there are any HIV positive employees but did observe certain related symptoms. Forty four percent responded that there are HIV positive employees who disclosed their status to them, and 3% were disclosed by their doctors.

**Age of employees presenting HIV/AIDS symptoms**

Figure 5 shows that a high number of employees presenting the symptoms of HIV infection are between ages 21 and 40. There are 17 employees between ages 21–30, 10 employees between ages 31–40, and only 5 employees between age 41–50.

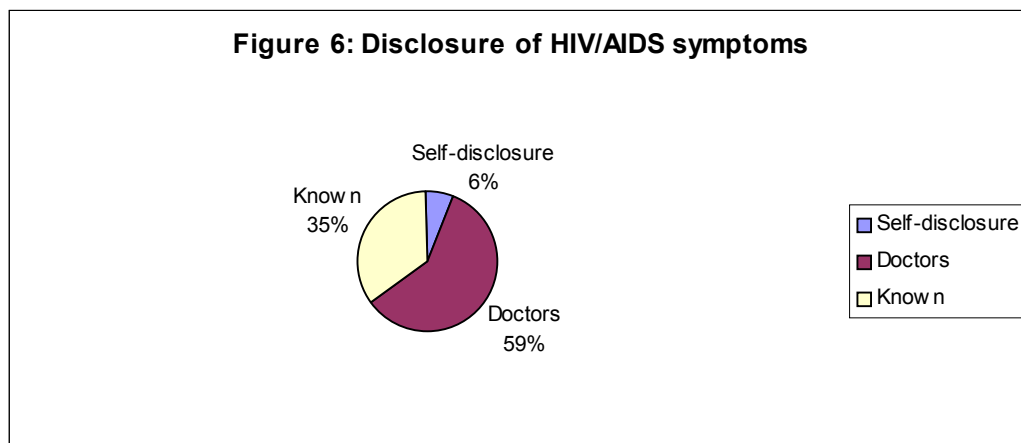


### **Symptoms of HIV/AIDS**

All respondents (100%) were aware of HIV/AIDS symptoms. They mentioned symptoms such as shingles, glands, skin rashes, pulmonary problems, tubercullosis, pneumonia, severe headaches and sore and swollen feet. They also confirmed that all employees who died of AIDS presented one or more of these symptoms.

### **Disclosure of HIV/AIDS symptoms**

Figure 6 indicates that 59% of respondents stated that these symptoms were disclosed by doctors in their medical certificates, 35% stated that they are able to identify these symptoms when an employee is suffering from them. Six percent stated that employees disclosed these symptoms.



### **Behavior of employees with HIV/AIDS symptoms**

The behavior of employees with HIV/AIDS symptoms was described as follows: a high percentage of respondents (89%) reported that employees who disclosed their status were experiencing mood swings characterized by aggression, withdrawal or isolation and acceptance of their condition and 11% were unsure of behavior. Some, especially those to whom their HIV status was disclosed by their doctors, showed denial and anger when confronted. They explained their sickness as related to ancestors and/or black magic.

### **Assistance to employees**

A high percentage (95%) of respondents stated that they assisted these employees by



referring them to the Employee Assistance Program for counseling. Five percent of the supervisors are priests so they stated that they were praying for those infected.

#### **Duration of absenteeism**

All respondents (100%) stated that those who are infected stay away from work for as long as 3 to 6 months per one sick occasion.

#### **Type of leave**

All respondents (100%) stated that the type of leave they are entitled to is sick leave with pay, which is 60 days per annum. Sick employees do apply for this sick leave if they are unable to come to work. If they exhaust these days they are allowed to use their vacation leave with pay. If they exhaust these days they are given sick leave without pay.

#### **Duration of absence per month**

All respondents (100%) stated that depending on the nature of illness and the recovery period these infected employees could be absent due to ill-health for a day or more in one month.

#### **Replacement of deceased employees**

All respondents (100%) stated that after the death of the sick employee a contract worker is taken to replace him/her on the first day he/she is reported to be deceased. If the deceased employee is highly skilled, replacement is done after 6 to 12 months.

#### **Infected employee(s) at work**

All respondents (100%) stated that the majority of HIV/AIDS sick employees are still working. They become absent only if they are sick.

#### **Duties of sick employees**

The majority of respondents (80%) in the questionnaire stated that sick employees were found to be less productive at work and could not carry out the more demanding physical jobs. They lose a lot of weight and they could not hold heavy objects like mail delivery

bags, or stand for a long time, let alone walk a long distance for delivery purposes. As a result of this they are given light duties. If there is no light duty they are transferred to other sections where they could be accommodated, for example if a sick employee is in the delivery section he/she is transferred to the sorting section where he will sit down and sort mail.

### **Replacement of absent employees**

Respondents working in a delivery and sorting section (62%) stated that absent employees are replaced by contract workers or casual workers because their job cannot be done by other employees since they have their own tasks. The remaining respondents (32%) stated that no replacement is done in their depots. All the work for absent employees is done by other colleagues who finish their delivery early, and although they do not comment negatively, they do show dissatisfaction in their faces, because they are not paid for it, and they do it during their normal working hours.

### **HIV status during the selection phase**

All respondents (100%) stated that under no circumstances should the SAPO require employees during the selection phase to disclose their HIV/AIDS status or to go for an HIV test during the selection process.

### **Acceptance of HIV positive employees in the department/section**

All respondents (100%) stated that they could accept an HIV positive employee in their department or section because being with that person won't make them HIV positive. All respondents stated that they know how they can get HIV.

### **Development of full-blown AIDS**

The majority (67%) of respondents has worked with employees who have developed full-blown AIDS and they did not discriminate against them. They refer them to EAP for counseling and to peer educators to offer them support and care.

**Death of HIV positive employees**

The minority (34%) of respondents stated that they have employed an HIV positive person who died after two years of employment. They had employed a person fit to perform duties but after a year that person became sick.

**Benefits to HIV/AIDS employees**

All respondents (100%) stated that employees living with HIV or who have AIDS are, like any other employees entitled to sick leave benefits, pension, union membership, vacation leave, and family responsibility leave. They are also entitled to chronic medication.

**Benefits to the family**

All respondents (100%) stated that the families of those employees who passed away are entitled to their pensions.

**AIDS education**

All respondents (100%) reported that AIDS education is offered in their sections and departments by peer educators and the Employee Assistance Professional or Social Worker. They stated that peer educators were trained by AIDS Training and Information Centre (ATTIC) and Tsabotsogo Community Development & Training Centre (TDCD) for free.

**Duration of training**

All respondents (100%) stated that peer educator's training took one week and they were trained during working hours. There were 60 trained peer educators in KZN SAPO and 42 in Durban alone: one peer educator in each depot (18 in all), seven in the mail centre, two in the area office (PortNatal) and eight in the Regional office. Seven have resigned. All peer educators run AIDS workshops during the working time. Any time in the year is utilized for AIDS workshops and these workshops are presented once a year for about two hours a day.

### **Legal issues related to AIDS**

All respondents (100%) stated that there have not been any legal issues related to AIDS. If an employee can no longer perform contractual duties they do assist an employee with a light duty. If he/she cannot do that light duty they assist him/her to apply for medical boarding if he or she qualifies. They assist the employee to avoid being dismissed for incapacity due to failing to perform his/her contractual duties or due to incapacity.

If an employee is discriminated against because of his/her HIV status management do intervene and advised those employees about the Post Office HIV/AIDS policy. The majority (90%) of respondents stated that cases of discrimination against employees with HIV/AIDS are rare but 10% of the respondents stated that most of the few existing cases are for those who have Tuberculosis (TB). When there is a concern about TB, supervisor's request the Employee Assistance Professional to address employees about how TB is transmitted and precautions to be taken since TB tends to be a common disease now.

### **3.3 INTERPRETATION OF DATA:**

This part of this chapter will present the interpretation of data from the study sample.

The questionnaire explores the awareness of the existence of SAPO's HIV/AIDS policy because its presence in the company is an indication of management support and commitment in eradicating the pandemic. The presence of a policy indicates that the company is aware of HIV/AIDS. At the same time the company is committed to combating the spread of HIV and is supporting those who are infected and affected by HIV. Since the policy is available it was evident that a group of employees in the SAPO spent some time together to design this policy.

The findings of the study showed that AIDS mainly affected young adults during their most productive years. That is the age between 21 and 40.

Disclosure of an HIV status to supervisors or managers by an employee is done by a very small number of employees (6%). Some respondents (59%) indicated that doctors disclose the status through the medical certificates and 35% of the infected employees' supervisors and managers assume their status because of related symptoms or ill-health. One of the greatest fears at work can be the negative reaction that may lead to stigmatization, discrimination, and rejection by co-workers and retrenchment. As a result most employees choose not to disclose rather face the consequences (Fesko, 2001:235). That is why it takes a long time for a person to disclose.

All respondents indicated that co-workers become greatly affected by HIV/AIDS. They become work overloaded, or are joined by new relieving employees on contract. If it happens that other new employees or another full time employee is doing that task of a sick employee it becomes a problem the entire job become affected because there is a deadline for finishing the entire task and there is no incentive to pay for extra jobs done.

For employees who are doing highly skilled work, replacement becomes a problem because of the shortage of people with their skills. If their duties are divided among other employees in their sections, these employees complain because they become overloaded and yet they are not being paid for this extra work. Some of these employees become irritable and angry especially because they are not given an incentive for performing this/these extra duty. They end up not performing well even in their own duties. As a result the section experiences many problems; for example, some employees begin to be irresponsible by not performing their duties as expected. Some employees become psychologically affected thinking about their HIV status. Those who are not infected become affected if they see their co-workers sick in an unusual way and dying of HIV/AIDS. Diminishing morale that leads to low production levels in the workforce becomes evident. Low morale is linked to the death or the illness of their peers or family members (Nowell & Van der Merwe, 2003:49).

According to Nowell & Van der Merwe (2003:50) profits are depressed by a number of factors, which were also found in this study, these factors are the following:

The absenteeism rate is gradually increasing with the increase in reported HIV/AIDS cases. All respondents reported an increase in absenteeism because of ill health, for funerals, and workers taking time off to care for their families. The cost of absenteeism also includes loss of skills, training and recruitment costs, and reduced work performance and lower productivity. These costs are most striking for skilled workers where instant substitution is more difficult. In the SAPO in the sections like delivery and sorting costs of retraining and replacement of employees are not as high because they use contract workers to replace absent employees. But for highly skilled employees replacing an employee is very costly. The researcher contends that the vulnerability of businesses to the impact of HIV/AIDS varies, depending on factors such as type of business and production processes. Labour intensive industry may appear to be at higher risk of lost production. The impact depends on the ease with which employees can be substituted.

A number of employees are booking off sick. There are a number of employees who become sick and are off work until their sick leave is exhausted. In the SAPO those who exhaust their sick leave days are allowed to use vacation leave until all their leave days with pay are exhausted, and thereafter they are given leave without pay.

The supervisor or the manager of a sick employee, and the Employee Assistance Professional are expected to visit the employee in hospital, to support the employee and his/her family. Care and support given to the sick employee and his/her family is very costly because a number of people focus on one-person even if they are answering telephone calls. If those minutes or days are converted into rands and cents per person that is a lot of money lost by the SAPO.

The fact that for a number of months a sick employee is getting the full salary but not working makes a great impact on the organization. A contract worker who is called to do the job means that a certain amount of money needs to be paid to his/her consultant per month. If the sick employee is still getting his/her full salary that means a double payment or more is paid by the SAPO for one person. This is a very big loss for the SAPO.

Employees' productivity is greatly affected and at the same time co-workers' and supervisors' work performance is affected because they are struggling to understand and accommodate someone who is infected by HIV/AIDS.

When an employee becomes sick and unfit to perform his/her contractual duties their doctors request that they be transferred to lighter duties. The findings of this study reveal that in other sections like delivery there is no light duty. Either an employee walks a long distance to deliver mail or he sits and does nothing. The only light duties available are cleaning and sorting. The problem is that an employee who is employed as a cleaner (postal assistant) cannot be requested to do other duties because he is contracted to this duty and if she/he is given another duty that will mean a change in his/her total salary package. With the current unionized workforce and labour relations act it is very difficult to request an employee to assist without a signed contract unless there is a clause stated in his/her contract.

At the same time employees who request to be transferred to do a light duty do not want to be permanently transferred because that would mean accepting a lesser salary package. If they are injured while doing their contractual duties after the request for a light duty had been received the SAPO will be liable for the injury. Sick employees do not want to lose or compromise anything; the researcher confirms this from her experience because she is also involved in negotiating alternative placements. Some sections of the Post Office are air-conditioned. Air conditioning affects sick employees suffering from chest infections. Removing them from air conditioned offices to other offices also goes with a salary package and it becomes a problem if the employee is not prepared to meet SAPO halfway by compromising his/her old salary when his/her job description changes.

For sick employees who get a transfer there has to be a post where they are transferred to and a replacement needs to be arranged. A replacement also demands money allocated to it even if it is a replacement of a contract or casual worker. It is therefore clear that even a transfer to light duty demands the involvement of a number of people, time

consumption for negotiations, and money to pay for all the time used to arrange for the alternative placement or light duty.

If an employee has reached an AIDS stage and he becomes sick, that is when he is said to have ill health. He is sick today or for two months and come to work the following day or when they are feeling better. They become sick and absent or on-and-off from work. This on-and-off demands a temporary replacement because he is still a permanent employee. Other employees at work battle to adjust to this on-and-off attendance and their work performance is affected. As it has been discussed in this study that replacement means double payment for one post which is money lost for the SAPO.

When HIV positive employees are forced to a stage of requesting or applying for early retirement due to ill health, SAPO becomes obliged to grant them early retirement, which means payment of pension benefits. As the number of employees who have reached the ill-health stage is increasing, the number of applications also increases. This implies that more pension benefits are being and are still going to be paid out in a small space of time and thus means a gradual impact in the organization (SAPO) as a whole.

In this study it was shown that SAPO recruited and trained 60 peer educators. Peer educators are trained to deliver HIV/AIDS education to fellow workers. The SAPO uses these peer educators and the Employee Assistance professional to deal with HIV/AIDS issues. Peer educators are doing HIV/AIDS programs as volunteers and as their extra job. When they are conducting these education/awareness programs their job is not done by any one and the following day they become work overloaded. In other instances a replacement is arranged from other co-workers or from outside. This means an overloaded co-worker or double pay for one post. If a co-worker is not being paid his morale decreases and the whole job or section is affected. Some organizations like SAPO prefer to do prevention programs. The researcher agree that the cost of delivering prevention interventions is likely to be much less than managing HIV complications at a later stage.



### **3.4 CONCLUSION:**

It has been shown in this study that the HIV/AIDS impact is felt by all employees in many ways and levels. The combination of receiving an HIV positive diagnosis and ill health has a devastating impact on employees. The impact will increase organizational inefficiency. Direct costs, indirect costs, and systems costs will be felt by the employees and the organization in many ways. It is also clearly indicated that both the infected and affected employees are impacted by HIV/AIDS in different ways.

HIV/AIDS impacts on employees physically, psychologically, socially, emotionally, and financially. This causes an impact on co-workers and section supervisors or managers because of work overload, poor interpersonal relations, and communication breakdown. All these result in poor work moral and thus low productivity and profitability. An impact on employees' result in an impact on the organization as a whole and at a long run this might lead to the downfall or closing down of the SAPO. The organization will close down if SAPO management and all employees just take HIV/AIDS as a socio-economic problem to be addressed by government and do not take it as everybody's business.

In the chapter that follows, conclusion, recommendations, limitations, and concluding remarks of the study will be undertaken.

## CHAPTER 4

### GENERAL SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 4.1 INTRODUCTION

This chapter constitutes the final steps of the research report, and consists of the general summary, conclusion and recommendations.

HIV/AIDS in South Africa is infecting and affecting numbers of people every second in a number of ways. In KwaZulu-Natal in particular the impact is becoming obvious day by day. The workplace is where employees spend a large part of their time, and where they spend more time interacting with their peers. This poses a need for all companies to begin to examine the impact of HIV/AIDS on their organisations to ensure that they have structures and policies in place, which minimise its impact. The purpose of this mini-dissertation therefore was to investigate the psychosocial impact of HIV/AIDS on both the infected and affected employee in the South African Post Office in Durban, at an individual level and in the organisation as a whole.

A particular area of interest was the impact caused by HIV/AIDS on their benefits and execution of work of the employees. On this basis, conclusions and recommendations will be made.

Considering the drastic impact of HIV/AIDS in the workplace in general, all avenues of intervention need to be explored. This mini-dissertation culminates in recommending a framework for HIV/AIDS education in the SAPO. Of importance is for all organizations to investigate the impact of HIV/AIDS so as to get information on how and where to intervene. A multidisciplinary approach will make a significant contribution to dealing with the economic and psychosocial impact of HIV/AIDS in the workplace. The main objective is to combat the spread of HIV/AIDS in South Africa.

#### 4.2 CONCLUSIONS:

The total number of respondents was 43. Data was gathered by a questionnaire through a sample of 33 supervisors and ten managers from the Post Offices around Durban who were selected using systematic random sampling. Seven questionnaires were not returned. Only 36 questionnaires were returned. This means that the return rate was 84%. Four questionnaires were incomplete and were destroyed, and only 32 questionnaires were analyzed. Efforts were made to ensure that cultural diversity in the Post Office is represented in the sample.

The identification of the impact of HIV/AIDS is an urgent need in the workplace, given the economical impact HIV/AIDS is causing and will still cause. The findings of this study revealed that the impact begins when an employee or employees discover their HIV status. HIV positive results could lead to emotional reactions. These reactions include a myriad of negative feelings and emotions, which include fear, shock, anger and guilt. To be diagnosed HIV positive leaves the individual concerned in an intensely vulnerable state. That is why employees who are showing HIV positive symptoms are also observed reflecting a range of negative emotions. They experience feelings of depression, frustration, devastation, confusion, helplessness, hurt and pain. All these feelings are reflected through withdrawal or aggressive behavior at work. This impacts on the morale of all employees in that section or department. Employees' morale declines because of a breakdown in communication, work overload, and poor interpersonal relations among employees.

The risk faced by employees is also aggravated by denial, which prevents self-disclosure. Denial is one of the feelings an HIV positive person experiences. It could go to the extent that the person interprets his/her state in a more cultural way. An infected person could say that she/he has been bewitched by other employees because they are jealous of his work position. In that case he/she uses traditional healers to heal him/her which makes the condition of sickness worse. Employees need to be made aware of HIV/AIDS

to prevent denial.

Unless both employees and management take the responsibility in eradicating the HIV/AIDS pandemic every effort taken by an individual party will be ineffective.

#### **4.3 RECOMMENDATIONS:**

The following recommendations based on the investigation can be made:

HIV can be prevented and SAPO in Durban can deal with the consequences of AIDS. If SAPO can respond to the epidemic in the right way, not only can they reduce its impact, but perhaps they will save a great number of employees who are at risk of HIV.

It is essential that SAPO respond appropriately to the impact of HIV/AIDS in the workplace by revising its HIV/AIDS policy every year so as to address the current unique challenges which HIV/AIDS would be presenting to their employees.

The care of HIV positive employees, the non-stigmatization of HIV positive employees, the care of those that are affected by those infected, and care of employees with AIDS is important and should be part of the overall strategy in combating the pandemic in the SAPO.

Employees need to be helped to know their HIV status through voluntary counseling and testing. It is only through knowing their status that employees could begin to take responsibility and strive to live longer or to remain HIV negative. In order for our HIV/AIDS programme to be effective, employees should participate fully and take ownership. There is a need for an adequate consultation and involvement of all staff. A committee made up of employees is a prerequisite.

The few women in the SAPO need to be empowered. Empowerment of women to be independent is one of the priorities. Working or career women are earning a salary that if they can learn to live within their means, allows them to be self-sufficient. They need to

be empowered to learn to say no to unprotected sex and to be independent.

Men can make a difference and need to take responsibility by being faithful to their partners, and to practice safer sex. If SAPO men could learn this, SAPO would have made a great contribution to the effort that will have an impact on the pandemic.

SAPO, as part of their social responsibility, needs to begin to do training for home-based care volunteers. These volunteers will provide support to the employees who are in the AIDS stage as well as to their families. The support for home based care given to the employees will automatically be provided to employee's neighborhood communities. This will be a great contribution to save our customers as the effect of increased illness on markets is said to be a major issue for companies which sell most of their products and service locally, as SAPO does.

To ensure that the production process is not vulnerable to staff losses, it is recommended that SAPO adopt multi-skilling where employees are provided more than one skill so as to easily replace the absent or lost employee.

The majority of SAPO employees are migrants. To curb the root cause of transmission the intervention should be to replace migrants with local people or reduce the time workers spend away from home.

Having stated the need for intervention programs it is of vital importance to stress the need for management support for the HIV/AIDS programs. This support demonstrates that management is sincere about addressing HIV/AIDS in the workplace, is caring for the welfare of employees and the well being of the company as a whole.

It is suggested that the person being tested for HIV should receive pre-test and post-test counseling. Since all employees possess medical aid and they go to private doctors and hospitals when they are sick, some of the tests done by private doctors in private hospitals are done without pre-test and post-test counseling. This counseling provides an

employee with valuable information regarding a clear understanding of the reasons for the test, the consequences of being tested, and the possible behavior an employee may adopt if the results are either positive or negative. The counselor should highlight the medical aspects of HIV as well as discuss the psychological and social impact of a positive result. It is therefore clear that some employees suffer psychologically because they are not given pre-test and post-test counseling.

The findings of this study indicated that the main focus should be on care and medication for the infected and affected employees, because it is equally important to promote a healthy employee and to care for HIV positive employees. The findings of this study indicate that the implementation of a formal HIV/AIDS programme in the workplace is a top priority. This should be SAPO's commitment and investment in their employees because many of these employees have been with SAPO for a long time and this should be an opportunity for SAPO to demonstrate its commitment to its employees in a tangible and important way. Education programs should include training around what to do if there is an accident in the workplace and how employees can perform first aid and handle blood spills safely in an emergency. The main objective should be education and awareness. The new program should also be used continuously for awareness and specifically to address the need for safer sex and more importantly faithfulness.

#### **4.4 LIMITATIONS OF THE STUDY:**

The study was confined to the employees of the South African Post Office in offices around Durban and this might affect generalization.

Owing to the sensitivity nature of HIV infection the respondents of this study were managers and supervisors and this might affect representativity.

The study took a period of eight months and the number of people impacted by HIV/AIDS changes drastically. As a result the impact in the Post Office might be more severe now than eight months back, and the literature upon which the decisions related to

answering the question of this study may have changed.

The questionnaire could be limiting in its ability to record the exact impact of HIV/AIDS therefore responses might not have fully represented the actual reality.

#### **4.5 CONCLUDING REMARKS:**

The introduction provided an overview of what the researcher hoped to achieve and the areas to be covered. The introduction also explained the methodology used for primary data collection and a synopsis of the contents of each chapter.

The second chapter provided the literature review. It began with a discussion of AIDS as a global phenomenon and the greatest threat to human kind. This study indicated that the impact on the workplace is significant as it is beginning to show up in the increasing number of employees who are infected and the number of employees who are dying every day. The physical, psychological, emotional, and social impact on individual infected and affected employees was indicated. The impact on productivity and profitability was also explored.

Chapter three provided the analysis of the findings and the discussion. This chapter provided brief responses to the questions, data was analyzed, and an in-depth interpretation of the results was given. The literature and the researcher's view are integrated into the findings of the study.

Chapter four provided a general summary of the study and recommendations for improving SAPO's current intervention strategies. Recommendations were directed to affect and infected employees and strategies suggested to be implemented at individual and organizational level. It was indicated that the ideal response to HIV/AIDS in SAPO should emphasize education, and all employees should be part of any proposed intervention strategy. This chapter also draws conclusions from the research.

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This mini-dissertation recommends a framework for HIV/AIDS intervention and sexual health education in Durban Post Offices. Of vital importance now is to undertake a study of a suitable programme to reduce the HIV/AIDS impact in the workplace and in surrounding communities.



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**APPENDICES**

|            |                             |
|------------|-----------------------------|
| Appendix A | Written consent by employer |
| Appendix B | Letter of informed consent  |
| Appendix C | Questionnaire               |

**NO APPENDIX A AVAILABLE**

**APPENDIX B**

**Participant's**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Principal investigator: Mildred N.M. Buthelezi,**

**Organization : South African Post Office**

**Address : Private Bag X54351**

**Durban**

**4000**

**Informed Consent:**

- 1. Title of Study:** A Social Work Study on the Impact of HIV/AIDS on the South African Post Office in Durban.
- 2. Purpose of the Study:** The purpose of this study is to investigate the impact of HIV/AIDS on the employee's benefits and execution of work on the South African Post Office in Durban.
- 3. Procedures:** I would be asked to look at employee's registers to see their attendance records; looking at the type of leave taken, duration of the leave, and reason for such a leave. I will be asked to complete a brief questionnaire related to their absenteeism, replacement, payment and other benefits. In addition, in the questionnaire I will be completing a rating scale of the section, occupation, position held, and years of experience.
- 4. Risks and discomforts:** There are no known medical risks or discomforts associated with this project, although I may experience stress when answering these questions. I will be given enough time to answer the questions.
- 5. Benefits:** I understand there are no known medical benefits to me for participating in this study. However, the results of the study may help

researchers gain a better understanding of how HIV/AIDS is impacting on all employees.

6. **Participant's Rights:** I may withdraw from participating in the study at any time.
7. **Financial Compensation:** Participating in this study will not put me into any expenses.
8. **Confidentiality:** I will only complete the questionnaire. The questionnaire will only be read by the researcher. I understand that the results of this study will be kept confidential unless I ask that they be released. The results of this study may be published in Professional journals or presented at Professional conferences, but my questionnaire or identity will not be revealed unless required by law.
9. If I have a question of concerns, I can call Mildred Buthelezi at 031-3363468/2611946 at any time during the day or night.

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

---

\_\_\_\_\_  
**Subject's Signature**

\_\_\_\_\_  
**Date**

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**Signature of Investigator**



**APPENDIX C**

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

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

Please tick  $\surd$  the appropriate box.

1. Age:

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

2. Sex:

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

3. Race:

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

4. Main Home Language:

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

5. Type of Office:

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

6. Position:

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

|  |
|--|
|  |
|--|

7. Section: \_\_\_\_\_

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

9. Does the Post Office possess an AIDS policy?

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

9.1 If yes, by whom was this policy developed? \_\_\_\_\_

10. How did you become aware of this policy?  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Does your section have any employee/s who are HIV positive or suffering from AIDS?

|     |                          |    |                          |        |                          |
|-----|--------------------------|----|--------------------------|--------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unsure | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|--------|--------------------------|

11.1 If yes, how many? \_\_\_\_\_

11.2 Which ages are they ranging?

|          |                          |          |                          |          |                          |       |                          |
|----------|--------------------------|----------|--------------------------|----------|--------------------------|-------|--------------------------|
| 21 to 30 | <input type="checkbox"/> | 31 to 40 | <input type="checkbox"/> | 41 to 50 | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|----------|--------------------------|----------|--------------------------|----------|--------------------------|-------|--------------------------|

12. How did you know about his/her/their HIV/AIDS status?

|                 |                          |                |                          |       |                          |
|-----------------|--------------------------|----------------|--------------------------|-------|--------------------------|
| Self-disclosure | <input type="checkbox"/> | Medical report | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|-----------------|--------------------------|----------------|--------------------------|-------|--------------------------|

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

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

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

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

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

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

|     |    |  |
|-----|----|--|
| Yes | No |  |
|-----|----|--|

20.1 If yes, what type of arrangements?

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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?

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|  |
|--|
| 22.1 How can you explain their behavior? |
|  |
|  |
|  |

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

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

23.1 If no, what are their duties?

|  |
|--|
|  |
|  |
|  |
|  |

24. How can you explain their performance?

|  |
|--|
|  |
|  |

25. What other benefits does the sick employee have?

|  |
|--|
|  |
|  |

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

|  |
|--|
|  |
|--|

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

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

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

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

|  |
|--|
|  |
|--|

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

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

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



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

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

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

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

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50. Which time is utilized to offer AIDS education?

|             |  |            |  |             |  |       |  |
|-------------|--|------------|--|-------------|--|-------|--|
| Post Office |  | Lunch time |  | After hours |  | Other |  |
|-------------|--|------------|--|-------------|--|-------|--|

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

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

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

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

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

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

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

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**Thank you for completing this questionnaire.**