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***IDENTIFICATION OF EMPLOYEES NEEDS TO BE ADDRESSED  
IN  
THE HIV/AIDS PROGRAMME AT AVENTIS PHARMACEUTICAL  
COMPANY***

***BY***

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## Summary

HIV/AIDS is the most formidable public health problem facing South Africa today. It has medical and social implications because it is incurable and leads to social problems in the lives of affected people. The epidemic poses a major challenge to everyone. The South African industry will be mostly affected by the epidemic and will therefore have an important role to play in managing the problem in an appropriate way.

The researcher conducted a needs analysis with the Employee Assistance Programme practitioner of Aventis Pharmaceutical Company and the HIV/AIDS manager of Aventis. Both identified the need to do the research on the identification of employee needs to be addressed in the HIV/AIDS programme because of the problems encountered during the implementation of HIV/AIDS programmes and its negative effects on the company's production.

The study was conducted at Aventis Pharmaceutical Company Aventis situated in Pretoria at Silverton. The company produces and supplies medicines to many organizations in South Africa. It is the concern of Aventis management and the aim of this study to identify employees' needs in order to address them in the HIV/AIDS programme at Aventis Pharmaceutical Company.

A literature review regarding the concepts HIV/AIDS; means of transmission, stages, impact, prevention and treatment was undertaken by using relevant books and journals.

A study of the literature equipped the researcher with knowledge of the theories, definitions and theoretical argumentation concerning the problem theme.

A qualitative approach was utilized in this study to understand employee's life and the meanings they attach to everyday life. The researcher utilized applied research to develop solutions for problems in the practice and to understand the problem in more detail. An exploratory research design was undertaken to develop an initial, rough understanding of the phenomenon.

A semi-structured interview schedule was presented to 13 respondents from Aventis in the same way to minimize the role and influence of the interviewer and to enable a more objective comparison of the results. The data was analysed and interpreted. The tape recordings were transcribed and a research report was compiled to document the research findings.

The outcome was that employees are still not fully knowledgeable about HIV/AIDS. Awareness still needs to be created and employees' must be encouraged to attend these programmes. Employees needs were identified, conclusions drawn and recommendations made.

Key concepts in the study were:

HIV

AIDS

Need

Programme

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## CHAPTER 1

### General Orientation and Research Methodology

#### 1.1. Introduction

HIV/AIDS is the most formidable public health problem facing South Africa today. It has medical and social implications because it is incurable and leads to social problems in the lives of affected people. The epidemic poses a major challenge to everyone. The South African industry will be mostly affected by the epidemic and will therefore have an important role to play in managing the problem in an appropriate way.

As Evian (1995:180) states, since HIV/AIDS affects all South Africans there is no way that it cannot be found within the workplace. All the companies will therefore suffer the consequences of this epidemic. If the employees or their loved ones are suffering from HIV/AIDS, they experience problems such as stress and depression, loss of concentration and low productivity which eventually result in low work quality and quantity and affect their job performance negatively.

Aventis Pharmaceutical Company (Aventis) situated in Pretoria at Silverton, is an organisation that produces medicines and supplies many organisations around South Africa with medicines. Aventis consists of 215 employees of both sexes from various racial groups.

Aventis consists of the following departments and employees, namely: Project A (14), Manufacturing (29), Packaging (77), Pasteur (01), Plant (08), Pyarazanite (04), Quality Assurance (11), Quality Control (01), Quality Control and Technical Services (28), MAT MG (29), Facilities (09), Finance (02) and Human Resources (02).

Aventis will not stand back as passive observers; they will take on their responsibility to play a meaningful role to assist their employees wherever possible by rendering HIV/AIDS awareness and prevention programmes.

It is the intention of this chapter to pay particular attention to the following: motivation for the choice of the subject, formulation of the research problem, goal and objective of the study, formulation of an hypothesis, the research approach, the type of research, research design, research procedure and strategy, pilot study, research population and sampling methods, ethical issues, definition of key concepts and the contents of the research report.

## **1.2. Motivation for the choice of the subject**

Leedy (1993: 53) implied that self- initiated research can be prompted by mere inquisitiveness about an interesting phenomenon or about something which presents a puzzle. AIDS is a unique disease with unusual, and often confusing characteristics, which make it difficult for people not in the medical profession itself to understand the disease, its transmission and prevention.

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The researcher is not an employee of Aventis, her involvement with the organization is for conducting her research project. The researcher found out about the organization from her colleagues.

The Employee Assistance Programme (EAP) practitioner of Aventis and the researcher identified the need to do research regarding the identification of employees' needs to be addressed in the HIV/AIDS programme at Aventis Pharmaceutical company because of the problems encountered during the implementation of these programmes.

The HIV/AIDS Manager of Aventis and the EAP Practitioner, have both been presenting awareness and prevention programmes for the employees. Attendance of these programmes, however, is always marked by poor attendance irrespective of how well the programme was marketed.

It is the concern of Aventis management to identify employees' needs to be addressed in the HIV/AIDS programme. The researcher is also keen for professional and personal interest to help identify the needs to be addressed or altered in the HIV/AIDS programme.

### **1.3. Problem formulation**

Grinnell and Williams (1994:07) point out that problem formulation is the initial step in the research process. The researcher understands that one must first identify, understand and formulate the problem before one can undertake an empirical study about the problem.

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A need for doing research was identified due to lack of research concerning the identification of employees' needs to be addressed in the HIV/AIDS programme at Aventis.

The EAP practitioner at Aventis formulated the training manual and there was no proper investigation or needs assessment undertaken to address employees' needs in the HIV/AIDS programme.

Proper channels were not followed and one cannot conclude that the programme is effective or that it does not address the problems encountered during its implementation. The researcher conducted the investigation and identified employees' needs to be addressed in the HIV/AIDS programme.

Management at the packaging department of Aventis identified the following problems with regard to their employees: High rate of absenteeism due to illnesses such as TB, pneumonia and bronchitis which could relate to symptoms of HIV and which in most cases result in deaths.

The source of the above problems was identified as due to a lack of HIV/AIDS knowledge by employees' at Aventis. The problem is increasing and the need for a structured HIV/AIDS programme, which will identify employees', needs and to help educate employees about HIV/AIDS, was identified.

#### **1.4. Goal and objectives of the study**

According to Brown (1995: 46) goals refer to the broad conditions or outcomes that are designed by the community of interest.

Objectives refer to those more specific changes in programmes, policies, or practices that are believed to contribute to the broader goal.

### ☛ **Goal**

To identify the needs of employees to be addressed in the HIV/AIDS programme at Aventis Pharmaceutical Company.

### ☛ **Objectives**

- ☛ To investigate theoretically the concept and problems regarding HIV/AIDS in the workplace.
- ☛ To investigate empirically the needs of employees to be addressed in the HIV/AIDS programme at Aventis Pharmaceutical Company.
- ☛ To make recommendations regarding the HIV/AIDS programme presented by the Aventis EAP practitioner.

## **1.5. Research question for the study**

According to De Vos (1998a:115) 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. Research questions are more relevant if the researcher works qualitatively, and hypotheses when the researcher works quantitatively.

Mayfair (1989:10) states that a research question is viewed as a guideline to be proved. It is a question to be answered at the end of the investigation.

Since the aim of this study is to identify the needs to be addressed in the HIV/AIDS programme, the research question was applied.

For the purpose of this study, the research question was stated as follows:

☛ How effective is the HIV/AIDS programme at Aventis Pharmaceutical Company?

## **1.6. Research Approach**

According to Meyer, Moore & Viljoen (1999: 23) a qualitative research approach describes the qualitative nature of a phenomenon. Its objective is to understand the phenomenon rather than to explain it in terms of the laws of cause and effect. It is more subjective than a quantitative methodology whereas a quantitative research approach is designed to determine quantitative differences between phenomena by means of objective measurements. It attempts to explain phenomena by establishing their causes and effects.

Leedy (1993:139) subsequently identifies qualitative research methodologies as dealing with data that are principally verbal, and quantitative research methodologies as dealing with data that are principally numerical.

A qualitative approach was applied in this study to understand employee's life and the meaning that they attach to everyday life. This approach assisted the researcher to create an understanding about employees and to gather all the needed information regarding their needs for the HIV/AIDS programme at Aventis Pharmaceutical Company.

## **1.7. Type of research**

There are two types of research, namely basic and applied research. Royce (1997: 19) states that Basic research is used to develop new theory where as Applied research is used to develop solutions for problems in practice. He further states that its findings are used to solve problems of immediate concern.

Fouché and De Vos (1998:69) describe applied research as “ to extend knowledge of human behaviour relating to human service intervention. De Vos and Fouché (1998:80) elaborate further by saying applied research aims to make qualitative research more humanistic and relevant to the lives of people.

The researcher chose applied research in order to understand the problem in more detail and a practical investigation was needed to generate new knowledge with regard to solving the problem.

The findings were used to make recommendations to re-formulate and improve the HIV/AIDS programme successfully at Aventis.

## **1.8. Research design**

Dane (1996: 20) defines a research design as a scheme/ structure by which a research study is to be conducted. Babbie (1998: 90) states that three of the most common and useful purposes of social research are exploration, description, and explanation.

- \* Exploration is the attempt to develop an initial, rough understanding of some phenomenon.
- \* Description is the precise measurement and reporting of the characteristics of some population or phenomenon under study.
- \* Explanation is the discovery and reporting of relationships among different aspects of the phenomenon under study. Whereas descriptive studies answer the question “What?” explanatory tends to answer the question “Why?”
- \* Grinnell ( 1991: 237) defines the fourth design as experimental research design. It is defined as the objective observation of phenomena that is brought about in a strictly controlled situation in which all factors, except the control group are controlled.

The researcher has undertaken an exploratory research design for this study. According to Dane (1996: 80) an exploratory design involves an attempt to determine whether or not a phenomenon exists. The exploratory research design can thus be used in this research project as there is a lack of basic information on employees’ needs to be addressed in the HIV/AIDS programme at Aventis Pharmaceutical Company.

## **1.9. Research procedure and strategy**

A literature study as well as an empirical investigation was implemented in this research project. Employees at Aventis were gathered on a sampling

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basis and a semi-structured interview schedule was used to gather information from the respondents from Aventis Pharmaceutical Company.

According to Bless and Higson- Smith (1995:107) a semi-structured interview is an interview where we use it as a guideline for the relevant topics for the interview. In this way the interview will help the researcher to understand closed worlds of individuals, families, organisations and communities.

A semi-structured interview schedule was presented to respondents in the same way to minimise the role and influence of the interviewer and to enable a more objective comparison of the results. The data was analysed and interpreted. The researcher made use of a tape recorder and took notes in order not to miss some data. The tape recordings were transcribed and a research report was compiled to document the research findings.

As indicated by Greeff (2002:304) the researcher sat down after the interview and jotted down her impressions of the interview. These notes helped her to remember and explore the process of the interview. Field & Morse (1994:79-82) indicated that field notes are a written account of the things the researcher hears, sees, experiences and thinks about in the course of interviewing.

Greeff (2002:305) mentions that by employing qualitative analysis an attempt is made to capture the richness of themes emerging from the participants talk rather than reducing the responses to quantitative categories.

## **1.10. Pilot study**

According to McBurney (1994:185) a pilot study is the tentative, small-scale study done to pretest and modify study design and procedures. The pilot study is imperative to help find the errors in the study.

A pilot study is defined in the New Dictionary of Social work (1995:45), as the “process whereby the research design for a prospective survey is tested”. Strydom (2002:211) indicated that a pilot study can thus be regarded as a small-scale trial run of all the aspects planned for use in the main inquiry.

### **1.10.1. Literature study**

As Brown (1995: 17) stated, an effective literature study on both primary and secondary sources is essential as it forms a fundamental part of research. He continued to say that it serves as a point of departure by enabling the researcher to acquaint himself thoroughly with the latest research and development covered in the studied field.

Arkava and Lane (1989:25) identify three functions of the literature study: Firstly it discloses that someone else has already performed the same research.

Secondly, it provides a substantially better insight into the dimensions and complexity of the problem and lastly, it equips the investigator with a complete and thorough justification for the subsequent steps, as well as with a sense of the importance of the study.

The study of the literature should ensure that the researcher gains a greater knowledge base on the subject of HIV/AIDS in the workplace and aids the researcher in the formulation of appropriate questions for the semi-structured interview schedule. Thus it can be seen that the literature study is a vital part of the research project.

The researcher has undertaken a literature study using relevant books and journals to get more information about research methodology and the research topic. A study of the literature helped the researcher to familiarise herself with theories, definitions and theoretical argumentation concerning the problem theme. Information was acquired from the Academic Information Centre of the University of Pretoria, Pretoria central library, Unisa, Internet and at Aventis Pharmaceutical Company. From these sources the researcher was able to detect the ways to conduct the investigation.

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

According to Nachmias (1994: 34) the purpose of interviews with experts is to bring unknown perspectives to the fore or to confirm or reject the researcher's own views. This part of preliminary examination acknowledges the knowledge and wisdom that experts in the studied field could have.

Since the field of social work is so broad, Strydom (2002:212) emphasized that people tend to specialise thus an increasing number of persons trained in a specialized area, or who have been active for many years in that specific area, undertake research. It is therefore extremely valuable to prospective researchers to utilise these resources.

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The researcher had the opportunity to meet some of the experts and formal consultations were done with them to gather more information regarding their opinions and conditions of their service provisions. The researcher met the following persons:

- ☛ Miss E Ramokolo, EAP practitioner- (consultant and expert in rendering HIV/AIDS at Aventis, Famsa and Ford Motor Company for 2 years)
- ☛ Mrs Laetitia Janse Van Rensburg, Aventis Manager (3 years) –
- ☛ Virginia Vilakazi, Aventis Manager and nurse (HIV/AIDS expert ) - (5 years)
- ☛ Miss Elsie Molokomme, HIV/AIDS consultant ( Thembisa Hospital for 3 years)

The Aventis manager Mrs L Janse van Rensburg and consultant Miss E Ramokolo informed the researcher that only 2 HIV/AIDS training sessions were conducted in the year 2002 and there wasn't any employees need assessment conducted during formulation of the programme. They both saw the importance of such an investigation and that highly motivated the researcher in realizing how much they valued it.

Misses Molokomme and Vilakazi saw the importance of this investigation too. They both hinted at the fact that organizations usually formulate programmes and policies without prior research and this does not guarantee that employees needs and problems will be identified and addressed.

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Aventis Manager, Mrs Van Rensburg hopes and believes that the results will bring some changes to the organization because they will be presenting what employees need and not what the organization thinks they need.

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

Strydom (1998a:49) defines feasibility of the study as the practicability, possibility or convenience of doing the study.

The study is feasible in the sense that it is an identified need in Aventis. The researcher was granted permission for the investigation by the management of Aventis. The researcher was granted permission to utilise the resources within the organisation such as telephone, fax, office and photocopying machines. If a need arose for anything else, the researcher was granted permission to consult management, which gladly assisted.

Management was of assistance to ensure the availability of respondents. The list of respondents was presented to management beforehand to inform them and ensure their availability. Employees' time was all that the researcher needed from Aventis management and was granted. The researcher provided her own transport for traveling to and from Aventis and the research was conducted during her study leave.

#### **1.10.4. Pre- test of the measuring instrument**

According to Tuckman (1998:45) a pilot study refers to a questionnaire pre-tested on a small population to determine if the items of the questions possess the desired qualities of measurement and discrimination. Bailey

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(1994:144) states that the pre-test should be conducted in the same manner as the final study. If it is an interview study, the pre-test should be an interview.

The semi- structured interview schedule was tested with 5 employees to determine its effectivity with employees who will not be part of the investigation.

Only after the necessary modifications such as repeated questions, and unidentified questions have been made following the pilot test, was the semi-structured interview schedule used on the full sample. This ensured that errors of whatever nature were rectified immediately at little cost.

### **1.11. Description of the research population, delimitation/ boundary of sample and sampling method.**

#### **☛ The research population**

Bless & Higson- Smith (1995: 85) indicate that the entire set of objects and events, or group of people which is the object of research about which the researcher wants to determine some characteristics, is called the population. Seaberg (1995: 140) defines a population as the total set from which the individuals or units of the study are chosen. A population is the totality of persons, events, organisation units, case records or other sampling units with which our research problem is concerned.

The research population of this investigation consists of all 215 employees at Aventis Pharmaceutical Company.

### **Boundary of Sample**

The boundary (or that which marks the extreme limits) of the sample consisted of 13 employees at Aventis, Pretoria. They were aged between 20 and 55 years and consisted of male and female employees.

### **Sampling method**

Seaberg (1995:141) defines a sample as a subset of people in the population under study, often selected by random numbers, whose response to a survey can be used to estimate how the entire population would have responded if it had all been surveyed.

Strydom & De Vos (1998:195) indicated that in probability sampling each person in the population has the same probability of being selected. They continued by saying the best known kinds of probability sampling are random sampling, systematic sampling, stratified random sampling, cluster sampling and panel sampling.

Probability sampling was used because it is based on randomization and each person at Aventis would have the same chance of being selected. The sampling method was used by applying the systematic sampling technique.

According to Strydom & De Vos (1998:197) in systematic sampling all subsequent cases are selected according to a particular interval, for example every fifth or tenth case on a list of names.

According to Bless and Higson-Smith (1995:91) systematic sampling is the technique of selection which instead of relying on a random number table, is

based on the selection of elements at equal intervals, starting with a randomly selected element on the population list.

The researcher requested a list of all 215 employees at Aventis and then assigned them numbers starting anywhere from 01 to 215 to select her sample systematically at equal intervals of every 16<sup>th</sup> employee.

### **1.12. Ethical issues**

According to Strydom (1998(b):25) when planning and carrying out a research project, the researcher must consider its ethical acceptability very carefully. According to Strydom (1998(b):25) ethics refer to a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students. Eight particular aspects concerning ethics should always be considered:

#### Harm to participants

The researcher should consider carefully what effect the research could have on the subjects. If there is the slightest possibility that anything done during the course of the research could have an adverse effect on the subjects, the project should be discontinued or at least modified so that the adverse effects are eliminated.

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The researcher will be very cautious when conducting the research and ensure that the questions do not offend any of the respondents. This would be done by pilot testing the semi- structured interview beforehand.

The researcher informed the respondents about the reason for making use of the tape recorder and its importance for the investigation. The tape recorder's implications were eliminated because the researcher did not gather their personal details and their identity.

#### ☞ Violation of privacy

The researcher should ensure that the personal rights and privacy of her subjects are adequately protected. This means, for instance, that the researcher may not use people as subjects against their will and may not divulge personal information on any individual.

Subjects must therefore remain anonymous and information gathered must be kept confidential. This will be ensured by not stating the respondent's name. The researcher will always follow the principle of confidentiality and no respondent will be forced to participate.

As the researcher has already mentioned the fact that employees do not feel comfortable speaking about HIV/AIDS, this would be left for investigation with the willing respondents.

#### ☞ Informed Consent

As the researcher already stated that employees were reluctant to attend HIV/AIDS programmes, the researcher did not force employees to

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participate in the research process and those who participated will signed a consent form.

### ☞ Release or publication of the findings

The researcher should also carefully consider what effect the research, and specifically the findings, could have on people other than the subjects. This particularly implies that she should not publish faulty findings, since such publication could cause considerable damage.

The researcher will be accurate and honest with regard to her findings and make it a point not to offend the subjects or other people.

### ☞ Deception of subjects

The researcher should not withhold any kind of information or provide any incorrect information to its participants for her own gain.

### ☞ Actions and competence of researcher

The researcher is ethically obliged to ensure that she is competent and adequately skilled to undertake the proposed investigation. The total research project must run its course in an ethically correct manner.

### ☞ Cooperation with collaborators

The researcher did not make use of any sponsors. This will not apply in the investigation.

### ☞ Restoration of subjects or respondents

The debriefing sessions will not be conducted after the investigation because the respondents will not be exposed to harm.

### 1.13. Definition of key concepts

#### ☞ HIV

Mayfair (1989: 09) states that HIV (Human Immunodeficiency Virus) was known to American workers as HTLV 111(Human T cell lymphotropic virus type 111).

This virus causes a specific disease affecting the immune system by attacking the T cells, which are that part of the defense mechanism that copes with infection.

HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS (Brown,1995:61). The researcher agrees with the above authors that HIV is a virus that rapidly causes AIDS. This virus attacks the T cells that fight against infection.

#### ☞ AIDS

Norton and Esposito (1995: 70) state that AIDS is the abbreviation for Acquired Immunodeficiency Syndrome; a viral disease that impairs the immune system of the human body leaving it prey to a great variety of infections that would normally be suppressed by a functioning immune system. Evian (1995:17) defines AIDS as the Acquired Immune Deficiency Syndrome; the body loses its ability to fight infections and the HIV virus weakens the immune system.

The researcher agrees with the above authors that AIDS is a virus which impacts on the immune system of the human body which leaves the individual unable to function normal and also kills the cells in the body which help to fight diseases.

### Need

According to the Reader's Digest (1993: 1016) a need is identified as a requirement, demand, want, be or stand in need of, call for, have need of, cry out for.

The S.A. Dictionary (1995:321) defines need, as something required, call for, want, crave and desire.

The researcher would define need as something that one is not in possession of and would like to have or want.

### Programme

According to De Vos (1998b: 367) a programme is a complex of goals, policies, procedures, rules, task assignments, steps to be taken, resources to be employed and other elements necessary to carry out a given course of action; they are ordinarily supported by necessary capital and operating budgets whereas Nachmias (1994:45) defines it as a schedule, agenda, list, outline or order of the day.

The researcher agrees with the above authors' definitions and sums it up as a series, plan or list of current or future events.

## **1.14. Contents of the research report**

The researcher's report is divided into four chapters.

Chapter 1: General orientation and research methodology.

Chapter 2: Literature study. Contains theoretical foundation on which the research project will be based.

Chapter 3: Empirical study, analysis and interpretation of data.

### **1.15. Limitation of the study**

It was a very interesting research process and the only problem experienced was the respondents did not come as informed.

The researcher reminded them a day before of their appointments and they promised to come in time but some did not come, they waited for the researcher to call them firstly and this consumed a lot of time. Some of the respondents had to wait outside due to those who failed to keep their appointments.

### **1.16. Summary**

In chapter one attention was given to general orientation and the research methodology. The researcher made use of a qualitative research approach in this applied research study.

The researcher has undertaken an exploratory research design and made use of a semi-structured interview schedule to gather information from the respondents from the Aventis Pharmaceutical Company.

Chapter two will contain the theoretical foundation on which the research project is based. The theoretical foundation will consist of a literature study on the definition of the concepts HIV and AIDS, transmission of HIV/AIDS, stages of the disease, the impact on the workplace, the prevention of HIV and then the treatment of AIDS.

## CHAPTER 2

### HIV/ AIDS IN THE WORKPLACE

#### 2.1. Introduction

There is probably no bigger threat that faces South Africa rather than the HIV/AIDS epidemic. The HIV/AIDS is escalating at an alarming rate in our country. Despite the efforts by government and all sectors to create awareness, develop programmes, identify resources and provide essential training and critical services, the numbers of HIV/AIDS infections are still on the increase.

There is still intense speculation as to where the AIDS virus originated. The most popular theory at present is by May (1992:13) who states that it came from somewhere in Central Africa. Nursing News S.A (1998:11) states the first cases of AIDS were identified in South Africa in 1982 in homosexual men. Whilst the epidemic in South Africa initially lagged behind that of neighboring countries, the situation in many countries had now reached the same proportions as found in countries such as Zambia and Uganda.

Inhabitants of South Africa firstly thought that AIDS would never reach South Africa, it was perceived as a disease of other countries and that it was going to end up there. Surprisingly, that was only a myth: AIDS prominence in South Africa today doesn't differ from other countries.

AIDS is very likely to have far-reaching psychological and social implications for employees, employers and their families. AIDS will affect the workplace because of its impact on productivity, costs and national economy.

As the goal of this study is to identify employees' needs to be addressed in the HIV/AIDS programme at Aventis, this chapter will focus on the definition of the concepts HIV and AIDS, the transmission of HIV/AIDS, stages of the disease, impact of HIV/AIDS in the workplace, treatment of HIV/AIDS and the prevention of HIV.

## **2.2. Conceptualisation**

It is important to conceptualise the two key concepts in this study, namely HIV and AIDS.

### **2.2.1. HIV**

Wilkie (1995: 35) states that HIV (Human Immunodeficiency Virus) is the smallest disease-causing agent that has been identified. The virus reproduces itself by acting in a parasitic way. The HIV particle invades a single living cell of some other living organism and uses the material of that cell to create other virus particles, i.e. to multiply. HIV reproduces itself principally within particular cells in the immune system, which protects the body against infection. According to Brown (1995:61) HIV is the virus that causes AIDS.

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The researcher agrees with the above authors that HIV is a virus that rapidly causes AIDS. This virus attacks the T cells that fight against infection.

#### **2.2.2. AIDS**

According to Eloff (1998: 11) AIDS is a latent, slow-acting virus known as HIV (human immune-deficiency virus), formerly called Human T-cell lymphotropic virus 111 (HTLV 111). The virus destroys the body's immune system, leaving the victim without defenses against infections.

The virus impairs the intricate immune system by infecting a specific type of white blood cells called the T-cells. These cells function as the centre-point of the human immune system.

Evian (1995:17) defines AIDS as the Acquired Immune Deficiency Syndrome; the body loses its ability to fight infections and the HIV virus weakens the immune system.

Norton and Eposito (1995: 170) state that AIDS is the abbreviation for Acquired Immunodeficiency Syndrome; a viral disease that impairs the immune system of the human body, leaving it prey to a great variety of infections that would be readily suppressed by a functioning immune system.

The researcher agrees with the above that Aids impairs the immune system and thus leaves the infected person vulnerable to all infections.

### 2.3. Transmission of HIV/AIDS

Plenum (1998: 45) states that AIDS is spread in the following ways:

- A person with the HIV can pass it on through unprotected sex. People who do not use condoms and yet not knowing their HIV status are at risk of contracting the disease.
  
- The virus can be passed onto the baby if a pregnant mother is HIV positive. It is possible for some HIV positive mothers to spread HIV to their babies through breast-feeding. Medical research has proved that transmission from mother to child can be reduced if not prevented.
  
- The HIV virus can be passed through contact with infected blood. This takes place in a form of blood transfusion or contact with infected blood through cuts and open wounds that are unattended.

Hamilton (1995: 65) mentions the reasons why AIDS is still spreading even today:

- Poverty makes HIV spread easily. Women who are poor will sometimes have sex in exchange for money or special favors. These women may feel scared to ask their partner to use a condom. Many women feel they have to obey men about sex and in many societies, women do not have control over their sex lives because they fear to lose support from their male partners. Poor people who have to leave home to work as migrants or poor women have no control over their sex life. (Gordon, 1997:17)

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- There are people who still believe that HIV/ AIDS is a disease that affects poor people only and therefore engages in unprotected sex.
- They think they have to do what their partner tells them. This means they are afraid to ask their partner to use a condom even if they know that he has unprotected sex with other women. Some men think that if a woman says he must use a condom, it means that she is sleeping with other men.
- People are afraid and ashamed of AIDS. Many people who have the HIV virus do not want to talk about it so there will always be silence about the sickness. Thus more and more people will not believe that HIV exists, resulting in further spread of the virus.
- Difficulty in getting condoms. Some people may be ashamed to go the clinic to ask for condoms due to possible maltreatment. The cost of condoms when buying them over the counter also makes it difficult for people to acquire it.
- There are people who still believe that sex with a condom is not good enough or real sex and abstinence is a very difficult exercise for many.
- Barrett (1997:67) mentions another factor namely, that there are people who still believe that sleeping with a virgin cures HIV. This has never been true but the incidence continues.

Hamilton and Barrett's reasons for the continuation of the spread of AIDS were mentioned and the researcher will continue and mention Gordon's view.

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According to Gordon (1997:17), people who have more than one sexual partner or a person whose partner has sex with more than one person put themselves in great danger of contracting the disease.

- Rape. Chances of using or negotiating for a condom are very slim. HIV can be spread very easily through rape.
- Sex workers. Due to the desperation for money, some sex workers agree to have sex without a condom at a higher price not knowing the background of their clients.
- People who have not heard about HIV/AIDS or people who cannot get to a clinic.
- People who work or live away from their families, especially if their work conditions are bad.
- Hostel dwellers. Most of them leave their families behind to work away from home giving them opportunities to have many partners.
- Prisoners. They usually engage in anal intercourse, which is another effective method of spreading the virus.
- People who share needles to inject drugs.

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- People with other sexually transmitted diseases are more vulnerable in contracting the virus because their ill health lowers their resistance to infections.

Flynn (1993: 102) and Miles (1995: 45) indicate that AIDS cannot be contracted by any of the following means:

- Casual contact.
- Eating from the same dish, drinking from the same glass or cup, using same utensils, or from food handlers in restaurants.
- Being bitten by a mosquito or other insect that has bitten an infected person.
- Being touched, shaved or washed by an infected person, as well as shaking hands, hugging and casual kissing.
- Bathing in the same water as an infected person.
- Sharing cigarettes with an infected person.
- Abstinence from sexual activity.
- Sneezing and coughing.
- Laughing.

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- Sleeping in one bed (without sexual contact).
- Sharing toilets, baths or showers.

The researcher agrees with the above authors that AIDS cannot be contracted through casual contact or by utilising the same equipment except for those stated in the means of transmission.

### **2.4. Stages of the disease**

HIV is the beginning stage of infection and can be detected by a blood test. When the immune system becomes very affected, the illness progresses to AIDS.

Evian (1995: 16) states the clinical course of an HIV-infected person usually follows three phases with each phase gradually developing and merging into the next:

#### The asymptomatic or silent phase (phase 1)

After a person becomes infected with the HIV, the person will most likely remain completely well for a long time. This “well” period usually lasts an average of approximately 10 years but may be shorter or longer depending on one’s resistance. During this phase, the carrier of the virus can easily infect the non-infected if precautionary measures are not taken.

According to Wilkie (1995: 49), many people who are HIV infected have no symptoms and show no signs of their infection for some unknown period.

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The only way these people can be identified is by serological testing for HIV. It may be some considerable time, several or many years, before the person develops HIV- related infections.

During the first phase an employee would normally be able to continue with his/her work with minimal disruption, even if it is a physically demanding job. It is not certain that everyone with HIV will proceed to develop AIDS. At present, it appears however, that most infected people will eventually develop AIDS. It is a fact full of many arguments that everyone with HIV will proceed to develop AIDS. People do not die of HIV but AIDS.

#### ☛ The phase of HIV/AIDS-related conditions (phase 2)

After the initial asymptomatic or silent phase, the HIV infected person usually starts experiencing various medical problems, including skin rashes, fungal mouth infections (thrush), fatigue and tiredness, swelling of the lymph glands in the neck and armpits, mild weight loss and occasional fevers.

Evian (1995:17) continues that during this phase there should not be significant absenteeism rate from work, or the need for major medical care (hospital admission or frequent medical consultations). It is likely that most employees will be able to continue with their normal work, unless their jobs are physically very demanding in which case such employees occasionally need to be moved to a job with lighter duties.

The adoption of healthier lifestyles, which include a nutritious diet, exercise, the avoidance of alcohol and tobacco abuse, and a positive mental state can

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help to delay the onset of the disease and its symptoms. Early medical monitoring and intervention will also prolong the “well” period.

The researcher agrees with the above that the wellness of the individual also depends on the support he receives from the people around him and the acceptance of his disease.

#### ☛ The AIDS phase (phase 3)

As the body’s defenses become more depleted, Evian (1995:17) further states that the frequency and severity of infections increase. Approximately seven to ten years after becoming HIV infected, the person usually experiences various conditions.

These conditions could be more severe infections of the lungs leading to pneumonia, especially tuberculosis and pneumonia, fungal infections (thrush) of the mouth and intestinal tract, diarrhea diseases, marked weight loss, problems associated with infection or damage to the brain and spinal cord causing headaches, convulsions, memory loss, personality changes and severe weakness.

A person with AIDS will need ongoing and regular medical consultations and care, with occasional hospital admission, and will progressively become less able to remain at work and resultantly less able to continue with physically demanding work.

As this latter stage progresses, many people with AIDS experience “near death crises and frequently go through periods of severe illness. A person

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with AIDS almost invariably deteriorates and dies from infection, profound weight loss and weakness.

The above stages indicate the progression after being HIV infected where an individual leads a healthy asymptomatic lifestyle to full-blown AIDS manifestation where severe illness eventually leads to death.

The researcher is of the opinion that the disease has caused a major impact on industry and business. The impact may either be directly or indirectly.

## **2. 5. Impact of HIV/ AIDS in the workplace**

According to Duckitt (1999: 14) the likely impact of HIV/ AIDS will be on three areas of the business. Firstly, it will impact on any health care system whether being on-site health clinics, company health clinics, hospitals or medical schemes. There will be an increasing demand for services, which will result in escalated health care costs.

Leukefeld (1996: 10) also states that hospital costs for AIDS patients require two to three times more care from nursing staff than do other patients and that their need for psychological support is greater. As the number of indigent and uninsured patients with AIDS increases, the amount of revenue lost in the treatment of the average AIDS patient will threaten the quality of care these patients can receive within a profit driven health care system.

The second area that will be affected by HIV/ AIDS is company benefit schemes. There will be an increase in the number of payouts from pension and provident funds. This will result in an increase in benefits from these

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schemes. Many employees would be medically boarded due to their illness and there will be a great increase of death claims, which will affect the benefit schemes. Medical aids would be exhausted too due to employees' ill-health.

The third area of impact will be on productivity. There will be a significant increase in absenteeism, not only because employees themselves become

sick but also because they need time to care for family members who become ill.

It is likely that there will be an increase in accidents and injuries as a result of a high turnover amongst the workforce, a less experienced workforce and the results of the illness itself.

Hofmeyr (1994: 59) states that the epidemic primarily affects working-age adults and far exceeds any other threat to the health and well being of South African employees. The costs of HIV/AIDS on businesses can be either direct or indirect.

Direct costs to companies include costs of health care and other employee benefits. However, as lower income earners who are disproportionately affected tend to have few benefits, the impact of HIV/AIDS on direct costs will not be as much as may have been expected.

Nonetheless, HIV/AIDS is already resulting in rising costs of employee benefits in South Africa, and the cost of an average set of risk benefits is expected to double over the next five years, unless they are restructured.

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The indirect costs are the most significant for the majority companies. These include costs of absenteeism due to illness or funeral attendance, lost skills, training and recruitment costs, reduced work performance and lower productivity. Obviously, these costs are most striking for skilled workers, where instant substitution is more difficult.

The researcher would like to state the current changes made by the South African government about the HIV treatment. After many debates, an agreement was reached which was announced through Media by our Health Minister (Manto Tshabalala, year 2001 and early 2002) to dispense the HIV/AIDS medication free to the infected. Many institutions have not received the medication yet. It is still not available in some hospitals and clinics.

If the above would be carried out, it could also alleviate the problem of non-production in the workplace. Employees would acquire their medication easier and be able to report back to work; their health would improve through treatment and absenteeism would decrease. There are still some debates concerning the effectiveness of the treatment, which is still at hand. Currently, the treatment dispensation is not effective because of the criticism around it.

Impact assessment and forward planning by all sectors of government will be critical in minimising these problems. HIV/AIDS is impacting negatively on all facets of life.

The researcher would discuss the ways in which HIV/AIDS impact on all facets of life.

### **2.5.1. AIDS deaths**

The number of deaths each year due to AIDS is expected to rise rapidly. Sunday Times (2001:01) states that information gathered from death certificates suggest that already half of the adult deaths can be attributed to AIDS.

### **2.5.2. Impact of HIV/AIDS on the population size**

According to Evian (1995:67), the epidemic will impact on the population directly through deaths among people in relatively high fertility age groups as well as through the reduced fertility of HIV infected women. UNAIDS (2000:10) states that without HIV/AIDS, the South African population would have been expected to grow from 43,7 million in 1999 to 51,3 million in 2010. Due to the AIDS illness the number is declining everyday.

While these estimates still need to be verified, it is clear that the devastating impact of this epidemic is already felt.

### **2.5.3. Impact on households**

Duckitt (1999: 20) states that although the HIV/AIDS epidemic affects all sectors of society, poor households in South Africa carry the greatest burden and have the least reserves available to cope with the disease. The most severe impact of HIV/ AIDS occurs at household level.

Flynn (1993: 160) is of the opinion that the effect of AIDS on households is greater than that of other diseases for several reasons, namely:

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- HIV/AIDS is almost always fatal, and often results in disability and death quite soon after people recognise that they are ill. AIDS strikes all ages, so people are ill and die in the years in which they tend to have the greatest role as providers, carers and nurturers.
- The financial impact on households is as much as 30% more than deaths from other causes. To add to this, Leukefeld (1996:3) states that hospital costs for AIDS patients are on the average 60-70% higher than for all other patients.
- Households spend an increasing amount on health care for people with AIDS. Zimmerman (1997: 180) states that the initial effect on households can include loss of insurance and medical benefits, as well as the costs of pre-AIDS treatments or attempts to find a cure. Once a household member develops AIDS, increased medical and other costs such as transport to and from health services, occur simultaneously with reduced capacity to work, thus creating a double economic burden.
- Members, who would otherwise be able to earn or perform household and family maintenance activities, may now spend their time caring for the person with AIDS.

Kaiser (2001: 10) states that many families may become entirely dependent on old age pension, or other social support grants, or the sale of assets. High expenses on health care will often reduce the ability to pay for children's education, food, housing, basic utilities and home maintenance, causing economic losses extending well beyond the affected person's death.

Many families will use a large proportion or all of their remaining resources to cover burial costs. Social norms surrounding burial ceremonies, which often include large outlays and attendance requirements, may change as the epidemic progresses. Surviving family members, including children, may be forced into very low paid work, crime or sex work, which in turn would perpetuate the epidemic.

- Although public health care is virtually free, there are many other costs involved in accessing care, such as transport costs for the person with AIDS and the family. In addition, people will often visit private doctors or traditional healers as the disease progresses.

Because HIV/AIDS is stigmatised, affected persons are often prevented from gaining access to some of the few social support mechanisms for which they might be eligible. Lack of knowledge and misconceptions are the contributory factors to stigmatization.

There is no escaping the facts that AIDS is a heavily stigmatized condition and that individuals with HIV infection meet with real hurts, even from people close to them.

The researcher is of the opinion that it is not the disease that creates such ill-behavior but the way in which it is contracted is regarded shame. AIDS invokes cultural taboos about homosexuality, sex, death and drugs account for the stigma attached to the disease.

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People still regard this illness as a gay, monkey, prostitute or adultery disease.

- AIDS typically strikes more than one household member. Once a family member gets sick or dies of the disease, this impacts negatively on family members when they have to daily take care of the sick member, seeing their loved one weakening every day and unable to heal him/her. Losing him/her to death impacts negatively on them emotionally, socially and sometimes financially.
- HIV/AIDS can impose major stress on households from well before a member becomes sick to well after they have died. The thought of losing their loved one, the emotional stress and financial constraints could become unbearable.

#### **2.5.4. Psycho-social impact**

According to Miller and Bord (1998: 89), diagnosis and disclosure of HIV/AIDS status in itself result in major stress for the individual involved. In addition, the prospect of the death of a young adult, family member or a child is very traumatic for all household members.

Stress and depression over HIV/AIDS can compromise functioning and well-being in all areas of family life. At the same time stigmatisation of HIV/AIDS often causes social rejection and alienation and can compromise employment, housing, schooling and child-care responsibilities.

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According to Green (1994: 349), the psycho-social impact becomes more acute when deaths occur. Enormous levels of grief within households and communities are one of the major results of the AIDS epidemic, with implications for mental and physical health, as well as social and work functioning.

Loss of a child, regardless of age, generally causes the most acute grief. Conversely, children could be highly traumatised by watching their parents die. Stigmatisation means that the loss is less likely to be discussed or acknowledged, or the bereaved socially supported.

Many orphans could grow up as street children or will form child-headed households to avoid being separated from siblings. Orphans will probably be more susceptible to become HIV infected through abuse, sex work or emotional instability, leading to high-risk relationships. As children grow up under these conditions, they are at high risk of developing antisocial behavior and of becoming less productive members of society. The consequences for affected children and society as a whole will be profound.

Major negative effects on family structures and functioning could continue to occur. Single parents, older children or the elderly are left to run households.

The above could result in impaired households, lots of street children and changing of roles such as from being a granny to being a mother and from being a child to being a parent.

## **2.6. Prevention of HIV**

According to Brailey (1999:29) the HIV virus can be prevented from spreading if people observe the ABC rule: Abstain, Be faithful and use Condoms.

### **2.6.1. Abstain**

To abstain simply means, “not to have sex”. This is the safest way to make sure that one does not get HIV or spread the virus. Almost all religions teach that people should abstain from sex before marriage. This teaching should be practiced regularly.

### **2.6.2. Be faithful**

Being faithful means to have only one sex partner. It is important to make sure that both partners are honest with each other and are faithful to each other. If one is not sure of this then one should practice safe sex. Faithfulness needs to be applied by both partners because if not, the chances of contracting HIV remain high. The unfaithful partner can easily affect the faithful one.

### **2.6.3. Condoms**

Condoms are used to make sure that no body fluids, like vaginal fluid or semen, are passed between the people having sex. A condom is putting a barrier between one another's' body fluids.

The researcher adds to the above that any activity where one can come into contact with the HI virus through blood, semen or vaginal fluids presents a

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high risk. By using a condom the spreading of HIV/AIDS as well as sexually transmitted diseases are prevented.

Hamilton (1995:80) states that the greatest barriers to achieving HIV prevention are fear, denial and ignorance. HIV prevention efforts have been plaque above all by silence brought on by the denial and stigmatisation that are associated with the disease.

There is also the danger that concerted calls for the wide-scale provision of anti-retroviral drugs could undermine prevention efforts. There is also a dangerous pessimism that prevention efforts do not work, despite convincing scientific evidence from other highly affected, poorly resourced countries of plummeting rates of infection as a result of sustained and well-targeted prevention efforts.

## **2.7. Treatment of AIDS**

Through media, the researcher was able to pick up the facts that the only truly effective way of controlling the AIDS epidemic would be through immunisation. To date, there is no vaccine available.

Several of the known properties of the virus make vaccine development extremely difficult. There have been some promising breakthroughs, which end up being criticised by other experts. Only time will tell whether an effective vaccine can be produced.

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According to Kaiser (2001:23), the pursuit of an AIDS vaccine remains a critical international goal and significant funds have been made available for this purpose. Clinical trials of vaccine candidates are presently underway.

Despite this, an AIDS vaccine for South Africa that can be feasibly provided to risk populations, is unlikely to be a reality in the foreseeable future. This requires that efforts to achieve social mobilisation toward healthier and safer sexual behavior are significantly increased and sustained.

### **2.8. Conclusion**

The emerging problems of AIDS are clearly social, ethical and not merely clinical problems. They pose a bigger challenge to which all health, social and welfare professionals must unite and respond.

In collecting data about HIV/AIDS in the workplace, the researcher discussed the following: Introduction on HIV/AIDS, conceptualisation, transmission of HIV/AIDS, stages of the disease, impact of HIV/AIDS in the workplace and the prevention and treatment of HIV/AIDS.

In the next chapter the researcher will discuss the empirical results of the study.

## CHAPTER 3

### EMPIRICAL STUDY: PROCESSING AND INTERPRETATION OF RESEARCH FINDINGS

#### 3.1. Introduction

The study was undertaken to identify employees' needs to be addressed in the HIV/AIDS programme at Aventis Pharmaceutical Company. Management of Aventis and the organisations' EAP practitioner identified the need for the study.

In this chapter the research findings based on the respondents' viewpoints will be discussed.

The empirical data was gathered by means of a semi-structured interview schedule with the aim to identify employees' needs to be addressed in the HIV/ AIDS programme at Aventis Pharmaceutical Company.

The respondents were 13 employees from Aventis Pharmaceutical Company and interviews were conducted on the 21<sup>st</sup> and 28<sup>th</sup> of October 2002.

The processing and interpretation of research findings form the critical point of the research study, as it will give an answer to the research question.

## **3.2. Profile of the respondents**

### **3.2.1. General information of the respondents**

Respondent 1: Is a female aged between 40-44. She is single and her highest standard passed is between standard 5-9. Her home language is Zulu.

Respondent 2: Is a male employee aged between 40-44 and is married. His highest standard passed is between 5-9 and his home language is Venda.

Respondent 3: Is a male aged between 40-44 and is married. He has passed standard 10 and his home language is Tsonga.

Respondent 4: Is a male employee aged between 45-49 and is married. His highest standard passed is between 5-9 and he speaks Venda.

Respondent 5: Is male aged between 35-39 and married. His highest standard passed is between 5-9 and his home language is Afrikaans.

Respondent 6: Is a male aged between 35-39 and is married. Highest standard passed is 10 and he speaks English.

Respondent 7: Is a female aged between 45-49 and is divorced. Her highest standard passed is between standards 5-9 and her home language is Northern Sotho.

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Respondent 8: Is a male aged between 30-34 and married. His educational qualification is between standards 5-9 and his home language is Afrikaans.

Respondent 9: Is a male aged between 30-34 and is married. His highest standard passed is between standard 5-9. His home language is Afrikaans.

Respondent 10: Is a male aged between 25-29 and his marital status is single. His highest educational qualification is a university degree and he speaks Northern Sotho.

Respondent 11: Is a male aged between 50-54 and is married. His highest educational qualification is between standard 5-9. His home language is Zulu.

Respondent 12: Is a female aged between 45-49 and is married. Her highest standard passed is between 5-9 and her home language is Afrikaans.

Respondent 13: Is a female aged between 50-54 and is divorced. Her highest standard passed ranges between 5-9 and her home language is Afrikaans.

To summarise the above, nine of the 13 respondents are male and the remaining four are female. Of the 13 respondents nine are married, and two are single and divorced. Only three of the 13 respondents passed their standard 10 and furthered their studies. This indicates the low level of education of the respondents.

Five respondents speak Afrikaans; two respondents speak each Zulu; North Sotho and Venda while one speaks English and one Tsonga.

### **3.3. Central Themes**

In the following section, the respondents' response to their integrated general knowledge on HIV/AIDS will be presented according to the semi-structured interview schedule. The response will be presented according to the order of the respondents' numbers.

#### **3.3.1. Integrated general knowledge of HIV/AIDS**

☞ What do you know about HIV/AIDS?

Respondents 1,2,4,5,6,7,8,10,11,12,13 answered that it is a deadly disease.

Respondent 3 answered that it is a disease transmitted through sexual intercourse and

Respondent 9 answered that it is a daily virus just like any other virus.

This indicates that the majority of the respondents understand broadly what HIV/AIDS is.

☞ How does one become infected with HIV?

Respondents 2,4,5,6,7,8,9,10,13 indicated that it is transmitted through unprotected sex.

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Respondents 1,4,9,11,12 mentioned that it is transmitted through blood transfusion.

Respondents 5,7,9 indicated that it is transmitted through contact with infected blood

Respondents 2,11,13 indicated that it is transmitted from mother to child during pregnancy and child birth.

Respondents 2,8 indicated that it is transmitted through infected injection needles.

Respondent 3 answered that he does not know.

- Flashbacks

Respondent 1 indicated that HIV is transmitted through extramarital affairs.

Respondent 4 indicated that HIV is transmitted through people's unidentical blood groups.

Respondent 8 mentioned that it is transmitted through oral and anal sex.

The responses indicate that 12 of the 13 respondents are knowledgeable about at least one means of HIV transmission, which is however, not enough for one to protect himself against all means of transmission.

☞ How does one get AIDS?

Respondents 1,5,6,8,10,13 indicated through sexual intercourse.

Respondents 2,4,7,11,12 answered that AIDS is a progression from HIV.

Respondent 9 answered through not using a condom.

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Respondent 3 mentioned that he does not know.

This indicates that only 5 respondents can differentiate between HIV and AIDS whereas 6 cannot explain the link between HIV and AIDS.

☞ Is HIV/AIDS a dangerous disease?

All 13 respondents answered Yes to this question.

- Flashbacks

All 13 respondents indicated that there is no cure for AIDS and it's deadly.

From the above responses it is clear that all respondents accept that HIV/AIDS is a dangerous disease.

☞ Do you know what a condom is?

All 13 respondents' answered Yes.

The responses indicate that all respondents know what a condom is.

☞ Where can one get a condom?

Respondents 1,2,5,6,8,9,10,11,12,13 answered at their own company.

Respondents 1,3,4,5,7,8,9,11,12,13 mentioned from the clinics.

Respondents 3,5,6,8,12 mentioned from the doctors.

Respondents 1,6,7,13 mentioned from public places.

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Respondents 3,8,9,11 mentioned from pharmacies.

Respondents 4,8 mentioned from hospitals.

This indicates that the majority of respondents know where they can find condoms.

### ☛ Can a condom prevent HIV/ AIDS? Yes/ No?

To this question all 13 respondents answered Yes. This indicates that respondents know what the purpose of a condom is and that it can prevent HIV/AIDS.

### ☛ What is safe sex?

Respondents 2,4,5,6,7,8,9,10,12,13 answered that it is having sexual intercourse with a condom.

Respondents 1 and 12 indicated that it is sleeping with one partner.

Respondents 3 and 13 answered that they do not know.

Respondent 8 indicated that it is to abstain.

The response indicates that the majority of the respondents know what safe sex is.

### ☛ How can one prevent him/ herself from contracting HIV/AIDS?

Respondents 2,4,8,10 indicated that one can prevent himself from contracting HIV/AIDS by sleeping with one partner.

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Respondents 1,2,4,5,6,7,8,9,10,11,12 indicated by using a condom.

Respondent 13 mentioned by abstaining from sex.

Respondent 3 indicated by using more than one condom during sexual contact.

Respondent 8 also mentioned by sterilising injections before using them.

This indicates that the majority of respondents know how to prevent themselves from contracting HIV/AIDS.

#### ☞ Can one recover from HIV infection? Yes/ No

Respondents 4 and 7 answered Yes and respondents 1,3,5,6,8,9,10,11,12,13 answered No. Respondent 2 indicated that he does not know the answer.

The response indicates that the majority knows that one cannot recover from HIV infection.

#### ☞ Is there a cure for AIDS? Yes/ No

Respondent 5 answered Yes whereas 1,2,3,4,6,7,8,9,10,11,12,13 answered No to this question.

This indicates that the majority of the respondents are of knowledge that AIDS is incurable.

#### ☞ If Yes, what is?

Respondent 5 answered that traditional healers can cure AIDS.

The responses indicate beliefs that people still have regarding AIDS.

### 3.3.2. HIV/ AIDS Transmission

☞ HIV/ AIDS is a selective disease as it only affects the poor. Yes/ No?

All 13 respondents answered No to this question.

This indicates that respondents know that HIV/AIDS does not affect only poor people.

☞ You can get HIV through unprotected sex with an infected person.  
Yes/ No?

All 13 respondents answered Yes.

This indicates that respondents are knowledgeable about the contraction of HIV/AIDS through unprotected sex.

☞ You cannot get HIV through contact with spilled blood. Yes/ No?

Respondents 1,3,4,5,9,10,12 answered Yes and respondents 2,6,7,8,11,13 answered No to this question.

This indicates that the majority of respondents do not understand the exact danger of being in contact with spilled blood.

☞ An infected mother can give HIV to her unborn child. Yes/ No.

All 13 respondents answered Yes.

The response indicates that respondents know that transmission from mother to child is highly possible.

☛ Both males and females can transmit HIV. Yes/ No?

All 13 respondents answered Yes to this question.

This indicates that all respondents know that both sexes can transmit HIV.

☛ Not having sex at all is the safest way to avoid HIV. Yes/ No?

Respondents 2,3,5,6,8,10,12,13 answered Yes and respondents 1,4,7,9,11 answered No.

The response indicates that the majority of respondents agree that abstaining is the safest way to avoid HIV.

☛ You can get HIV from casual contact like hugging a stranger. Yes/ No?

All 13 respondents answered No.

- Flashbacks

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Respondents 2,3,5,7,9,10,12 indicated that there is no blood involved.

Respondents 6,8,11,13 indicated that there is no sexual contact.

Respondent 1 indicated that the effects of the disease are not visible.

Respondent 4 indicated that there are no infections involved.

This indicates that all respondents know that casual contact does not transmit HIV.

☞ It is easy to see if a person has HIV just by looking at them. Yes/ No?

Respondents 3,5,6 answered Yes and respondents 1,2,4,7,8,9,10,11,12,13 answered No.

- Flashbacks

Respondent 5 indicated that their hair turns fluffy.

Respondents 3,5,6 mentioned that they lose a lot of weight, they become very thin.

Respondents 5 and 6 mentioned that they develop sores on the body and they cough a lot.

Respondents 1,2,4,7,8,9,10,11,12,13 indicated that the effects are not visible at this stage.

Respondents 2,3,5,6,8,10 also indicated that HIV has got no symptoms.

The response indicates that there is no understanding of the difference between HIV and AIDS.

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☛ Having anal sex with anyone is a high risk or an unsafe sexual activity. Yes/ No?

Respondents 1,2,4,5,6,7,8,9,10,11,12,13 answered Yes and respondent 3 answered No.

This indicates that the majority of respondents know that anal sex is an unsafe sexual activity.

☛ It is safe to share needles for drugs with another person if they are kept clean. Yes/ No?

Respondents 1,2,3,4,5,6,8,9,10,11,12,13 answered No.

-Flashbacks

Respondents 2,5,7,8 indicated that they must be sterilised.

Respondent 4 indicated that when the needle is contaminated, washing it will remove the germs.

Respondents 2,4,5,7,10 mentioned that sterilised needles can transmit the virus

Respondents 1,3,6,9,11,12 indicated that its not safe to share drugs, the virus is always present.

The response indicates that the majority of respondents know that sharing needles is not safe but there is some confusion about its sterility.

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☛ If you are not 100% sure that your partner has not got HIV then you should use a condom. Yes/ No?

All 13 respondents answered Yes to this question.

- Flashbacks

Respondents 2,4,5,7,8,12 indicated because one is not sure if his/her partner has the virus or not.

Respondents 4,6,8,12 mentioned if one does not trust his/her partner.

Respondents 1,3,8 mentioned to protect oneself.

Respondent 4 mentioned it is easy to get infected.

This indicates that the majority of respondents know that a condom should be used to protect themselves from HIV.

☛ HIV is transmitted through blood only when you come into contact with infected blood that can get into your blood through a wound. Yes/ No

All 13 respondents answered Yes.

The above indicates that all respondents have knowledge that HIV is transmitted through blood to blood contact.

☛ The most common way HIV is transmitted is through sexual intercourse. Yes/ No?

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All 13 respondents answered Yes.

This indicates that respondents have knowledge that HIV is commonly transmitted through sexual intercourse.

☞ You can get HIV from using the same toilet as an HIV infected person. Yes/ No?

All 13 respondents answered No to this question.

- Flashbacks

Respondents 1,4,5,8,10,12 indicated there is no blood transmission in the toilet.

Respondent 6 mentioned there is no sexual involvement or germs.

Respondent 7 indicated one can only transmit HIV antibodies if he/she has a wound and sits on those germs.

Respondent 2 indicated there is no body fluid in the toilet.

The above indicates that the majority of respondents have knowledge of the transmission of HIV.

☞ Abstinence is the best way to get HIV. Yes/ No?

Respondents 5,6,8,12 answered Yes and respondents 1,2,3,4,7,9,10,11,13 answered No.

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The above indicates that respondents disagree that abstinence is the best way to get AIDS. Even those who mentioned earlier that not having sex at all is the best way to protect oneself from contracting the disease seem to disagree at this point. The reason might be that respondents did not understand the word abstinence but none of them asked what the word meant.

☛ Other sexually transmitted diseases (STD) encourage HIV infections.  
Yes/ No?

Respondents 1,2,5,7,8,9,10,11,12,13 answered Yes and respondents 3,4,6 answered No.

- Flashbacks

Respondents 1,3,4,6,8,13 indicated that they do not know how sexually transmitted diseases and HIV relate.

Respondents 2,5,7,9 indicated that it starts with STD and leads to HIV infection.

Respondents 5,10,11,12 mentioned that STD's and HIV are completely different diseases, which come through its own causes.

The above indicates that employees know that there is a link between HIV and STD but do not know how. Some employees contradict themselves, e.g. respondent 5.

☛ Only prostitutes can give you HIV. Yes/ No.

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Respondent 3 answered Yes and 1,2,4,5,6,7,8,9,10,11,12,13 answered No.

- Flashbacks

Respondents 2,3,5,7,10,13 indicated that anyone infected with HIV can spread HIV.

Respondents 4,8,11,12 mentioned that open wounds, unsterilised needles and blood transfusions can spread the virus.

Respondents 1,4,7,9 mentioned that rapists can spread it too.

Respondents 2,4,7 indicated that one's sexual partner can give his/her partner HIV.

The above indicates that respondents know that there are many ways of contracting HIV.

☞ You can only get infected with the HIV virus if you have many partners. Yes/ No?

Respondents 1,2,3,4,7,8,9,11,12,13 answered Yes and respondents 5,6,10 answered No.

The response indicates that the majority of respondents agree that having many partners increase the risk of contracting HIV.

☞ You can cure HIV by sleeping with a virgin. Yes/ No?

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Respondent 3 answered Yes and respondents 1,2,4,5,6,7,8,9,10,11,12,13 answered No.

- Flashback

Respondents 2,8,10,13 indicated that it is a misconception.

Respondents 1 and 4 mentioned that one will be infecting her instead.

Respondents 5 and 7 indicated that the virus is in one's blood, sleeping with a virgin can't cure it.

Respondents 11 and 13 indicated that there is no cure for HIV.

Respondent 3 indicated that virginity clears up one's system.

This indicates that the majority of respondents are of knowledge that sleeping with a virgin does not cure AIDS.

☞ You can get HIV from insects, which have bitten an HIV infected person. Yes/ No?

Respondents 3,9,10 answered Yes and respondents 1,2,4,5,6,7,8, 9,11,12,13 answered No. Respondent 3 mentioned that he does not know.

The response indicates that the majority of respondents know that insects do not transmit HIV. Only three answered the question wrongly that HIV can be transmitted through mosquito bites.

### 3.3.3. Programme evaluation.

☞ Is it important to have an HIV/ AIDS awareness/ prevention programme at work? Yes/ No.

All 13 respondents answered Yes.

- Flashbacks

Respondents 2,3,4,8,10,12 indicated it is important in order to learn more about HIV.

Respondents 1,5,9,10,12,13 indicated it is important to know how to protect themselves from infection.

Respondents 2,6,9,11 mentioned to be able to support each other.

The response indicates that respondents perceive the importance of a programme at work.

☞ Have you attended at least one HIV/AIDS awareness/prevention programme at Aventis? Yes/ No.

- Flashbacks

Respondents 1,3,5,7,8,9,10,12 indicated it never took place before.

Respondents 4 and 11 indicated it was presented in 1994.

Respondents 2 and 6 mentioned it was presented in 1998 or 1999.

Respondent 13 indicated he only saw a video on HIV/AIDS.

This indicates that the majority of respondents have never attended the programmes before.

☛ Should the programme's attendance be optional or compulsory?

Respondents 2,6,8,10,12 indicated if it is optional, employees won't attend.

Respondents 1,4,5,11 indicated employees have the right not to attend.

Respondents 7,9,13 indicated that it is educational for all of us, so why not attend.

Respondents 5,7,9 indicated to eliminate misconceptions surrounding AIDS.

The response indicates that the majority of respondents would like the programme to be compulsory to ensure everyone's attendance.

### **3.4. Summary**

In chapter three the empirical data was analysed and interpreted and the research results were brought as close as possible to the literature so that the empirical nature of the research could be highlighted.

In chapter four the researcher will discuss the conclusions and recommendations of the research.

## **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **4.1. Introduction**

In this chapter, the summary of the study will be discussed while focussing on the aim and objectives of the study. Conclusions will be drawn based on the data analysis presented in chapter three. This will be followed by recommendations based on the conclusions and finally with the concluding statement.

It is the concern of Aventis management to identify employees' needs to be addressed in the HIV/AIDS programme. As a result of this, the researcher identified employees' needs, processed and interpreted the findings and in this chapter the concluding statements and recommendations will be processed for an Aventis HIV/AIDS programme.

The previous chapters included the formulation of the problem, the reviewing of literature, the data analysis and interpretation.

This chapter focuses on drawing conclusions and making recommendations with regard to the empirical findings of this study.

## 4.2. Summary

The aim of this study was to identify employees' needs to be addressed in the HIV/AIDS programme at Aventis Pharmaceutical Company. Management of Aventis identified the need. A qualitative research approach was used in this study, which assisted the researcher to understand employees functioning and gather all the needed information.

A semi-structured interview schedule was presented to respondents to minimise the role and influence of the interviewer and it allowed an objective comparison of results. The boundary of the sample consisted of 13 employees at Aventis Pharmaceutical Company.

The following were the objectives of the study and they were achieved through a literature- and empirical study:

- ☛ To investigate theoretically the concept and problems regarding HIV/AIDS in the workplace.
- ☛ To investigate empirically the needs of employees to be addressed in the HIV/AIDS programme at Aventis Pharmaceutical Company.
- ☛ To make recommendations regarding the HIV/AIDS programme presented by the Aventis EAP practitioner.

### 4.3. Conclusions and recommendations

The following conclusions and recommendations can be formulated:

#### Conclusions

- As can be seen from the profile of the respondents, the majority of the respondents were over 40 years of age and the majority have not obtained Standard 10. This indicates the high rate of illiteracy amongst the respondents. Most of the respondents did not answer satisfactorily while testing their integrated general knowledge of HIV/AIDS. This indicates that employees are still not fully knowledgeable about HIV/AIDS.
- Looking back to questions such as “how does one become infected with HIV?” the respondents would only mention one or two ways and fail to mention others. None of the respondents mentioned all of them.
- Referring again to the question “how can one prevent him/herself from contracting HIV/AIDS?”, only one respondent mentioned by abstaining and only four mentioned by having one sexual partner whereas two respondents did not mention the use of a condom. Some of the respondents gave the researcher an impression that they were guessing some of the answers because their answers were contradicting themselves.
- They would give the correct answer in one question and then an incorrect one in a similar question put in another way.

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- The empirical data showed that the majority of respondents know that the most common way of transmitting HIV/AIDS is through sexual contact. When trying to mention the other means of transmission, most respondents got confused and weren't sure about these means. One respondent still has the misconception that sleeping with a virgin can cure HIV/AIDS and that one can get HIV/AIDS through insect bites.

- There are however, some of the questions, which were not answered satisfactorily such as “Is it easy to see if a person has HIV just by looking at them?” Respondents mentioned illnesses that they usually see from an HIV infected person. This gave the researcher an impression that respondents do not know the progression from HIV to full-blown AIDS. To them it is the same thing.

- The other question such as “other sexually transmitted diseases encourage HIV infections” was not answered satisfactorily. There were a lot of confusion and uncertainty about this question. The majority of respondents did not know how they linked or affected each other. Respondents showed uncertainty by the way their answers were presented.

- All respondents agreed that it is important to have HIV/AIDS awareness/prevention programmes at work and the majority thought that attendance should be compulsory.

- The majority of respondents agreed that this kind of programme was implemented at Aventis previously but that it was a long time back. Some did not remember what they have learnt at that time.

## **Recommendations**

- The recommendations regarding the above aspects are that employees still need to be educated about HIV/AIDS. An awareness should be created and importantly, their rate of illiteracy should be highly considered when conducting HIV/AIDS prevention and awareness programmes. This means that the instructor who will be educating employees on HIV/AIDS should utilise methods/resources, which would be understood by everyone, especially the illiterate group.

- Respondents need to be taught thoroughly about the other means of HIV/AIDS transmission. Respondents' lack of knowledge on the other means of HIV/AIDS, indicate that they have not been protecting themselves against those means. Knowledge should be imparted to help respondents prevent themselves from contracting HIV/AIDS.

- The majority of respondents indicated that attendance of HIV/AIDS programmes should be made compulsory because employees do not take it seriously and tend to think that they know it all. Employees should be motivated to attend the programme and it should be marketed to all departments to ensure that the majority attends. The programme should be implemented when everyone can avail him/herself or employees should respond beforehand whether they will attend or not and give reasons for their absence, to enable the facilitator to accommodate them.

**Management at Aventis should do the following:**

- Develop a formal workplace policy on HIV/AIDS and educate employees in this regard.
- Select a governing body to control the management of HIV/AIDS and to negotiate benefits such as medical aid, insurance, retirement benefits and disability cover in the interest of all employees.
- Develop a workplace programme that includes awareness campaigns, condom distribution, counselling, treatment of sexually transmitted diseases and care for HIV- positive staff members. This should help to eliminate the confusion and lack of knowledge on HIV/AIDS. All the researcher's biographical interpretation of the findings could be imparted to the employees.
- Actively promote what has been done such as condom distribution and handouts on HIV/AIDS.
- Formulate and present an HIV/AIDS programme on a continuous basis to accommodate new employees as well as those who need more time to acquaint themselves fully with the contents of the programme.
- Make use of events and special days to promote HIV/AIDS awareness and prevention programmes.
- Attendance of the programme should be compulsory to ensure that none of the employees lose out.

#### **4.4. Concluding statement**

In this chapter conclusions and recommendations were made from analysing the data. Employees' needs to be addressed in the HIV/AIDS programme were identified following the researcher's recommendations. The need for formulation of an HIV/AIDS programme at Aventis has been identified.

The identified goal and objectives, research question for the study, research design, literature study, empirical study and conclusions and recommendations for the study have been identified and achieved.

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