

**MANAGEMENT AND SUPPORT OF HIV POSITIVE EMPLOYEES IN A PRIVATE ORGANIZATION IN eTHEKWINI DISTRICT, KWAZULU NATAL: A DESCRIPTIVE STUDY**

**Submitted as a partial requirement for the Masters of Nursing**

**(Community Health Nursing)**

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## DECLARATION

I declare that the dissertation **MANAGEMENT AND SUPPORT OF HIV POSITIVE EMPLOYEES IN A PRIVATE ORGANIZATION IN eTHEKWINI DISTRICT, KWAZULU NATAL** is my original work, that it has not been previously submitted for any other degree at any other university, and that all sources that I have used have been acknowledged.

Student:

Date:

Supervisor:

Date:

## **DEDICATION**

This dissertation is dedicated to my family in South Africa and the United States of America, and to my late husband.

Thank you to my Heavenly Father.

## **ACKNOWLEDGEMENTS**

Firstly, I would like to thank my supervisor Dr Mbali Mhlongo for her continuous support, guidance and feedback.

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## ABSTRACT

**Background:** Since the beginning of the epidemic, more than 70 million people have been infected with HIV and about 35 million people have died of HIV. Globally, 36.7 million [30.8–42.9 million] people were living with HIV at the end of 2016. An estimated 0.8% [0.7-0.9%] of adults aged 15–49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Sub-Saharan Africa remains most severely affected, with nearly one in every 25 adults (4.2%) living with HIV and accounting for nearly two-thirds of the people living with HIV worldwide (World Health Organization, WHO 2017).

HIV/AIDS affects millions of South Africans from all lifestyles, including people in the workplace. The impact of the HIV/AIDS epidemic on the workplace increases each year. This is because people between the ages of 18 and 40 are the ones most affected by HIV/AIDS, and they make up over 50% of the nation's workers.

HIV-related absenteeism, loss of productivity, and the cost of replacing workers lost to AIDS threatens the survival of businesses and industrial sectors in the increasingly competitive global market (IOL Business Report, 2015).

**Purpose:** The aim of this study was to explore the role played by management in supporting the HIV positive employees, particularly with regard to the implementation of HIV and AIDS workplace programmes (HAWPs) and Workplace wellness programmes (WWPs) in a private organisation in eThekweni District, KwaZulu Natal.

**Research Methodology:** A quantitative approach with a descriptive exploratory research design was used in this study. Seventy permanent staff members participated in the study and data were collected from them using a self-administered questionnaire. Data were organised using the SPSS package, Version 23.0 and analysed statistically through descriptive statistics.

**Results:** The findings of the study indicated that the participants appeared to be aware of the HIV/AIDS workplace programme, based on their familiarity with the voluntary testing and counselling, that is offered at the workplace. The majority of the respondents reported that an HIV/AIDS programme is relevant to them as well as to the organization.

**Recommendations:** It was recommended that, when developing HIV/AIDS programmes for implementation, maximum participation by employees both infected and affected, senior management, HIV committees, Occupational Health and Safety practitioners, trade union shop stewards, HIV consultants, and behavioural scientists is encouraged. It is also recommended that the management should demonstrate a clear commitment to the HIV/AIDS management approach. It is critical for employees to see this commitment in a tangible form through non-discrimination and support for the people living with HIV/AIDS. An apparent and definite commitment will go far in developing shared trust between employers and employees and in facilitating an environment where people are willing to undergo HIV Counselling and Testing (HCT) and possibly disclose their status.

## **List of Acronyms**

**AIDS:** Acquired Immune Deficiency Syndrome or Acquired Immunodeficiency Syndrome

**ARV:** Antiretroviral drug

**FTC:** Fixed Term Contractors

**HAWP:** HIV and AIDS Workplace Programmes

**HCT:** HIV Counselling and Testing

**HIV:** Human Immunodeficiency Virus

**ILO:** International Labour Organization

**ILOAIDS:** International Labour Organization on HIV/AIDS

**KZN:** KwaZulu-Natal

**PLWHA:** People Living with HIV/AIDS

**SABCOHA:** South African Business Coalition on HIV/AIDS

**TB:** Tuberculosis

**UNAIDS:** Joint United Nations Program on HIV and AIDS

**WWP:** Wellness Workplace Programmes

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## **CHAPTER 1: INTRODUCTION**

### **1.1. Background**

HIV continues to be a major global public health issue. In 2016, an estimated 36.7 million people were living with HIV (including 1.8 million children) – with a global HIV prevalence of 0.8% among adults. Around 30% of these same people do not know that they have the virus. Since the start of the epidemic, an estimated 78 million people have become infected with HIV and 35 million people have died of AIDS-related illnesses. In 2016, 1 million people died of AIDS-related illnesses. The vast majority of people living with HIV are located in low- and middle- income countries, with an estimated 25.5 million living in sub-Saharan Africa. Among this group, 19.4 million are living in East and Southern Africa, which saw 44% of new HIV infections globally in 2016 (UNAIDS 2017).

HIV/AIDS affects millions of South Africans from all lifestyles, including people in the workplace. The impact of the HIV/AIDS epidemic on the workplace increases each year. That is because people between the ages of 18-40 are the most affected by HIV/AIDS-and they make up over 50% of the nation's workers. The International Labour Organization has made the following prediction. There will be about 24 million fewer workers in hard hit countries alone in the year 2020 as a result of the AIDS epidemic (Marwitz and Were-Okello 2010).

Unlike most other health crises, HIV largely affects people in the prime of their life. This is not only a high cost to society, but also a barrier to economic growth. Nine out of ten people living with HIV are adults in their most productive years, and in the most affected countries, HIV takes a direct toll on markets, investments, services and education. At the Joint United Nations Programme on HIV/AIDS (UNAIDS), we advocate that business as usual will not end the AIDS epidemic as a public health threat by 2030. At UNAIDS we say AIDS is not over and ending the epidemic is everyone's business (UNAIDS 2017).

According to Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios, and Onoya (2012) there is still a significant cause for concern, and there is a serious call for intervention as knowledge levels have declined and there is increased risky sexual behaviour. The research showed that people in informal areas continue to be most-at-risk of contracting HIV, with the

highest HIV incidence compared to those living in other areas. There is a continued high HIV prevalence in the black African population, particularly among females aged 20–34 years, and males aged 25–49 years. For this reason, a strong multi-sectoral approach is necessary if socio-economic challenges that continue to fuel the epidemic are to be addressed. The selected organization has a high number of employees who come from an informal settlement background.

Business is playing an increasingly important role in the fight against HIV/Aids in South Africa. The SA Business Coalition on HIV/Aids (SABCOHA) lobbies and collaborates with the government in spearheading research and it pilots' best practice in Aids workplace programmes, and empowers companies to respond effectively to the epidemic. With a membership base of over 40 corporates, around 10 large companies and more than 50 small companies and service providers, SABCOHA responds to the needs of South African business in its responses to the epidemic. AIDS and the bottom line HIV/AIDS has a significant impact on business, not only causing costs to escalate and markets to contract, but also damaging the societal wellbeing essential for a healthy economy. While many would argue that business has a moral responsibility to help tackle the worst health crisis the world has seen since the Black Plague, there is also the matter of The Bottom Line, rectal Microbicides used as an HIV prevention strategy. For anyone doing business in South Africa, 10-40% of the workforce is likely to be infected with HIV. However, the impact and potential impact of HIV/AIDS varies greatly from one company to the next.

Labour and capital-intensive industries, as well as those with high labour mobility, are most affected. Research shows that if companies invest in prevention and treatment programmes, the savings outweigh the costs. Providing care and treatment for HIV-positive employees can reduce the financial burden of HIV/AIDS by as much as 40%. In South Africa the mining, metals processing, agricultural business and transport sectors are most affected by the pandemic, with more than 23% of employees infected with HIV/AIDS (SABCOHA, 2004). Prevalence rates are also higher among skilled and unskilled workers than among supervisors and managers. SA companies lead the way and many companies in the sectors most affected, namely mining, transport, energy and manufacturing have, for obvious reasons, become the most proactive in tackling the problem. As a result, they have become world leaders in their responses to HIV/Aids in the workplace. 'Some of the most comprehensive and successful

HIV workplace programmes are being developed in the [South African] private sector,' says SABCOHA CEO Brad Mears (SABCOHA, 2004).

A comprehensive response to HIV and AIDS in the workplace in terms of prevention, treatment and support has been placed on the agendas of Governments, the World Economic Forum, the Global Coalition on HIV/AIDS and the International Labour Organisation (ILO). The global involvement of the private sector in HIV and AIDS is mainly to restrain human suffering and the negative macroeconomic impact of HIV and AIDS. In South Africa, the business sector generally and in particular the South African Business Coalition on HIV and AIDS, recognises the profound impact of HIV and AIDS and desires to respond appropriately and effectively by motivating companies to address the challenges posed by HIV and AIDS in an effective, proactive and reactive way to counter its negative consequences (SABCOHA,2004).

The South African private sector, various corporate structures like the Automotive Industrial Development Centre (AIDC), and SABCOHA have therefore advocated for and supported the implementation of HIV and AIDS workplace programmes (HAWPs). It is argued that company initiatives can slow down the HIV infection rate and reduce human suffering by improving knowledge regarding HIV/AIDS, tuberculosis (TB), facilitate access to HIV counselling and testing (HCT), and the timely support and treatment of HIV infected employees and their partners (Department of Labour, 2010). As the consequences of the HIV and AIDS pandemic become evident in declined productivity and organisation competitiveness, it will become clear that the success of any business is inextricably linked to the health and productivity of its employees (Cancelliere, Cassidy, Ammendolia and Côté, 2011). For example, Daimler Chrysler established that the prevention of an HIV infection among their South African employees may save between \$25 000 to \$280 000, depending on the job and skills level (AIDS Foundation, 2010).

While many organisations have responded to the HIV/AIDS challenge by implementing HAWPs, others who do not perceive HIV and AIDS as the main health condition influencing their competitiveness and profits, have been slow to respond. The automotive component-manufacturing sector seems to face challenges in this regard despite the fact that 33% of companies in a study perceived HIV and AIDS to have a major impact on profits and indicated that investment decisions were influenced by HIV/AIDS-related factors (Camagu, 2009). It is likely that the implementation of HAWPs is hampered when companies are not

convinced that HIV/AIDS is the main negative health-influencing factor responsible for increased production costs. Another important factor might be perceptions that a HAWP is unlikely to address their health challenges successfully. The question arises whether comprehensive wellness programmes that also address the perceived negative health influencing factors on company production costs, would not be considered more acceptable and thus successful.

Large South African Original Equipment Manufacturers (OEMs) like for example Ford, Volkswagen, General Motors and Mercedes-Benz have incorporated HIV and AIDS programmes into wellness workplace programmes (WWP), also addressing other health conditions (Panter, 2009). In addition, the inter-relatedness of various risky lifestyle factors linked to health conditions necessitate a comprehensive health promotion approach. As the workplace has become a key health promoting setting, efforts should be directed to enhancing health and wellbeing through specific corporate strategies (Dornan and Jané-Llopis, 2010; WHO, 2010; ILO, 2009).

Every workplace should work towards developing an HIV/AIDS programme. The programme should be focused on a number of aims, including preventing the spread of the disease, and providing care and support for employees who are infected or affected. The programme should also look at managing the impact of HIV/AIDS in the organisation. The structure of a workplace programme should take into account the needs, as well as the capabilities, of each individual workplace. The participants should advance in their readiness to change behaviours, and become more engaged in improving their health. They should be satisfied with the way the programme is run and its relevance to their needs. The programme should be delivered with sufficient dose or intensity to be noticed. The fidelity should be high, meaning that programme components are delivered in a similar way across locations or business units. The corporate and local leaderships should endorse the programme. It should also yield sustained engagement over time and ensure process evaluation largely draws on quantitative data (e.g., employee surveys), complemented by administrative reports and observational studies.

In recent years, advances in health interventions have reduced the incidence of HIV/AIDS. In 2013, the world saw 2.3 million new HIV infections, a drop of a third since 2001. Measures such as behaviour-change campaigns, condom use and prevention of mother-to-child transmission have all helped. Still HIV remains a huge problem and we have seen the reality of people with HIV/AIDS presenting at our company (UNILEVER) clinics, particularly in Africa, often with devastating consequences for individuals and communities.

At Unilever, we formulated our first policy on HIV in 1989. Since then we have maintained our resolve to combat the disease not only in our workplace but also in wider society through the use of partnerships. We have had some success in our workplaces in Africa where the incidence of HIV is now below the average and the mortality rate has dropped by up to 50%, but we know we have more to do. Our HIV/AIDS programmes are an integral component of our medical and occupational health strategy and are a priority for our business. In 2016, we revised our HIV/AIDS policy – it now embraces the principles and recommendations set out by the International Labour Organization (2010); the UN High Level Meeting (2011); and is based on human rights ethics in accordance with the UN High Level Meeting on Ending HIV 2016 (USAIDS 2016).

Interventions better able to address the various negative health influencing factors perceived by organisations to impact negatively on production costs, might not only be more acceptable but could also provide the necessary platform to address HIV and AIDS.

## **1.2. Problem Statement**

The HIV/AIDS pandemic is a global challenge, affecting all of our operations. It is a pandemic with serious implications for South Africa in general, and the South African economy in particular. It is both a corporate responsibility and social duty for companies to look after employees and their families. Health programmes are critical to the holistic health of employees, both physically and mentally. They are also key in helping to educate people about the nature of diseases, which is key to prevention efforts. More than 40 million people worldwide are infected with HIV, and it is estimated that 26 million of these are people working aged 15-49 – the prime of their employable years (USAIDS, 2016).

As part of any business lifeline, wellbeing programmes for their people are essential. The strength of a prevention programme is important to prevent new cases from occurring.

Research has shown that continuous gender inequality and poor knowledge on sexual and reproductive health, feeds the spread of the virus (International AIDS Conference 2016).

A large part of this organization has a labour force that is unskilled and semi-skilled, and usually has more than one sexual partner when away from home for long periods. Research has shown that HIV infection and AIDS are a major threat to all sectors and especially the economic sectors, and the workforce is largely affected. It is estimated that the prevalence of HIV infection amongst workers is as follows: 13% of the highly skilled workers, 23% of the skilled and 33% of the unskilled workers are infected with HIV, and that unskilled workers are more likely than skilled and highly skilled workers to be infected with HIV, (Ncama, Mchunu, Naidoo, Majeke, Pillay and Myeza, 2013). The benefits of workplace testing can have a ripple effect: not only on the individual by improving the lives of those infected and also that of their families, co-workers and the population at large but also their performance and dedication at work.

The working environment is a place where most people spend a large amount of their time. The workplace provides an ideal platform to reach workers through the development and implementation of workplace policies and HIV/AIDS programmes. Therefore, the workplace is an ideal setting in which to address HIV/AIDS (ILO, 2010).

### **1.3. Purpose of the study**

The purpose of this study was to explore the role played by management in supporting HIV positive employees, particularly with regard to the implementation of HIV and AIDS workplace programmes (HAWPs) and Workplace wellness programmes (WWPs).

### **1.4. Objectives of the study**

- To determine the knowledge of employees about the HIV/AIDS programme in the workplace.
- To describe the benefits of an HIV/AIDS programme in the workplace.
- To make recommendations so that the organization's management can improve the delivery of the workplace HIV/ AIDS programme

## **1.5. Research questions**

- What is the level of knowledge of employees regarding HIV/AIDS in the workplace?
- What are the benefits of an HIV/AIDS programme in the workplace?
- What recommendations can be made to organizational management to improve the workplace HIV/AIDS management programme?

## **1.6. Significance of the study**

It was hoped that the study would yield findings that would contribute meaningfully to insights that will prove useful to nursing practice and future research, for improved employee wellbeing.

The findings of the study should contribute to the body of knowledge on HIV and AIDS in the workplace. It will further contribute to the understanding of how the HIV and AIDS pandemic is managed in the private sector. It should be pointed out that the study will be likely to promote awareness of HIV/AIDS-related matters among management in the organization and the employees thereby empowering both parties meaningfully through shared knowledge.

### **1.6.1. Significance for nursing practice**

Nurses have played a crucial role in caring for HIV/AIDS infected patients, providing comfort, symptom management, and often in the early years of the disease, palliative care for those who were dying. From the earliest years of the epidemic through advances that have transformed HIV infection from a death sentence into a manageable chronic disease, nurses have played a critical role in crafting and improving HIV/AIDS care and changing all of nursing in the process. This study should be beneficial to nursing practice as it should contribute to a sense of well-being and should encourage early detection for better management of the condition, which will lead to better compliance with treatment and disease management protocols. UNAIDS (2016), states that a person's knowledge of his or her HIV status substantially reduces high-risk behaviours. In theory, new sexually transmitted HIV infections could be reduced by more than 30% per year if all HIV-infected persons knew of their infection, and adopted changes in behaviour similar to those of persons already aware of their infection.

### **1.6.2. Significance to nursing research**

Blake (2016), states that nurses need to get involved in research in order to build a solid base of evidence on which to build stronger practices. Ultimately, this will benefit not only patients and their families but also the inter-professional teams in hospitals. It will also add a vital new perspective to the peer-reviewed research that acts as a foundation for developing knowledge in healthcare. This study may contribute to improving the health of employees in the workplace.

### **1.7. Operational Definition of Terms**

**Health:** the concepts of Health stem from the *WHO Constitution of 1948* definition of health i.e. “*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity and the ability to lead a socially and economically productive life*” (WHO, 1998). In this study, health means the well-being of the employees from physical, emotional psychological and mental perspectives.

**Health Promotion:** the concepts of Health Promotion in the workplace stem from the understanding of Health promotion as the “process of enabling people to increase control over, and to improve their health” from the *Ottawa Charter for Health Promotion in 1986* (WHO, 1998:11). It is thus a comprehensive social and political process. In this study, health promotion is used to promote health in the workplace setting in order to lead to positive health outcomes.

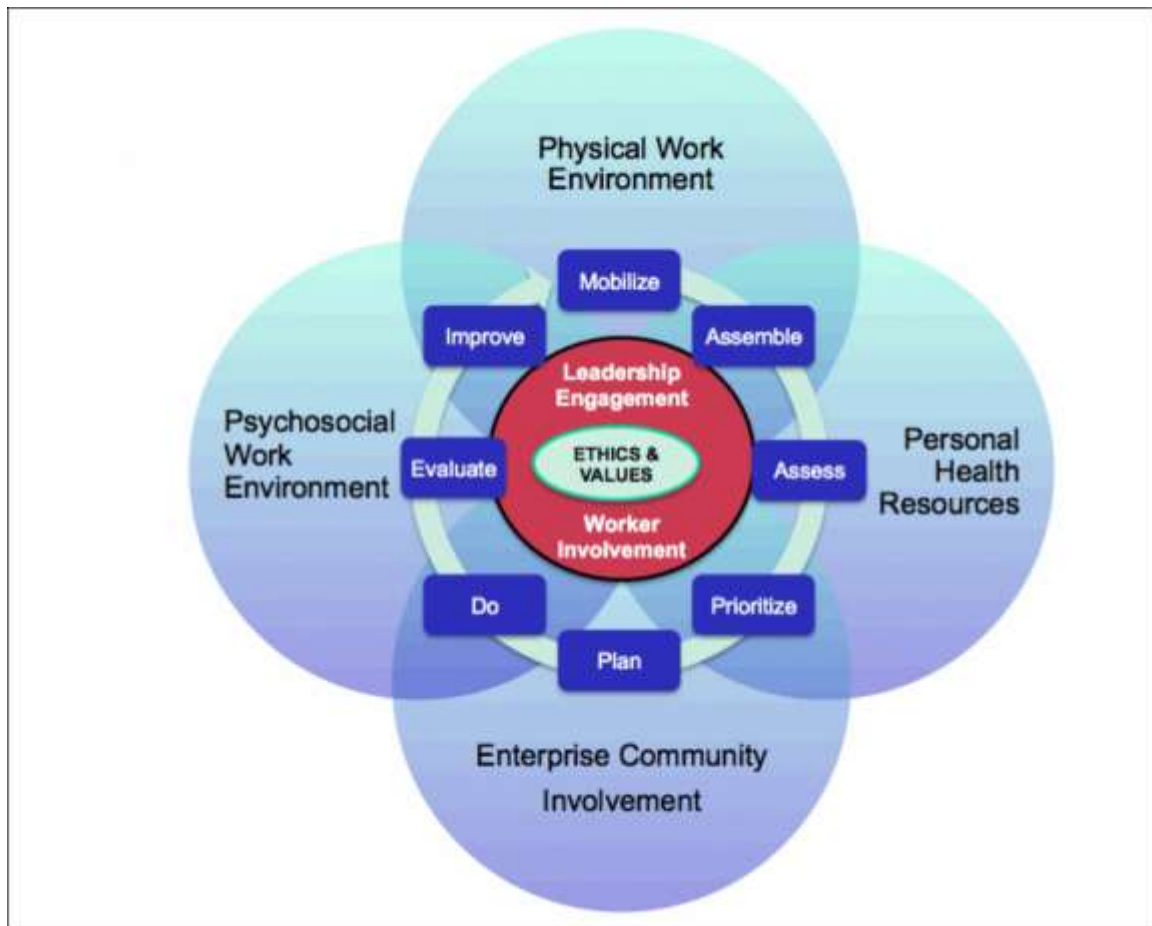
**Workplace:** This provides an environment that enables work to be done by workers that have knowledge of producing something of economic value. This environment provides workers with resources, training and physical well-being to promote productivity (Hornby, 2006). In this study, the workplace refers to a location where an employer provides work for an employee.

**Workplace Wellness:** refers to any workplace health-promotion activity or organizational policy designed to support healthy behaviour in the workplace and to improve health outcomes. In this study, workplace wellness means providing staff with access to wellness resources and programmes, integrating a wellness philosophy, promoting preventive health care, and empowering employees to become responsible for their physical and emotional health (WHO 2012).

## **1.8. Theoretical Framework**

The study draws from the holistic framework for health promotion in the workplace developed by the WHO. In terms of a response to HIV and AIDS it is expected that cognisance will be taken of various determinants of health and the dynamic interaction between various health risk factors through a range of interventions to “create a safe, healthy and supportive workplace, facilitate organizational and individual behaviour change and protect the general environment” (WHO, 2009:5).

Wellness workplace programmes utilize health promotion principles and strategies directed at the individual employee and the organisation’s internal and external environments. This suggests the promotion of healthy lifestyles by attempts to increase individuals’ control over personal and relative determinants of health, with awareness of organisation level influences i.e. the facilitation of supportive workplace environments for health as well as by addressing non-occupational health related issues i.e. family welfare, home and community factors regarded as important in affecting health and well-being. Advocacy for health and participatory processes of stakeholder involvement are viewed as important strategies to facilitate health and wellbeing (WHO, 2009). See Figure 1 for a holistic framework for health promotion in the workplace



**Figure 1: Holistic framework for health promotion in the workplace (adapted from WHO 2009:11)**

### **1.8.1. Application of the Holistic Framework to the study**

At the core of health promotion are the values of social justice to ensure equal access to workplace health-promotion initiatives that are fostered by participatory processes and empowerment. Leadership initiatives for health-promotion interventions need to be accompanied by employee involvement through needs assessment and prioritization of health needs and concerns. These aspects are important as a caring workplace culture assists empowerment, skills-development and involvement in decision-making influencing health and well-being. A health-promoting workplace should therefore offer a safe and supportive setting in which to seek HCT, ART and assistance for other health-related aspects, as well as offer a context that will enable employees to work with HIV infection free from fear of victimization and or stigma and discrimination. It is thus critical for organisations to

understand the interrelatedness of various health conditions and its impact not only on production costs but also on human suffering (WHO, 2009).

**The physical environment** refers to the culture of the organisation and how it is organized, including management style and organizational structure. The physical environment of the organization includes aspects such as technology, buildings, materials, processes etc. The policies, programmes and initiatives within organisations are focused on carefully managing and minimizing all kinds of risks and hazards in the work environment. Policies might include occupational health and safety, HIV and AIDS policies as well as other policies regulating health-related aspects in the workplace. Resources for the implementation and sustainability of health-promotion workplace programmes i.e. wellness programmes, HIV and AIDS programmes, as well as other health-related initiatives are thus necessary in a health-promoting workplace (WHO, 2009).

**The psychosocial work environment** refers to a safe environment free from bullying, harassment and discrimination e.g. no AIDS stigma and discrimination. Attention is given to the work-family balance as well as to issues of fairness, reward and recognition for individual and team contributions. As mentioned above, an organisational context in which social justice prevails is likely to provide a safe and supportive environment free from harassment and discrimination. Personal health resources include knowledge and skills required to change or adapt to more health-enhancing lifestyles and practices e.g. HIV and AIDS education, nutrition, stress management etc (WHO, 2009).

Employees increasingly experience excessive stress at work, and more so in developing countries and where resources are not readily available (Delobelle, Rawlinson, Ntuli, Malasti, Decock and Depoorter, 2009). Occupational stress is a common problem in everyday life and is a consequence of combined exposure to a multitude of factors in the work environment and employment conditions (Miller, Bishop, Herman and Stein, 2007). Occupational stress can be defined as the result of discrepancies between demands in the workplace and an individual's perceived ability to cope with or to meet these demands (Brant, Wetherell, Lightman, Crown and Vedhara, 2010).

A variety of health-related interventions are thus required to address various health and well-being concerns of employees but also in recognition of the interaction between different risk factors i.e. alcohol abuse and unprotected sex that will increase vulnerability to STI's and HIV. Skills development is another priority for workplace wellness so that health information

can be translated into meaningful health- enhancing behaviours i.e. communication about the use of condoms and negotiation, correct use of condoms etc. Another essential component of a health-promoting workplace is the facilitation of supportive environments for health e.g. the existence of policies to support healthy behaviour as mentioned above but also the required facilities and provisions e.g. the availability of condoms and access to STI and ART services etc. It is therefore, expected that cognisance will be taken of various determinants of health and the dynamic interaction between various health risk factors through a range of interventions to create a safe and supportive workplace for health and wellbeing (WHO, 2009).

The enterprise–community environment refers to the extension of health-promotion interventions to families of employees (e.g. access to HIV and AIDS education, HCT and ART for partners) and the broader community (HIV and AIDS education interventions) as well as environmentally responsible business practices e.g. reduction in fuel emissions, pollution etc. In this study, only elements of the key elements of this comprehensive approach received attention, in particular leadership initiatives for health promotion, organisational policies, access to health- promotion interventions including health education, monitoring, support and treatment (WHO, 2009).

## **1.9. Organization of the chapters**

The dissertation is organised as follows:

**Chapter One:** This chapter considered the trends of HIV/AIDS in business, the significance of the study to nursing, the research problem, research questions and the objectives of the study. It also describes the significance of the study and the theoretical framework underpinning the study.

**Chapter Two:** In this chapter, the literature review presents the global, African as well as the South African perspective on HIV and AIDS.

**Chapter Three:** The research methodology used in the study will be described in this chapter. This includes the research paradigm, research design, setting for the study, the population for the study, sample and sampling technique, instrument for data collection, validity and reliability of the instrument, procedure for data collection, ethical consideration, data analysis, data management and method of disseminating the findings of the study.

**Chapter Four:** This chapter features the analysis and interpretations of the findings of the study.

**Chapter Five:** The last chapter presents a discussion of the findings of the study, the conclusions and the limitations of the study, as well as recommendations for further study.

#### **1.10. Summary of the chapter**

In this chapter, the background information and the problem under investigation were presented. The next chapter will review literature relating to HIV/AIDS, a global perspective of HIV/AIDS, HIV/AIDS from an African perspective, and a South African perspective of HIV/AIDS and HIV/AIDS in the workplace.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1. Introduction**

The previous chapter presented the background to the research area and the problem statement. This chapter seeks to give an overview of the relevant literature concerning the full understanding of HIV/AIDS, the global and regional trends of HIV/AIDS, and the prevalence in selected countries in Africa. It also includes a discussion of global organisations like the United Nations, World Bank and the International Labour Organisation and their views on HIV and AIDS.

### **2.2. Literature Review**

Literature reviews have always been part of scientific enquiry. Experts have always sought to collate knowledge and to publish summaries on specific topics. A literature review is a critical, in-depth evaluation of research already undertaken on a specific topic by accredited scholars and researchers. A literature review surveys scholarly articles, books and other sources e.g. dissertations, theses, and conference proceedings relevant to a particular issue, area of research or theory. It provides a description, summary and critical evaluation of each work. Its overall purpose is to provide a critical evaluation of significant literature published on a topic. A literature review assesses the contribution of existing literature to the subject under review. It also allows one to demonstrate one's ability to identify relevant information and to outline existing knowledge and allows one to identify any gap in the research thereby providing a rationale for your own study (Burns, Grove and Gray, 2013).

A systematic literature review is a defined search strategy to identify all available research data relevant to a particular research question. It evaluates, appraises, selects and synthesizes the data by use of an explicit methodology Burns et al. (2013). Prior to searching any resource, it is important to look at the topic and to decide what the important issues are, what the primary keywords/ phrases in the topic are and what alternative keywords or synonyms represent each of these key topics.

The researcher consulted several resources in order to identify potential sources of data. The resources the researcher consulted were journals, eligible studies, and the internet for electronic databases, which is where the researcher obtained the most current data. Journal articles published between 2005 and 2016 were used for this review, with most of the articles dated between 2008 and 2016.

To access the sources the following were used:

ProQuest Nursing & Allied Health Source

JSTOR Medicine & Allied Health

EBSCO

CINAHL

The following keywords were used during the literature search: HIV/AIDS, HIV/AIDS in the workplace, HIV/AIDS workplace programme, wellness programme, quantitative research, HIV related knowledge, and HIV/AIDS management programme. The researcher also used relevant textbooks in order to supplement the electronic search.

### **2.3. Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome**

Acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDS) refers to a collection of symptoms and infections resulting from specific damage to the immune system caused by the human immunodeficiency virus (HIV) in humans, and similar viruses in other species (Dyk, 2005). The late stage of the condition leaves individuals prone to opportunistic infections and tumours. Although treatments for AIDS and HIV exist to slow the virus' progression, there is no known cure for the disease. According to the Ministry of Health and Child Welfare (2004), HIV is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, pre-seminal fluid, and breast milk. This transmission can come by way of anal, vaginal or oral sex, blood transfusion, contaminated hypodermic needles, exchanges between mother and baby during pregnancy, childbirth, or breastfeeding, or other exposure to one of the above bodily fluids.

The immune deficiency leads to vulnerability to infections, which would not develop in the presence of a healthy immune system. The human's immune system weakened by HIV becomes less able to resist infections (Page, Ebersohn, and Rogan, 2006). At this stage, many illnesses, which the body would normally fight off, have the opportunity to infect the person. Research reveals that people infected with HIV and AIDS show symptoms of different diseases (Page et al., 2006).

“AIDS is a disease. It is an infection, a syndrome, an illness, a disorder, a condition threatening to human life. It is an epidemic – a social crisis, an economic catastrophe, a political challenge, a human disaster,” (Cameron, 2005: 42). Discovered around 1979/80 in

the United States of America where most cases were found among homosexual men, the HIV and AIDS pandemic has and continues to affect people in all lifestyles (Barnett and Whiteside, 2002). At around the same time (1979/80), the disease was discovered in central Africa among the heterosexual people and health service providers referred to it as 'slim disease' because its patients severely lost weight (Page et al., 2006). An individual testing HIV positive faces a life-long condition, which goes through several stages and has numerous consequences.

The HIV and AIDS epidemic has turned into a humanitarian crisis worldwide found in all societies in all countries (Naidu, 2003). The pandemic affects different countries and regions differently. The widespread impact for both the rich and the poor countries is that the pandemic strains health care budgets. The death of the people in their prime and productive ages seems to be the most obvious impact of HIV and AIDS, especially in the workplace.

#### **2.4. Literature on HIV/AIDS in the Workplace**

Managing HIV in the workplace is about reducing the effects of HIV and AIDS on the organization and benefits staff members, their families as well as the wider community. A disease such as HIV/AIDS can rob societies of their most productive workers, educated professionals as well as undermine economic growth (The World Bank, 2015). In a study done by Richter (2012), it is stated that HIV prevention programmes have shown that behaviour change communication programmes can be extremely successful in increasing knowledge and in changing attitudes, such as increasing positive views of condom efficacy. Seidu and Makinde (2014) reported that "HIV/AIDS is a major threat to the world of work: it is affecting the most productive segment of the labour force and reducing earnings, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience. In addition, HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV/AIDS. Due to the effects of HIV/AIDS on firms, the International Labour Organization (ILO) sees the field of work as a major stakeholder in the fight against the disease. The ILO envisages a world that sees HIV as a workplace issue like any other disease/sickness. It envisages a world of work that makes efforts to prevent discrimination in any form against people with HIV and a world that makes efforts to provide healthy work environments through social dialogue, prevention, and care and support for people with HIV (Seidu & Makinde 2014).

The Executive Director of UNAIDS noted that the workplace is a key location for HIV/AIDS prevention and care programmes (ILOAIDS, 2008). Based on the estimation that nine out of ten PLWHA are in the working class, ILOAIDS (2008) submitted that educating people at work is then an important way of providing people with vital prevention information, which can reach people who have previously missed HIV and AIDS education. This will further help people who are not infected to live healthily while maintaining their work. Therefore, workplace education is essential especially in occupations with increased risk of exposure to HIV infections such as health care workers and miners in particular who spend considerable periods away from home. The (ILO) advocates for HIV/AIDS policies and programmes in the workplace with the aim of protecting against discrimination through labour laws, promoting prevention initiatives within the workplace, and supporting PLWHA by ensuring access to social protection, treatment and care (ILOAIDS, 2008).

#### **2.4.1. Global Trends Regarding HIV/AIDS in the Workplace**

Since the beginning of the epidemic, about 71 million people have been infected with HIV. According to WHO (2017), There were approximately 36.7 million people worldwide living with HIV/AIDS at the end of 2016. An estimated 1.8 million individuals worldwide became newly infected with HIV in 2016 – about 5,000 new infections per day. Currently only 60% of people with HIV know their status. The remaining 40% (over 14 million people) still need to access HIV testing services.

As of July 2017, 20.9 million people living with HIV were accessing antiretroviral therapy (ART) globally. 1 million people died from AIDS-related illnesses in 2016, bringing the total number of people who have died from AIDS-related illnesses since the start of the epidemic to 35.0 million.

Even today, despite advances in our scientific understanding of HIV and its prevention and treatment as well as years of significant effort by the global health community and leading government and civil society organizations, most people living with HIV or at risk for HIV do not have access to prevention, care, and treatment, and there is still no cure. However, effective treatment with antiretroviral drugs can control the virus so that people with HIV can enjoy healthy lives and reduce the risk of transmitting the virus to others. The HIV epidemic not only affects the health of individuals, it affects households, communities, and the development and economic growth of nations.

In Latin America & the Caribbean, about 2.1 million people are estimated to be living with HIV in Latin America and the Caribbean combined, including 115,000 newly infected in 2017. The Caribbean itself, with an adult HIV prevalence rate of 1.1%, is the second hardest hit region in the world after sub-Saharan Africa. Six countries in Latin America and the Caribbean have generalized epidemics. Of the countries with available data, Haiti has the region's highest prevalence rate (1.9%), and Brazil, the greatest number of people living with the disease (approximately 830,000 to 1,000,000) (UNAIDS, 2017). In Eastern Europe & Central Asia an estimated 1.6 million people are living with HIV in this region, including 190,000 newly infected in 2016. The epidemic is driven primarily by injecting for drug use, although heterosexual transmission also plays an important role. The Russian Federation and Ukraine account for 85% of people living with HIV in the region. In Asia and the Pacific an estimated 5.1 million people are living with HIV. The region is also home to the two most populous nations in the world – China and India – and even relatively low prevalence rates translate into large numbers of people (UNAIDS 2017).

#### **2.4.2. African Trends Regarding HIV/AIDS in the Workplace**

The question of whether or not employers should be involved in the fight against HIV/AIDS is a crucial one for employers worldwide. Employers everywhere are asking themselves whether HIV/AIDS has a negative impact on business. The answer is YES, HIV/AIDS is a pandemic that has far-reaching effects. Not only is it a public health challenge intertwined with complex social issues, AIDS is also a looming economic disaster. In an increasingly globalized world, multinational enterprises and small and medium-sized enterprises (SMEs) feel the economic impact of HIV/AIDS equally. For employers, HIV/AIDS has a negative impact on both the business environment (macroeconomic impact) and on the enterprise directly (microeconomic impact) (*UNAIDS and Business*, 2007).

According to significant research focused on the AIDS pandemic in sub-Saharan Africa, the virus generally targets the working-age population. Affecting people in their most productive years of life, it leads to reduced earnings, as well as increased care demands, higher expenditure on health care and premature death. Savings and disposable income decline. In the long term, the consumer market is reduced, leading to a drop in resources available for production and investment. Reduced consumer demand, resources and investment possibilities directly affect economic growth. By the year 2020, the World Bank estimates that the macroeconomic impact of HIV/AIDS may be significant enough to reduce the

growth of national income by up to a third in countries with adult prevalence rates of 10% or more. In developing countries, where skilled physical capital is often low, human capital represents one of the most important economic assets. HIV/AIDS thus has profound effects on the dependency ratio and further implications on the labour force. Many of those infected with HIV/AIDS are experienced and skilled workers in both managerial and non-managerial employment. For African businesses to attract new investors, they must demonstrate a competitive advantage (Summarised from NEF, Namibia).

In much of Africa, businesses already have a competitive advantage because labour is abundant, affordable, and productive. Countries inevitably compete against one another to attract investors. In turn, investors seek to locate their businesses in a country that has the most productive, lowest-cost workforce.

There are several ways in which HIV/AIDS affects the international competitiveness of African businesses including Labour Supply - AIDS deaths lead directly to a reduction in the number of available workers. These deaths occur predominantly among workers in their most productive years. As younger, less experienced workers replace experienced workers; worker productivity is reduced, which in turn results in a decline in international competitiveness. Profitability - AIDS reduces the profitability of African businesses by both increasing the cost of production and decreasing the productivity of African workers. The loss of profitability clearly will reduce Africa's competitive advantage. Other Impacts- AIDS can also affect African businesses in many ways that are difficult to quantify but that nonetheless can significantly affect competitiveness. For example, AIDS affects worker morale, labour relations, demand for output, and so forth. Most African businesses that have more than 10 employees have already seen at least one employee die of HIV/AIDS or currently employ infected workers. In some countries, the number of HIV infected employees has been devastating. For example, in Botswana, it has been estimated that 35 to 40 percent of all teachers were infected with HIV. One study in Kenya, on a sugar estate found that 25 percent of the estate's workforces were infected with HIV. Even in countries such as Ghana, which has a more moderate prevalence of HIV, businesses report significant numbers of both AIDS deaths and known HIV infections. In a sugar mill in South Africa, 26 percent of all tested workers were infected with HIV. Infected workers incurred, on average, 55 additional days of sick leave during the last two years of their life (USAID, 2014).

If businesses are to succeed financially, they require a steady supply of adequately skilled labour. For companies requiring skilled workers, it is likely that HIV/AIDS will present a particularly significant problem. Professionals are in short supply, and the costs required to train a new worker are often significant. One study demonstrated that firms took, on average, eight times longer to replace a deceased professional than a skilled worker (USAID, 2014).

### **2.4.3. The impact of HIV/AIDS on South Africa**

Most studies, as indicated earlier, point out Sub-Saharan Africa as the most negatively impacted region (UNAIDS/WHO 2015). Many young and productive employees die leaving positions not easy to fill in their workplaces. In 2014, there were an estimated 1.4 million new HIV infections in sub-Saharan Africa and 790 000 people died of AIDS-related causes in 2014, (UNAIDS 2015). The increased death rates due to HIV and AIDS often lead to the escalating numbers of orphans in the region as well as to the eroded ability of different communities to provide and care for both children and the elderly. Sub-Saharan Africa consists of 12% of the global population, which is 68% of the total number of the global PLWHA, making it the worst affected region (UNAIDS, 2011).

Southern Africa is the hardest hit region in the sub-Saharan Africa where the adult prevalence rate exceeding 20% in most countries within the region (UNAIDS, 2015). The total number of persons living with HIV in South Africa increased from an estimated 4, 02 million in 2002 to 7, 1million by 2016. The estimated overall HIV prevalence rate is approximately 18, 9% of the adult South African population. For adults aged 15–49 years, an estimated 17,98% of the population is HIV positive (*Statistics South Africa*, 2017). Shisana et al., (2012) estimated the HIV prevalence for 2012 at 12, 2%. Approximately one-fifth of South African women in their reproductive ages are HIV positive (UNAIDS, 2015). It is estimated that more than 30% of a total world HIV population lives in Southern Africa (Simtowe and Kinkingninhoun-Medagbe, 2011). The region accounts for approximately 40% of the worldwide total number of women living with HIV and three countries in Southern Africa have at least one adult in five living with HIV as at the end of 2010 (UNAIDS, 2011). South Africa is estimated to have the largest number of PLWHA in the world with an estimated 6.19 million PLWHA as at the end of 2014 (UNAIDS 2015). The number of South Africans infected with HIV has increased by 2.17 million since 2002, when 4.02 million South Africans were living with the virus.

In 2015, Stats SA estimates that 531 965 people had died, with 162 445 of those being Aids-related - or 30.5%. In 2015 it was estimated that the under-five mortality rate (U5MR) for South Africa was about 45.1 deaths per 1,000 live births (UNAIDS, 2015). AIDS, which is caused by the human immunodeficiency (HIV) virus, has resulted in a lot of human anguish globally but especially in the continent of Africa. The HIV/AIDS epidemic has both short and long-term impacts. The short-term impacts are felt immediately as a consequence of the illness or death of the victim, while the long-term impacts might take time to be noticed. Both forms of impact are related to labour markets, productivity and welfare (Simtowe and Kinkinginhoun-Medagbe, 2011). According to UNAIDS (2010), the most apparent consequence of this catastrophe has touched on the health sector, households, children, agriculture, education, labour, economy and life expectancy.

In South Africa, HIV-positive patients are reported to stay in hospital four times longer than other patients do, while PLWHA account for 60-70% of hospital expenditure in the country with the likelihood of a shortage of hospital beds that might delay admission until the later stages of illness thereby reducing the likelihood of their recuperation (Ogbee, 2008). This in turn leads to the migration of health workers from developing countries to developed and is a well-recognised contributor to weak health systems in low-income countries and is considered a primary threat to achieving the health related millennium development goals (Mills, 2011).

The epidemic has created lots of economic, and social hardship especially among the already impoverished households in sub-Saharan Africa (UNAIDS, 2006). Some women have been forced into prostitution due to increased financial burdens because of HIV/AIDS related death of the household breadwinner or just simply because of the need to cater for other sick family members (Ogbee, 2008). Vulnerability varies depending on household composition, as well as on the gender and stage of disease of the infected adult household head. Gill, (2010) reports that greater negative impact from the loss of labour of an adult male household head, while others suggest that impacts on household food security are more severe if adult females are infected

The disease's impacts on labour and productivity are immediately relevant. In a study of HIV/AIDS and private sector companies in Africa, Feeley (2009) describes a variety of costs to businesses. Employee absenteeism and impaired function due to HIV/AIDS represent tangible costs to companies operating in highly affected communities. Both lead to lower

productivity, the cost of which is felt most strongly by firms relying on skilled labour and having invested in worker training. Other costs to companies take the form of increased employee benefits (whether for treatment or for benefits to families in the event of death), costs of recruiting new staff, and increased management time spent on HIV/AIDS-related issues of infected employees.

Generally, HIV and AIDS have had negative impacts on different sector of the country's economy including agriculture, education, and work force (UNAIDS, 2010). A study in several Southern African countries has estimated that the combined impact of AIDS-related absenteeism, productivity declines, health-care expenditures, and recruitment and training expenses could cut profits by at least 6-8% (Simtowe and Kinkinginhoun-Medagbe, 2011). HIV/AIDS has cyclic effects on the education sector of the economy. As the HIV/AIDS epidemic worsens, the education sector is damaged, which in turn is likely to increase the incidence of HIV transmission (Ogbee, 2008).

Lack or insufficient cooperation to provide education, information and prevention services to those at risk of infection, especially in the workplace and schools poses a challenge to HIV prevention (Global Health Council, 2010). Companies are reportedly implementing HIV/AIDS programmes that encourage workers to receive HIV tests, provide treatment to sex workers and distribute condoms (Global HIV Prevention Working Group, 2007). Gold Fields, the world's fourth-largest gold producer, estimated a loss of about \$5 per ounce of gold produced in South Africa due to HIV. The company recently launched a programme that offers monthly prizes to workers who receive HIV tests (Henry J. Kaiser Family Foundation, 2007). However, workplace HIV and AIDS education is not universal and as a result, people are still unaware of the dangers of HIV, and those living with the virus are still subject to HIV-related stigma and discrimination at work.

In a study done in Malawi by Bakuwa and Mamman (2012), it was reported that although there are anecdotal statistics on the impact of HIV/AIDS on the performance of organizations, the study evidence shows that the effect of HIV/AIDS is increasingly being felt in the workplace. For example, a study on the impact of HIV/AIDS on HRs in the Malawian public sector revealed that high levels of absenteeism was observed in all government ministries that were studied, with sickness being the main cause.

Bakuwa and Mamman (2012) state that Private sector companies have a role to play in addressing HIV/AIDS in Africa. This is because the epidemic has a disproportionate effect on

the most productive segment of the workforce. However, in Africa many companies are yet to acknowledge and respond to HIV/AIDS as a workplace issue. They continue to report that in the South African context, there is a vast difference between the rhetoric and the reality of managing HIV/AIDS. Whilst policies encouraged voluntary testing and counselling, openness and disclosure, confusion remained over testing, and available treatment. Bakuwa and Mamman (2012) report that in a survey of 225 companies in Botswana, Namibia, Zimbabwe and South Africa, there was an increasing proliferation of workplace policies and programmes in large companies, which included safeguards against discriminatory practices, HIV education programmes, the growing provisions of HIV counselling and testing (HCT), and assistance to enable smaller companies to develop HIV programmes.

South Africa's economic prospects depend on the productivity of the country's labour force. Productivity accelerates economic development and this improves the standard of living and quality of life of the people (World Bank, 2013).

In a study conducted by George et al., (2014), they state that South Africa's economic prospects depend on the productivity of its labour, and productivity can only be maximised when the labour force possess the appropriate skills. Business is playing its part by offering training opportunities to employees. Collectively, they are spending more than the government's mandated level on training. However, the HIV and AIDS epidemic is eroding this investment in Southern Africa where the HIV epidemic is at its worst. George et al., (2014) continue to say, while there has been empirical work that provides estimates on the cost of HIV and AIDS to business, there is very little data on the actual amounts large companies spend on training, and how much of this investment is eroded because of HIV and AIDS deaths. Using an estimate of the HIV and AIDS death rate in the private sector and survey data, which identifies training expenditure by sector. The authors' estimate the extent to which HIV and AIDS has potentially eroded this investment. The loss for all sectors was estimated at almost R10 million (R9, 871,732) during the study year, per annum. This amount represented on average 0.73 per cent of the actual investment in training. The real costs of HIV and AIDS on business, which includes absenteeism, declining productivity and other costs are difficult to quantify, but they are likely to exceed this lost training investment significantly because of increasing morbidity and mortality rates due to HIV. It is therefore in a company's best interest to: (1) ensure that a sound HIV and AIDS policy is in place; (2)

invest in effective prevention programmes; and (3) provide the appropriate ARV treatment to infected employees.

As stated earlier, wellness workplace programmes utilize health promotion principles and strategies directed at the individual employee and the organisation's internal and external environments. This suggests the promotion of healthy lifestyles by attempts to increase individuals' control over personal and relative determinants of health, with awareness of organisation level influences i.e. the facilitation of supportive workplace environments for health as well as by addressing non-occupational health related issues i.e. family welfare, home and community factors regarded as important in affecting health and well-being.

Scandinavian research on work environment has long been in the frontline, studying the importance of psychosocial work conditions for employee health and well-being (Sverke, 2009). Different aspects of what the literature has defined as the organisational work environment are important for employee health. The work environment includes a wide range of organisational determinants for health, including social relations, management style, and organisation of work tasks, time schedules, mental and physical workload and gender segregation.

## **2.5. Employee Wellness Programme**

According to Department of Public Service and Administration (2005), even though many of their departments had implemented Employee Assistance Programs (EAP) and Employee Wellness Programs (EWP), these programs were very limited in their integration of HIV/AIDS as a major concern to health care professionals. In some departments, the HIV/AIDS programme was incorporated into the EAP or EWP, as they found it was better for it to be integrated than having a standalone HIV clinic where employees felt exposed and stigmatised. In other cases, HIV/AIDS programs fell under a completely separate organisational structure such as Human Resources, who had special clinics for this purpose (Department of Public Service and Administration, 2005).

According to a study conducted by Magwaza (2009), who investigated the exposure of employees in the South African Police Service (SAPS) to the HIV/AIDS workplace programme, stigma and discrimination were reported as major obstacles to the successful implementation of the HIV/AIDS workplace programme. Even though majority of the staff at

the Police Service, had high levels of knowledge, a small minority disclosed that they would not feel comfortable disclosing their status because of the consequences thereafter.

In 2007, a study of the Employees Wellness Programmes (EWP) in South Africa in which only private firms were sampled and study revealed that despite seemingly high workshops on the dangers of stigmatization of HIV infected employees, HIV/AIDS related programmes in the workplace still appear to have poor coordination, lack of consultation and to a certain extent stigmatization of infected workers. The study, revealed that confidentiality of the HIV/AIDS data under the custody of the HIV/AIDS focal person is highly compromised by management under the pretext of collecting statistics for the procurement of antiretroviral drugs and other essential material for HIV and AIDS workplace programmes. The abuse of the confidential records has become a trend that infected workers who disclose their status face the axe or ill-treatment (Singhal and Rogers 2007).

In many African countries, literature suggests that stigma is still very much attached to anything related to HIV and AIDS which might possibly affect knowledge, attitudes and the subsequent participation of workers in the HIV workplace programmes. Although business and organised labour are not responsible for the attitudes and beliefs of their employees and members, they are largely responsible for ensuring that the workplace is a fair and effective environment that fosters productivity and creativity. To this end, employers and management have an obligation to educate employees on, the objectives of the HIV workplace programmes, behaviour change and all aspects relating to HIV workplace policies and programmes, based on the impact of HIV and AIDS on productivity. It is this same education that will help foster right attitudes toward HIV and AIDS workplace programmes and increased knowledge among the employees and a realisation of a fuller worker participation in the HIV workplace programmes.

## **2.6. Summary of the Chapter**

In this chapter, the literature review presented the global, African as well as the South African perspective on HIV and AIDS. The overview spanned the prevalence rates of HIV and AIDS in South Africa, suggesting a serious threat to the business sector through absenteeism, decreased productivity, rising production costs and higher employee turnover rates. The next chapter will focus on the methodology that was adopted for the study, and the approaches that were undertaken in sampling, data collection, and analysis.

## CHAPTER 3: METHODOLOGY

### 3.1. Introduction

This chapter presents a discussion on the research paradigm, which guided the decision on the study methodology, the research design, the population of the study, the sample and sampling technique, the instrument for data collection and the procedure for the collection of the data. The chapter also features the procedure for data management and ethical procedures undertaken by the researcher for the study. The research methodology for this study was guided by the objectives of the study.

### 3.2. Research Paradigm

Paradigms are described as patterns of belief and practices used by researchers to regulate their disciplinary enquiry in order to accomplish their goals (Weaver and Olson, 2006). This research study used a positivist paradigm, since the researcher is a quantitative researcher. The positivist researcher views science as value free and the world as objective. He sees reality as a whole, but understands the whole when studied in parts (Creswell, 1994). Methods such as observations and experiments are used by the positivist researchers to collect facts, which enable them to develop laws and theories (Creswell, 1994).

In addressing the ontological question (what is the nature of reality?), the positivist researcher believes in the existence of an objective reality which can be understood, controlled and predicted by means of cause and effects. The researchers' role is to predict and control natural phenomena as they occur. In addressing the epistemological question (what is the nature of knowledge, how is knowledge generated and what is the relationship between the researcher (knower) and what can be known?), the positivist sees the researcher as detached from the objects being studied. The objects are studied objectively without the researcher and the object influencing one another. In relation to the methodological question, that is how the researcher goes about knowing the desired knowledge; the positivist emulates the physical scientist. The researcher is free of bias and subjects the stated questions or hypothesis to empirical testing in order to verify them. The researcher remains detached, neutral and objective as he or she measures aspects of social life examines evidence and/or replicates the research of others (Creswell, 1994). The positivists' paradigm has dominated nursing research for decades. Polit and Beck (2012) state that positivism is rooted in the 19<sup>th</sup> century thought, guided by such philosophers as Comte, Newton and Locke. Positivism is a reflection of a broader cultural phenomenon that emphasises the rational and the scientific (Polit and

Beck, 2012). The positivist researcher views science as value free and the world as objective. He sees reality as a whole, but understands the whole when studied in parts (Creswell, 1994).

The positivist paradigm is therefore essential if nursing science is to substantiate claims regarding nursing care and the responses of clients in health and illness situations, provide explanatory models, and test and generate theory (Monti and Tinggen, 1999). Pertinent to this, the researcher conducted this study within the positivist paradigm, which enabled her to objectively study the role played by management in supporting HIV positive employees in a private organization in eThekweni, KwaZulu Natal.

### **3.3. Research Approach and Design**

This chapter lays out the research approach and design for this study. An overview of the methodology and methods are provided. It explains the data collection methods that were used to determine the role played by management in supporting HIV positive employees with regard to the implementation of HIV/AIDS workplace programmes and workplace wellness programmes.

A research design is the blueprint for conducting a study that maximizes control over factors that could interfere with the validity of the findings (Burns et al., 2013). Creswell (2014) describes the research design as types of enquiry that provide specific direction for procedures in a research design. It guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal. Skill is required in selecting and implementing a research design to improve the quality of the study and usefulness of the findings (Yin, 2009). This study will have a descriptive aspect to every variable studied.

This study used a quantitative descriptive design to explore the role played by management in supporting HIV positive employees with regard to the implementation of HIV/AIDS workplace programmes. Quantitative research methodology can be defined as an organised experimental study of quantitative properties and events and their relationships. The quantitative research method is in the form of numbers representing concepts that may take greater and lesser values aimed at developing and employing mathematical models, theories, and hypotheses about a phenomenon under study (Lynch, 1983). Quantitative Research, the most frequently conducted method, is a formal, objective, systematic methodology to describe variables, test relationships, and to examine cause-and-effect interactions (Creswell, 2014). There are various advantages associated with the use of a quantitative research

method. These advantages include that it is less time consuming thereby giving the researcher a chance to explore large samples as opposed to qualitative research.

### **3.4. Research Setting**

The selected private company is situated in the district of eThekweni, KwaZulu-Natal, Durban. It is one of the three terminals operated by TPT at the Port of Durban, which is the busiest port in Africa. It is situated in close proximity to private warehouses and major roads & rail transport routes. It is one of the five multipurpose terminals in eThekweni operated by TPT. It handles imports and exports of Agricultural bulk operations of wheat, maize, soya bean meal, animal feed as well as woodchips. It provides storage and facilities catering to international marketing requirements.

The Agricultural Bulk Terminal is made up of three departments: Operations, engineering, and technical. The terminal has 210 employees with 140 of them being employed permanently, and 70 are employed as FTC's. The categories of the workers range from Terminal Manager to general worker, which is the lowest category.

The company is committed to providing a healthy and safe environment for its employees. Services offered at the private facility include HIV/AIDS counselling, testing (HCT), and a chronic wellness programme.

KwaZulu-Natal which is a province in which the private facility is found, covers a total area of 94,361 square kilometres with a population of 10,919,100 (19, 9%) in the year 2015 and a population density estimated at 110 people per square kilometres (KwaZulu- Natal Provincial Government, 2015). Among South Africa's provinces, KwaZulu-Natal is one of the most culturally diverse provinces situated on the east coast of South Africa with its rich melting pot of cultures namely Zulu, Indian, Anglo and Afrikaner. However, also the province has the highest rate of HIV infection: 28 %, according to UNAIDS in 2014 (KwaZulu-Natal Provincial Government, 2011).



**Figure 2: Map of KwaZulu-Natal: (KZN Maps 2010).**

**3.5. Study Population and Sample**

A research population is generally a large collection of individuals or objects that is the focus of a scientific inquiry. A research population is also known as a well-defined collection of individuals or objects known to have similar characteristics (Castillo, 2009).

In the study, the population included all the 210 employees from the private facility that was selected for research. From this population, employees were selected at random to meet the objectives of the research.

A sample is simply a subset of the population. The sample should be representative of the population from which it was drawn. The main function of the sample is to allow the researcher to conduct research among individuals from the population in order to establish that the findings of the research can be used to derive conclusions that may apply to the entire population (Creswell, 2012).

### **3.6. Sampling Technique**

Screening based on the inclusion criteria was conducted first upon a selection of the sample. Then a method of convenience sampling was applied in this study, which is a type of non-probability sampling. Non-probability samples are those in which the probability that a subject is selected is unknown to the researcher. Although not every element in non-probability sampling has an equal chance of being included, it allows the researcher to select study participants consciously based on the inclusion and exclusion criteria (Grove et al., 2013).

The sample size for this study was 70 (35% of the target population) employees working at the selected organization in eThekweni. This sample was based on the resources and time available to the researcher as well as the belief of the researcher that the sample was large enough to be representative of the target population.

#### **3.6.1. Inclusion Criteria**

The sample included all employees' male and female who were employed, at the time, by the private facility in eThekweni District, KwaZulu-Natal. Employees willing to participate, being able to speak and write English since the research instrument was in English and being above the age of 18. They were employees who were currently employed at the facility who utilized the services provided.

#### **3.6.2. Exclusion Criteria**

The sample did not exclude participants based on their age; race, political or religious affiliations neither were they excluded on the basis of their HIV status.

### **3.7. Collection Instrument**

In this study, the researcher adapted, modified and used a structured questionnaire that was used in a similar study. The questionnaire was used in a study done by Nyemba, TBW in 2008. The researcher decided to adapt this questionnaire for her study since it was used for a similar study conducted in Harare, Zimbabwe investigating the management of HIV/AIDS programmes in the workplace. The questionnaire consisted of five sections, A – E, all presented in the form of 5 point Likert scales. The responses on strongly disagree and disagree were grouped together as disagree and responses on agree and strongly agree were grouped together as agree, making it a 3 point Likert scale.

Section A: Covers the employees' biographical information that is gender, age, years in service in the organisation, level of education, position in the organisation and marital status.

Section B: Covers information on the availability and assessment of the effectiveness of the HIV/AIDS programmes in the organisation.

Section C: Assesses the benefits and the effectiveness of HIV/AIDS awareness programmes in the organisation. It also assesses the availability of protective measure instruments for the employees who want to use them.

Section D: Gives the employees a chance to give their recommendations and opinions on the way the HIV/AIDS programmes in the organisation should be managed.

Section E: This section is for employees whose organisations do not have HIV/AIDS programmes. It seeks to find out from the employees why the organisation does not have the programme and any future prospects of launching any such programme.

### **3.8. Validity and Reliability of Data**

Reliability and validity are essential to measurement of an instrument to ensure that the findings are credible and trustworthy. Reliability refers to the degree to which the instrument can be depended upon to produce consistent results if used repeatedly over time on the same person or if used by two different researchers. In essence, reliability is very much part of validity in that an instrument that does not yield reliable results cannot be considered valid. Therefore, it is important to determine both the reliability and validity of the designed questionnaire for data collection. As with reliability, validity is an important criterion for evaluating methods to measure variables (Polit and Beck, 2012).

#### **3.8.1. Validity**

According to Polit and Beck (2012), validity is a more complex concept that broadly concerns the soundness of the study's evidence and the degree of inferential support the evidence yields. It determines the extent to which an instrument reflects the abstract construct that the researcher is investigating (Burns and Grove, 2009). In this study, the researcher modified an instrument previously used based on the in-depth literature review. When the researcher adapted the instrument, the concern was whether the items it contained were representative in describing the management and support of HIV positive employees, which

the researcher intended to measure. The researcher then consulted the supervisor, an expert in nursing research, to evaluate the content of the questionnaire.

Internal validity refers to correlation between questions and the extension to which causal conclusions can be drawn, for instance that a highly volatile environment increases the impact of HIV/AIDS on an impoverished population. External validity is the extent to which it is possible to generalize from the data to a larger population or setting, for instance, to infer that the results on the management of HIV/AIDS programmes at the workplace in eThekweni are the same throughout South Africa since all the organizations are in the same environment. The internal consistency of the questions in the questionnaire were tested by means of Cronbach’s alpha values and found to be 0.741. The purpose of Cronbach’s alpha is to provide a lower bound estimate for how much variance in the empirical scale would be explained by an imaginary perfect measure of the same theoretical construct.

Research Objectives	Research Questions	Conceptual Framework	Question Item
To determine the knowledge of employees regarding HIV/AIDS in the workplace	What is the level of knowledge of employees regarding HIV/AIDS in the workplace?	Holistic Framework for health promotion	Section B: HIV/AIDS Programme at the workplace
To determine the benefits of having an HIV/AIDS programme in the workplace	What are the benefits of an HIV/AIDS programme in the workplace?	Holistic Framework for health promotion	Section C: Benefits to employees

To recommend some suggestions so that the organization's management can improve the delivery of the workplace HIV/AIDS programme	What suggestions can be made to organizational management to improve the workplace HIV/AIDS management programme?	Holistic Framework for health promotion	Section D: Participants opinions
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### 3.8.2. Reliability

Creswell (2014) states that reliability "means that individual scores from an instrument should be nearly the same or stable on repeated administrations of the instrument and that they should be free from sources of measurement error and consistent". Reliability refers to the degree to which the instrument can be dependent upon to yield consistent results if used repeatedly over time on the same person or if used by two different researchers. In this research study, a pilot test of the instrument was not done, as a previously used tool was adopted.

### 3.9. Data Collection

Data collection was initiated upon receiving required ethical approval, including permission to conduct the research at the selected private organization. According to Polit & Beck (2012), the goal of a data collection plan is to produce data that is of exceptional quality. As a formality, an introductory and informative session was held between the researcher and senior manager of the selected private organization to explain the purpose of the research and to agree on a convenient time for data collection. Appointments for data collection were set and a structured questionnaire was used to obtain responses from participants. The researcher was responsible for handing out all of the questionnaires and for collecting data.

The data collection process took place at the cafeteria of the private organization during the participants' lunch break, in order not to interrupt production. The participants were provided with an information sheet explaining the objectives and the purpose of the study. The participants were then provided with a consent form prior to completing the questionnaire. The questionnaires were distributed and some of the participants completed the questionnaire, which were returned immediately. The data collection period took duration of 6 weeks.

Boxes were made available in the offices of the supervisors and managers for the participants who were not able to complete the questionnaire on the spot. The researcher made multiple visits to the cafeteria during the 6-week period to administer to employees on different shifts. Completed questionnaires were dropped off into the boxes and collected thereafter by the researcher. Participation was on a voluntary basis for those who participated.

### **3.10. Data Analysis**

In order to answer research questions and test hypotheses, researchers need to analyse their data in an orderly, coherent fashion. Quantitative information is analysed through statistical analyses, which include some simple procedures as well as complex and sophisticated methods (Polit & Beck, 2012). The questionnaires were numbered and coded to facilitate data capturing and auditing of captured data and to ensure confidentiality of the data. The data collected from the questionnaire was captured and subsequently analysed using the Statistical Package for Social Sciences (SPSS version 24). Descriptive statistics such as frequencies, percentages, means, medians, standard deviations and interquartile ranges were used to summarize results. The results were presented in tables and graphically using pie charts and bar graphs.

### **3.11. Ethical Consideration**

Ethical consideration related to the protection of the rights of human subjects underpinned this study. A researcher has to conduct research in an ethical manner from the conceptualization and planning phases, throughout the implementation and dissemination phase. The research proposal was sent for approval to the Research and Ethics Committee of the University of KwaZulu - Natal for ethical clearance.

Participants require accurate information about a study to enable them to decide whether or not to participate (Grove et al., 2013). The participants were required to sign a consent form as proof of their willingness to participate in the study. The researcher ensured that the participants were adequately informed by explaining the purpose and objectives of the study both verbally and on the information sheet. The researcher also allowed the participants to discuss any concerns or uncertainties they might have concerning the study, if any.

It is unethical to allow unauthorized persons to have access to the raw data of a study (Grove et al. 2013), the researcher kept the data obtained from the participants confidential. To further protect their rights to privacy, the participants were not required to disclose any

personal, identifiable information. It was clearly stated on the information sheet that participation in the study was voluntary and that they could withdraw from participation at any point of the study. The participants were also advised that they could seek clarification at any stage of the study if they so wished. The contact details of the researcher, the researcher's supervisor and UKZN ethical committee chair were provided for any questions or concerns that the participants may have regarding the study.

The *Belmont Report* articulated three primary ethical principles on which standards of ethical conduct in research are based: beneficence, respect for human dignity, and justice (Polit & Beck, 2012). Furthermore, there are other four principles that are based on human rights that need to be observed thoroughly in research studies, these are, the right to self-determination, privacy and the right to fair selection and treatment as well as the right to protection from discomfort and harm.

Groves and Burns (2013) state that a participants' right to self-determination can be violated through the use of coercion, covert data collection, and deception. A participants' right to self-determination can also be violated if he or she become a research subject without realizing it. It is particularly important to safeguard participants and to protect their right to self-determination by obtaining their informed consent. A Consent form (See Annexure) was kept separate from the questionnaires to ensure autonomy. Confidentiality was maintained as the information gathered did not have the respondents' name attached to the results presented and the participants remained anonymous at all times.

According to Polit and Beck (2012), beneficence is one of the most fundamental principles in research, which imposes a duty on researchers to minimize harm and to maximize benefits. Participants have the right to be protected at all times until the research process is over.

The third broad principle articulated in the *Belmont Report* concerns justice, which includes participants' right to fair treatment and their right to privacy. The principle of justice means that all participants in the research study were treated equally and fairly, and this was ensured by the population sample selection being conducted randomly to avoid bias.

Emanuel et al., (2004) state that research aims at obtaining generalizable knowledge that can be used to improve health and healthcare. Participants in research are a necessary means to obtaining this knowledge. Consequently, participants are used in the research process for the benefits of others and are at risk of being exploited. The fundamental purpose of research guidelines is to minimize the possibility of exploitation in clinical research. The following

eight ethical principles provide a comprehensive and systematic framework to guide the ethical conduct of clinical research and thereby minimize the possibility of exploitation.

**Collaborative) partnership:** recognizes that the community in which research is conducted should collaborate in the research endeavour. In this study, the researcher sought the participants' agreement and input to help ensure that the participants were not exploited (Emanuel et al., 2004).

**Social value:** clinical research value is not an end in itself. It has instrumental value because it generates knowledge that leads to improvement in health and healthcare. Such improvements in health ultimately constitute the social value of research. This research study will be valuable to the participants in both the short term and in the long term (Emanuel et al., 2004).

**Scientific validity:** contrary to many claims, in research, science and ethics do not conflict. Valid science is a fundamental ethical requirement. Unless research generates reliable and valid data that can be interpreted and used by the specified beneficiaries of the research, it will have no social value and participants may be exposed to risk for no benefit. Research must be designed in a way that it provides valid and reliable data. In this study, the objectives were clear and justifiable; the sample size was adequate as well as unbiased and reliable outcome measures were anticipated. The study was also designed in a practically feasible manner, taking into consideration the social, political and cultural environment in which it was being conducted (Emanuel et al., 2004).

**Fair participant selection:** historically, populations that were poor, uneducated, or powerless to defend their own interest were targeted for high-risk research, whereas promising research was offered to individuals that are more privileged. Ethical selection of participants requires that the research objectives be the primary basis for determining eligibility. Once a target group is identified based on specific objectives, consideration of minimizing risks, enhancing benefits, minimizing vulnerability, feasibility, as well as facilitating collaborative partnership, can be undertaken. Factors extraneous to the objectives, risks, benefits, and feasibility of conducting the research should not be the basis of selecting target communities or excluding individuals or communities. In this study, the target population was selected in order to enhance both the social value of the research and the possibility of benefits to the participants (Emanuel et al., 2004).

**Favourable risk- benefit ratio:** like life itself, all research entails some risk. However, clinical research typically should offer individual participants a favourable net risk benefit ratio. In cases in which potential risk outweighs benefits to individual participants, the social value of the study must be sufficient to justify these net risks. However, in this study, the potential social benefits outweighed any risks to individual participants (Emanuel et al., 2004).

**Independent ethical review:** For all clinical research, protocol is necessary for two reasons: one- to minimize concerns regarding researchers' conflict of interest and two- to ensure public accountability. Investigators inherently have multiple legitimate interests to conduct high quality research, to complete the research expeditiously, to protect research participants, to obtain funding and to advance their careers, and so forth. Even for well-intentioned investigators, these diverse interests can generate conflict that may unwittingly distort or undermine their judgement regarding the design, conduct, and analysis of research, as well as adherence to ethical requirements. Wanting to complete the study quickly may lead to the use of questionable scientific methods or to the use of readily available participants rather than fairer participants' selection criteria; enthusiasm for and commitment to the research project may lead to overemphasis of potential benefits and under emphasis of potential harm to participants. Ethical considerations were significant in undertaking this study. The University of KwaZulu- Natal Ethical Committee granted ethical approval. Permission to conduct the study was also sought from the management of Transnet Port Terminals in writing and was granted (Emanuel et al., 2004).

**Informed consent:** no requirement has received as much explication as informed consent. The purpose of informed consent is to show respect for the autonomy of individuals. To enrol individuals in clinical research without their authorization is to treat them merely as a means to purposes and ends they may not endorse or even know about, denying them the opportunity to choose what project they will pursue and this subjects them to Kantian type exploitation. By allowing individuals to decide if and how they contribute to research, informed consent respects persons and their autonomy. The researcher provided the participants with an informed consent form, which consisted of accurate information about the study (Emanuel et al., 2004).

**Respect for participants:** the ethical conduct of clinical research does not end when informed consent is obtained. Researchers have ongoing obligations to treat individuals with

respect from the time they are approached- even if they refuse enrolment- throughout their participation and even after their participation ends. Respecting potential and enrolled participants entails multiple activities. First, and arguably the most important, is the principle that requires monitoring the health and wellbeing of participants, and intervening to prevent any threat of harm that might result from adverse risk reactions, untoward events, or changes in clinical status associated with the research. The researcher informed the participants that they may withdraw from the study at any time without any penalty. The researcher has an obligation, if requested to do so, to inform the participants of the results of the study and its implications (Emanuel et al., 2004).

### **3.12. Data Management and Storage**

All questionnaires are stored in a locked cabinet in the supervisors' office at the School of Nursing and Public Health at the University of KwaZulu-Natal. It will only be accessed by the researcher and the research supervisor. After 5 years, the stored data will be destroyed by shredding the hard copy and permanently deleting the data from the computer hard drives.

#### **3.12.1. Dissemination of Results**

The findings of this study were presented to the University of KwaZulu-Natal, and the selected private organization. The researcher and supervisor will publish the findings in an accredited scientific nursing journal.

## **CHAPTER 4: DATA PRESENTATION AND INTERPRETATION**

### **4.1. INTRODUCTION**

The purpose of this chapter was to present the findings of the data analysis. The aim of the study was to explore the role played by management in supporting the HIV positive employees, particularly with regard to the implementation of HIV and AIDS Workplace Programmes (HAWPs) and Workplace Wellness Programmes (WWPs).

The data was collected using a structured questionnaire and processed in response to the objectives and problem statement. Data was collected from the companies' employees during November through to December 2016. SPSS statistical package (Version 24) was used to analyze the questionnaire. A qualified statistician verified the data analysis.

The focus was on all employees' male and female who were employed by the private facility. All research subjects were willing to participate in the study; however, the employees were restricted by time given that the majority of them were available for answering the questionnaire only during their lunch hour. Descriptive statistics of the questionnaire were used to present data on demographic findings and to analyze the main variables in the study. The results were summarized in tables with responses reflecting strongly disagree and disagree grouped together as disagree and strongly agree and agree grouped together as agree. This was because there was no significant difference statistically on strongly agree and strongly disagree responses.

### **4.2. SAMPLE REALIZATION**

The target population for this study was all the employees from a private facility. The number of questionnaires distributed was seventy, and all seventy were duly completed and returned. The private facility operates on a three-shift schedule, and all three shifts participated in the study. The response rate was 100%; therefore, the total sample size was calculated to be seventy. Data reflected that the total sample, 100% (n=70), comprised males 75.7% (n=53), and females 24.3% (n=17).

### **4.3. DEMOGRAPHIC DATA**

From the seventy questionnaires that were distributed to the employees, seventy responses were received, which showed an excellent response rate of 100%. The demographic findings comprise gender distribution, age, educational qualifications, number of years in service and marital status. These findings have been presented graphically.

#### 4.3.1. GENDER

The majority of the employees in this private facility were male, hence from the statistics obtained of gender distribution on all respondents who participated in the study, 75.7% (n=53) were male, while 24.3% (n=17) of the respondents were female.

**Table 1: Gender**

	Frequency	%
Male	53	75.7 %
Female	17	24.3 %
Total	70	100.0 %

#### 4.3.2. AGE DISTRIBUTION

The respondents were asked to categorize their age to enable the researcher to determine the age distribution and to understand whether the employees were still within the reproductive age or if they belong to the aging population. Three percent (n=24) were in the 36-40 age category, 27.1% (n=19) were in the 31-35 age category, 18.6% (n=13) were in the 41+ age category, 17.1% (n=12) were in the 25-30 age category and the least amount of respondents 2.9% (n=2) were in the 21-24 age category. This indicates that the highest percentage (27.1%) of the respondents were in the category of 31-35 age group, while only few (2.9%) were within ages 21-24 years.

**Table 2: Age**

Age	Frequency	%
21-24	2	2.9 %
25-30	12	17.1 %
31-35	19	27.1 %
36-40	24	34.3 %
41+	13	18.6 %

Total	70	100.0 %
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### 4.3.3. YEARS OF SERVICE IN THE ORGANIZATION

The majority of the respondents who participated in the study have been working for the private organization for more than a year. This means that they should be familiar with the HIV/AIDS workplace programme. In addition, these respondents should have attended at least one of the organizations' HIV/AIDS workshops or events. The findings of the study revealed that 11.4% (n=8) of the respondents had less than two years of service in the organization, 15.7% (n=11) had 3-5 years of service, 24.3% (n=17) had 6-10 years of service, 21.4% (n=15) had 11-15 years of service, 20.0% (n=14) had 16-20 years of service, and 7.1% (n=5) had 21+ years of service in the organization.

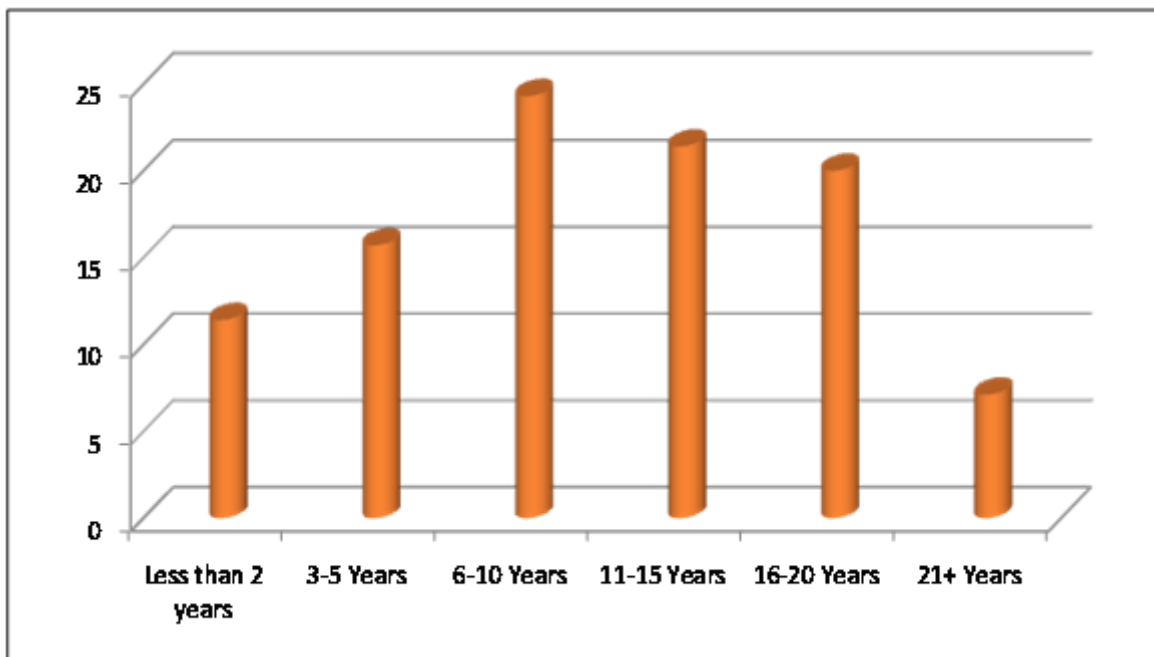
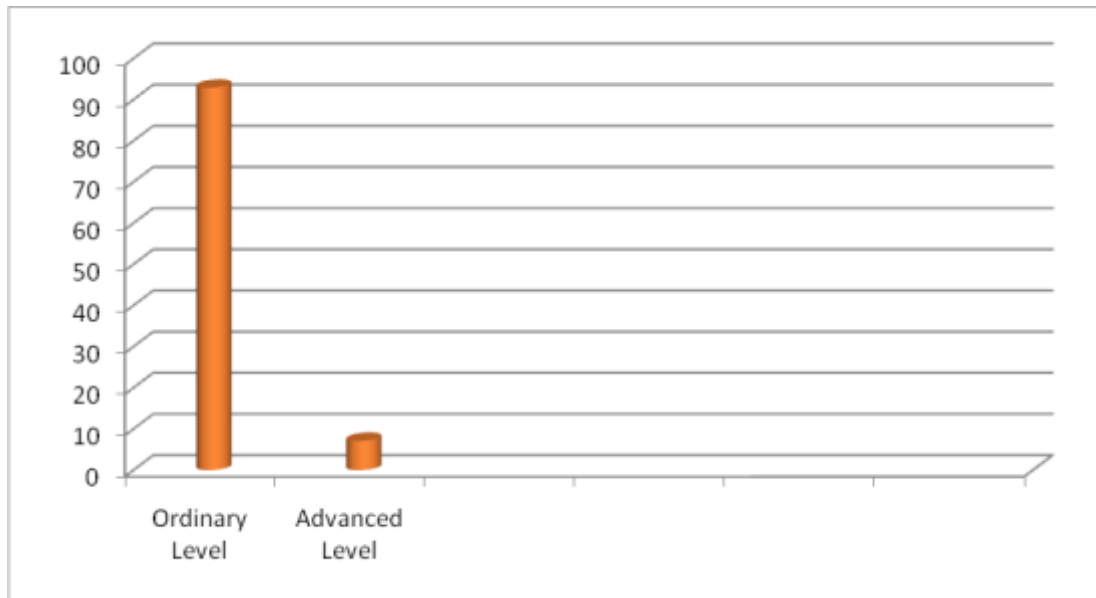


Figure 3: Years of Service

### 4.3.4. LEVEL OF POSITION IN THE ORGANIZATION

Respondents were asked to indicate their positions held in the organization so the researcher could categorize the respondents according to the level of the position they hold in the company. According to the research done, the graph (Figure 4), illustrates that out of seventy respondents, 92.9% (n=65) held ordinary level positions and 7.1% (n=5) held advanced level positions in the organization.

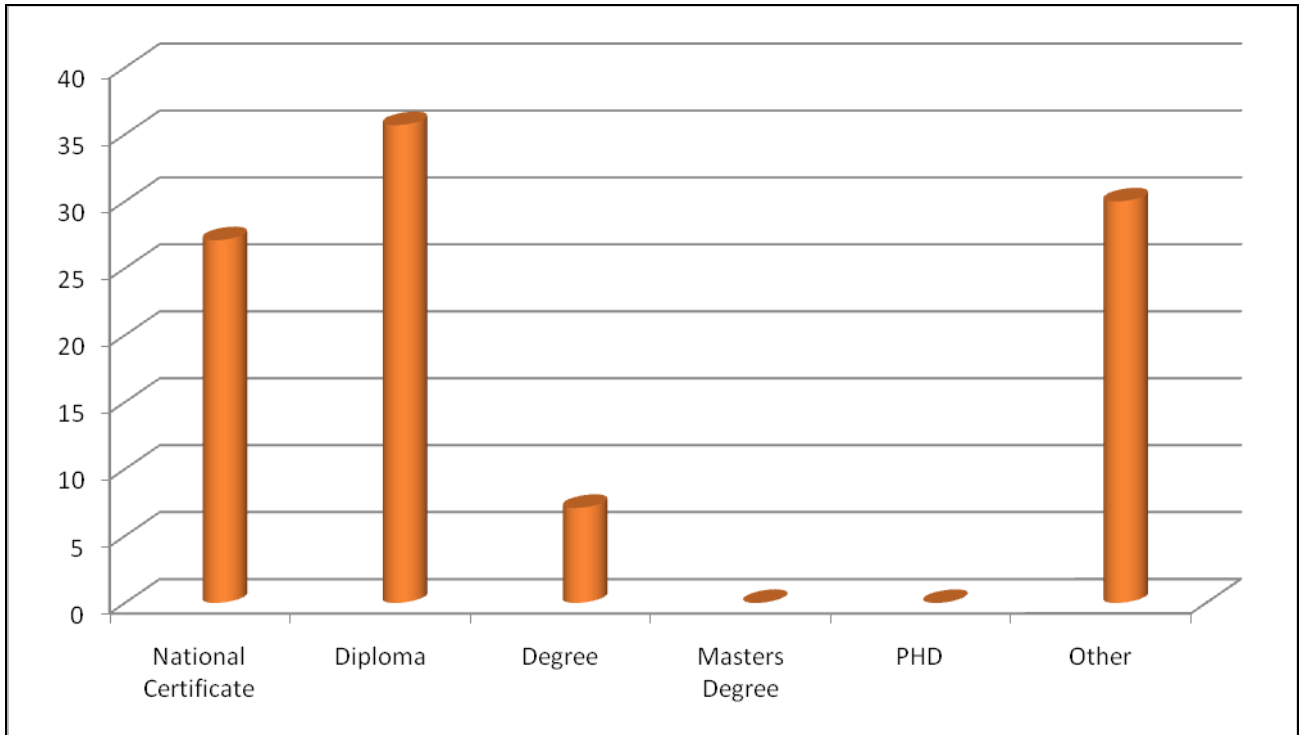


**Figure 4: Level of Position**

#### **4.3.5. LEVEL OF EDUCATION**

The respondents were requested to select the appropriate category from the questionnaire that featured five levels of educational qualification. The five levels were: National Certificate, Diploma, Bachelors' Degree, Masters Degree, and PHD. However, a sixth level 'other' was added for the respondents to indicate any other additional qualification that does not fall in the five levels mentioned.

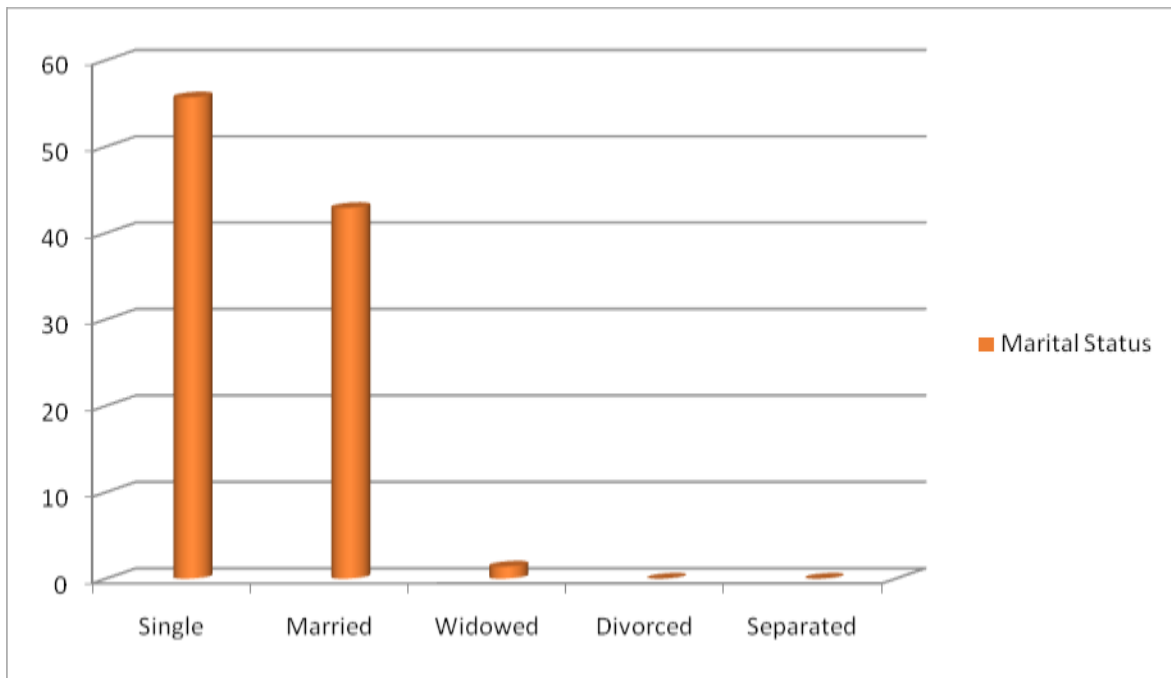
According to the research findings, out of the seventy respondents who participated in the study, 27.1% (n=19) held a National Certificate, 35.7% (n=25) held a Diploma, 7.1% (n=5) held a Bachelors Degree, and 30.0% (n=21) held other forms of educational qualifications which fall below a National Certificate. None of the respondents held a Master's Degree or PHD.



**Figure 5: Level of Education**

#### **4.3.6. MARITAL STATUS**

Respondents were asked about their marital status, 55.7% (n=39) were single and 42.9% (n=30) were married. Only 1.4% (n=1) reported to be widowed and none were separated or divorced.



**Figure 6: Marital Status**

#### **4.4. DESCRIPTIVE STATISTICS ON THEMES**

In this section, themes derived from the objectives and the sub-problems of the study were used as the guiding principles in the presentation of descriptive data on non-demographic findings. This section consisted of the first two statements requiring the respondents to respond with yes/no. The remainder of the statements required the respondents to indicate to what extent they agree/disagree with a given statement on a 5 point Likert Scale (1= strongly agree; 5= strongly disagree). However, as stated earlier, responses on strongly disagree and disagree were grouped together as disagree and responses on agree and strongly agree grouped together as agree. This was because the responses on strongly disagree and strongly agree were scant. – see Appendix 1).

##### **4.4.1. Knowledge regarding availability of an HIV /AIDS programme at the workplace**

The majority of the respondents 95.7% (n=67) indicated that there is an HIV/AIDS programme in the organization and only 4.3% (n=3) of the respondents said they were not aware of an HIV/AIDS programme in the workplace.

**Table 3: Knowledge of HIV/AIDS Programme**

	Frequency	%
Yes	67	95.7 %
No	3	4.3 %
Total	70	100.0 %

Respondents were asked if they thought that an HIV/AIDS programme was relevant to them, and 97.1% (n=68) of the respondents agreed. They were further asked if they felt that the programme was relevant to the organization and 98.6% (n=69) of the respondents agreed. Respondents were asked if they were encouraged to go for voluntary counselling and testing for HIV and 94.3% (n=66) of the respondents agreed. Based on the information gathered, there is knowledge about HIV/AIDS in the workplace.

**Table 4: Relevance of an HIV/AIDS Programme at the Workplace**

	Agree	Uncertain	Disagree
I think that an HIV/AIDS programme is relevant to me.	97.1%	1.4%	1.4%
I feel that an HIV/AIDS programme is relevant to the organization.	98.6%	1.4%	0.0%
I think that employees should take part in drawing up the HIV/AIDS programme for the organization.	82.9%	15.7%	1.4%
Employees are encouraged to go for voluntary counselling and testing for HIV.	94.3%	2.9%	2.9%

The organization hires doctors & counsellors to help employees who are infected with HIV.	27.1%	21.4%	51.4%
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#### 4.4.2. Benefits of HIV/AIDS Programme to Employees in the Workplace

Regarding the benefits of an HIV/AIDS programme, the majority of the respondents 97.1% (n=68) agreed that it would prevent the spread of new HIV infections in the workplace. Most of the respondents 98.6% (n=69) felt that it would benefit everyone in the workplace. In terms of condom distribution, 100.0% (n=70) of the respondents said yes they are easily available. The responses to these questions indicate that having an HIV/AIDS programme in the workplace is extremely beneficial to the employees.

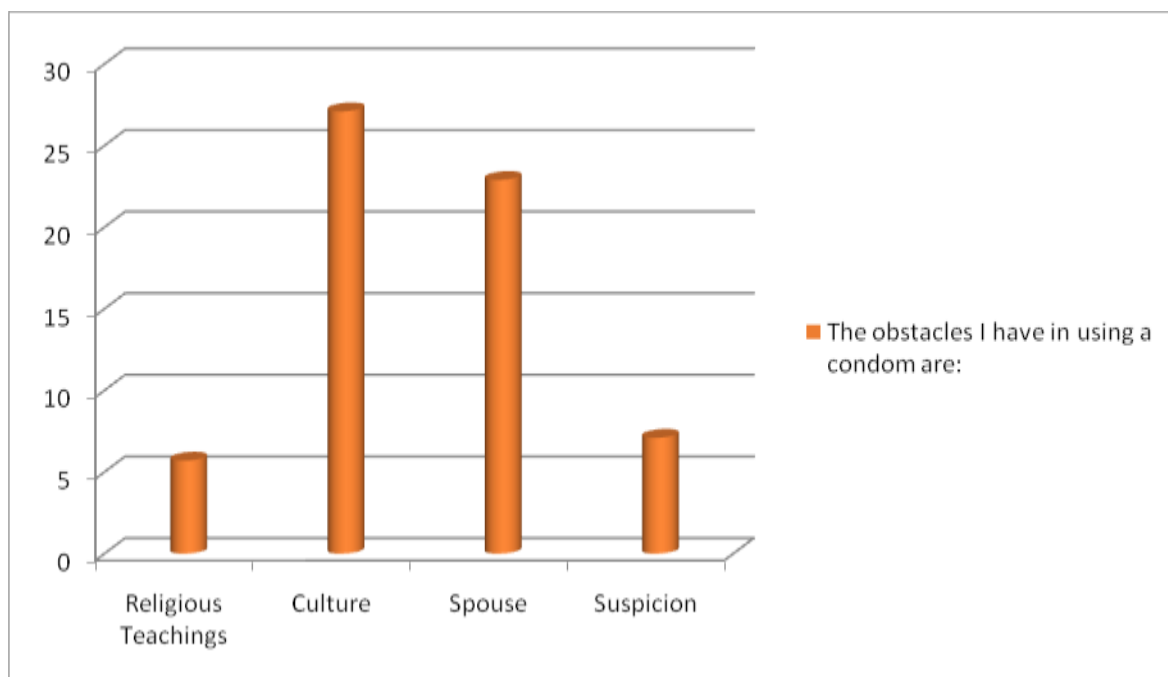
**Table 5: Benefits**

	Agree	Uncertain	Disagree
Workplace HIV/AIDS programmes can be effective in preventing the spread of new HIV infections among employees.	97.1%	1.4%	0.0%
The organization distributes condoms.	100%	0.0%	0.0%
People in the organization do not shun working with HIV infected people	24.3%	12.9%	62.8%
The organization does not offer any form of assistance to families of employees who died of HIV/AIDS	80.0%	14.3%	5.7%
The organization provides Anti-retroviral drugs for employees who are suffering from AIDS	10.0%	14.3%	75.7%
My knowledge about HIV/AIDS would be enhanced through an HIV/AIDS program in the organization	98.6%	1.4%	0.0%
The AIDS awareness programmes offered by			

the organization have no effect on employees	24.3%	21.4%	54.3%
The organization is doing its best to help employees who are suffering from HIV/AIDS	20.0%	10.0%	70.0%
An HIV/AIDS programme would benefit everyone in the organization	98.6%	1.4%	0.0%
The organization has community programmes for people living with HIV/AIDS	11.4%	15.7%	72.9%
The organization offers support if a close member of an employee's family dies	12.9%	12.9%	74.3%
Condoms are easily available at the workplace	100.0%	0.0%	0.0%

#### **4.4.3. Obstacles to Condom use**

Research has found that there are obstacles that exist which people face in using condoms. The findings indicated the obstacles which some of the respondents face in using condoms are: Religious teachings accounted for 5.8% (n=4) of the respondents, the highest number of respondents said it was cultural beliefs at 27.2% (n=19), second highest was spouse's attitude, which was 22.8% (n=16) and suspicion accounted for 7.1% (n=5) of the respondents.



**Figure 7: Obstacles**

#### 4.4.4. Support of the HIV/AIDS Programme

According to the findings, 94.3% (n=66) of the respondents disagreed that the HIV/AIDS programme adds an unnecessary cost to the organization, 95.7% (n=67) of the respondents disagreed that health issues are a responsibility of government and 95.7% (n=67) of the respondents disagreed that an HIV/AIDS programme only benefits the infected and affected.

**Table 6: Support for the Programme**

	Agree	Uncertain	Disagree
It adds unnecessary cost to the organization	4.3 %	1.4 %	94.3 %
Health issues are the responsibility of government	2.8 %	1.4 %	95.7 %
It only benefits the infected and affected	1.4 %	2.9 %	95.7 %

#### 4.4.5. The weakness of the HIV/AIDS Programme

According to the findings in figure 77.1% (n=54) of the respondents say lack of top management support is one of the weaknesses, 61.4% (n=43) of the respondents agreed that inadequate funding was a weakness, 72.8% (n=51) agreed that lack of medicine and specialist support was also a weakness. The majority of respondents 88.6% (n=62) agreed that communication between management and employees was a weakness of the HIV/AIDS programme in the organization.

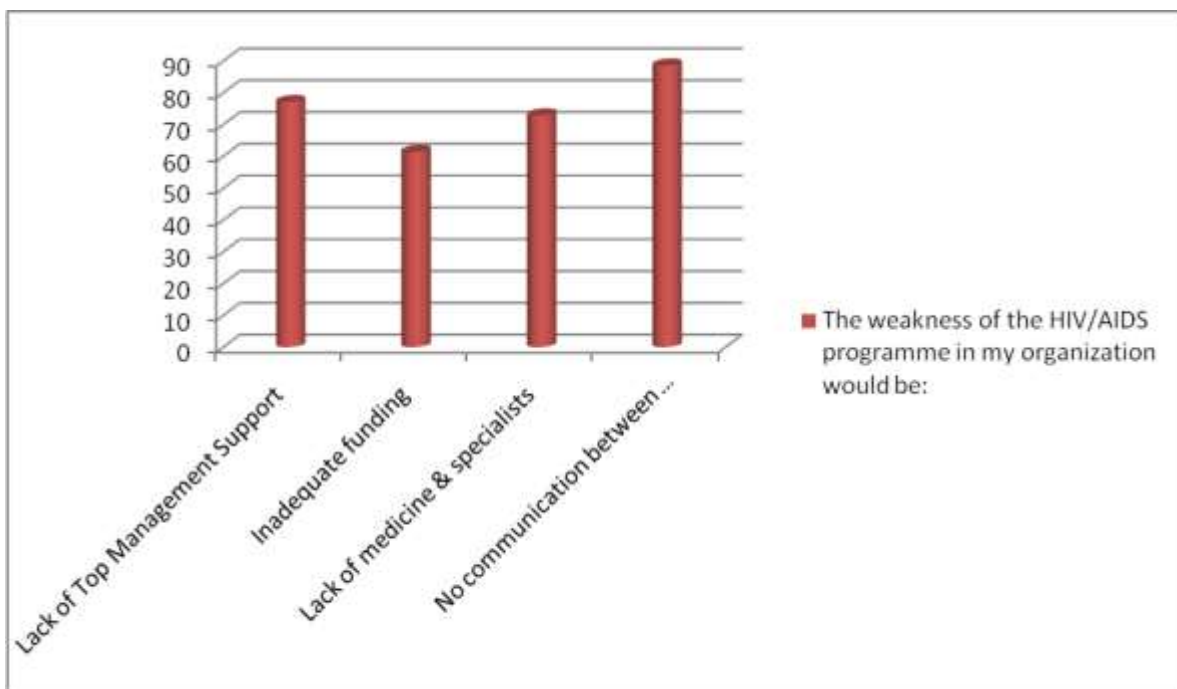


Figure 8: Weaknesses of the Programme

#### 4.4.6. Suggestions to Improve the Effectiveness of the HIV/AIDS Programme

The majority of the respondents, 97.1% (n=68), suggested management and employee participation in designing HIV/AIDS programmes. Out of all the respondents who participated in the study, 91.5% (n=64) of respondents suggested adequate funding or seeking external donations or combining the programme with other organisations. 92.8% (n=65) of the respondents suggested effective communication between the management and employees and 95.7% (n=67) of the respondents suggested seeking specialist knowledge in designing and implementing of the programme.

**Table 7: Suggestions for Improvement of Programme**

	Agree	Uncertain	Disagree
Management & employee participation in designing the HIV/AIDS program	97.2%	2.9%	0.0%
Adequate funding, if not available combine the program with another organization	91.5%	5.7%	2.8%
Effective communication between the management and employees	92.8%	7.1%	0.0%
Seek specialists' knowledge when designing & implementing the program	95.7%	4.3%	0.0%

#### **4.5. SUMMARY**

This chapter analyzed and presented the data using descriptive statistics. Descriptive statistics were used to present data on the demographics of employees and this approach was used to present data on certain themes to ascertain the views of employees on the management and support of HIV positive employees in the workplace. The next chapter discusses the findings that were presented in this chapter.

## **CHAPTER 5: DISCUSSION, RECOMMENDATIONS, CONCLUSIONS AND LIMITATIONS**

### **5.1. INTRODUCTION**

The purpose of this chapter is to discuss the results of the findings that were presented in the previous chapter. This chapter discusses, and clarifies information that was obtained from the self-administered questionnaire. It also seeks to make recommendations on how to improve the HIV/AIDS workplace programme, conclusions about the study, and limitations of the study.

The discussion was based on the study objectives, namely:

- To determine the knowledge of employees about HIV/AIDS programme in the Workplace;
- To describe the benefits of an HIV/AIDS programme in the workplace;
- To recommend some suggestions so that the organizational management can Improve the workplace HIV/ AIDS programme; and

### **5.2. DEMOGRAPHIC DATA**

This section of the chapter seeks to analyse the findings that were presented on the demographics in the previous chapter. The demographics that will be analysed in this section are age, gender, education, and marital status.

#### **5.2.1. AGE**

The results indicate that both the ordinary and advanced level employees are mostly within the risky HIV/AIDS age ranges. According to (UNAIDS 2015) people between the ages of 18-40 are most affected by HIV/AIDS—and they make up over 50% of our nation's workers. From the presentation of findings in the previous chapter, 81.4 percent of the employees are between 21 and 40 years with just 18.6 per cent being over 41. In line with the above statistics having the HIV/ AIDS programme at the workplace would help to reduce the prevalence of the disease, eliminate discrimination and maintain the occupational health and safety status of an organisation. This is imperative for maintaining an organization's productivity levels as the HIV/AIDS programme seeks to inform the employees about the dangers of contracting the virus or disease, and the negative impact it has on the organization.

### **5.2.2. GENDER**

The gender distribution is of paramount importance as it may act as an indicator of the gender balance in the country. However, it appears that most organizations are still male dominated in terms of formal employment, as is the case in this private organization. In this study, the total male respondents were 75.7 per cent compared to the 24.3 per cent female respondents. According to Betron et al., (2011), dominant and prevailing norms of what it means to be a man shape many of the attitudes and the behaviour that fuels the HIV epidemic. In many contexts, conceptions of men as strong and invincible translate into unwillingness or reluctance to seek health services. Betron et al., (2010) goes on to say the use of gender perspective in the context of HIV requires us to look at the relations of power hierarchies among all sexes and sexual identities, as well as the structural contexts that reinforce and create power relations between and among them.

Betron et al., (2011) goes on to say that, sexual behaviour studies globally indicate that men – whether married or single, heterosexual, homosexual or bisexual, have higher reported rates of partner change than women have. In many cultures, variety in sexual partners is seen as essential to the nature of men. In practice, this means that men will be likely to have more sex partners on average than women. On the other hand, women are expected to be sexually passive, discouraged from acquiring knowledge about sex, suggesting condoms or contraceptive use, or accessing sexual and reproductive health services.

### **5.2.3. LEVEL OF EDUCATION**

Education helps to empower people as it helps them to make informed decisions. Eide, (2012) states that education reduces poverty, boosts economic growth, leads to better health and survival rates and promotes gender equality. Education is crucial to empower people with the skills they and their societies need to face challenges from the spread of HIV/AIDS.

The respondents possessed a National Certificate, Diploma, Bachelor's degree, or Other. Most respondents possessed a Diploma, a National Certificate or Other that was below a National Certificate, while none had obtained a postgraduate degree qualification. The educational background of the respondents enables them to be knowledgeable about HIV/AIDS and education is a key factor in fighting HIV/AIDS.

#### **5.2.4. MARITAL STATUS**

Of the seventy respondents, 55.7% were single, 42.9% were married, 1.0% widowed and there were none who were separated or divorced. Betron et al., (2012) reported that men are more likely to have multiple partners simultaneously and more likely to have a sexual partner outside of their regular or long-term relationship.

In a study done by Conroy et al., (2016), power imbalances are linked to health through three pathways: directly by limiting women's functional ability to acquire health information, to make decisions regarding health, and to take action to improve health. Direct effects can include how power constrains women's ability to negotiate condom use to prevent disease and pregnancy.

### **5.3. DISCUSSION OF THEMES**

#### **5.3.1. KNOWLEDGE OF EMPLOYEES REGARDING AVAILABILITY OF HIV/AIDS PROGRAMME**

There is no law that binds organizations to have HIV and AIDS programmes for employees in South Africa. It is part of corporate social responsibility to provide employee wellness programmes (Chimbetete and Gwandure, 2011). It was an objective of this study to determine the knowledge of employees about the HIV/AIDS programme in the workplace. The findings of the study show that 95.7% of the respondents who participated in the study said they were aware of the HIV/AIDS programme, which is available in the workplace, and only 4.3% of the respondents said they were not aware of the existence of the programme. This high level of knowledge may be attributed to the numerous awareness campaigns held through the Occupational Health Clinic within the organization. The International Labour Organization (ILO) advocates for HIV/AIDS policies and programmes in the workplace with the aim of protecting against discrimination through labour laws, promoting prevention initiatives within the workplace, and supporting PLWHA by ensuring access to social protection, treatment and care. Sasaki et al., (2011), suggests that workers' knowledge of where to be tested for HIV and feeling the need to be tested are strongly associated with their willingness to undergo HIV testing. It is also of utmost importance that the education programmes that the participants of the study might have been exposed to, would have addressed their specific needs or provided them with the relevant skills or approaches necessary for them to be able to reduce the risk of HIV transmission. In the study, 82.9% of the respondents agreed that employees should take part in drawing up the HIV/AIDS programme for the organization.

This would mean the organization would have to research the specific needs that their employees experience and integrate the findings into their workplace programme. Such a needs assessment based response would considerably enhance the cost effectiveness of any workplace HIV/AIDS programme.

### **5.3.2. BENEFITS OF AN HIV/AIDS PROGRAMME IN THE WORKPLACE**

In a study conducted by Bhagwanjee et al., (2008), the workplace is regarded as a favourable setting for the provision of HCT to reach men and women of reproductive age. In southern Africa, HIV, in particular, adversely affects the mining and trucking sectors, due in large part to the nature of the work, which demands that employees are away from their spouses/partners for long periods. This predisposes these employees to higher-risk sexual behaviour and, consequently, HIV infection. In keeping with the objectives of the study, 97.1% of the respondents indicated that one the benefits of having an HIV/AIDS programme in the workplace would be its effectiveness in preventing the spread of new HIV infections among employees.

As stated by the World Health Organisation (WHO), a healthy workforce is the most valuable asset for any country (WHO, 1999). By imparting knowledge and skills to employees that aims at better health management; workers and their families are due to benefit, as well as the workplace itself. Benefits of a healthy workforce include improved employee health status, increased job satisfaction, morale and worker productivity, reduced absenteeism and turnover, lower health care and insurance costs, a positive company image and market competitiveness (WHO, 1999). Everyone from employers to co-workers benefits when those infected are detected as early as possible and provided with the correct treatment to allow them to survive. It is now well established that a correctly treated person living with HIV has much less chance of transmitting the infection to his or her partner.

Another benefit of an HIV/AIDS programme in the workplace, which was indicated, by 100.0% of the respondents was the availability of condoms. There is a positive significant relationship between condom availability and increased knowledge about HIV/AIDS. Although it might be a good start that people have increased knowledge about HIV and AIDS it is only when people know how the virus is spread that they see the need for protected sex. The organisation will help by making condoms available. However, there is a need for constant and proper use of the condoms if there is to be a decline in HIV prevalence. It has been acknowledged that having an HIV/AIDS programme helps in the reduction of stigma in the workplace. In the study, 62.8% of the respondents disagreed that employees do not shun

those who are HIV positive. This more than expected response rate should be viewed as worrying. Stigma has been recognized as one of the major challenges in the prevention and control of the HIV/AIDS epidemic. In order to fight against the epidemic, stigma must be prevented constantly by all sectors and at all levels.

Since the turn of the century, there have been a huge number of advancements in technology to detect and treat HIV/AIDS. While there has been sustained global engagement by governments, the private sector and civil society, there is still work to be done in charting a forward course to ending the epidemic. Workplace programmes are great potential contributors to this lasting change and an important part of the private sector commitment.

### **5.3.3. SUGGESTIONS ON HOW THE ORGANIZATIONS' MANAGEMENT CAN IMPROVE THE WORKPLACE HIV/ AIDS PROGRAMME**

The commitment of management is crucial to programme success. In this regard, it is of concern that managers have apparently demonstrated equivocal commitment to the workplace HIV/AIDS programme, which demands urgent redress.

The majority of the employees felt that there was lack of top management support and no communication between employees and management, which are contributing factors to the weakness of the programme. The respondents agreed on the suggestions that could improve the effectiveness of HIV/AIDS programmes in the workplace. Out of the respondents who participated in the study, 91.5% suggested the need for adequate funding or combining the HIV/AIDS programme with another organization. Working in partnership with another organization will optimize the management, treatment and care of HIV. Working in partnership assists in sharing information, skills and resources. Another suggestion by 92.8% of the respondents was for effective communication between management and employees on issues to do with HIV/AIDS. Active on-going management commitment is needed for a successful response. Cooperation and trust between employers and employees will see a successful HIV/AIDS programme. Lastly, 95.7% of the respondents who took part in the study suggested seeking specialist knowledge when designing and implementing the programme. Top management, in consultation with relevant stakeholders, should define the organisation's HIV and AIDS policy to ensure that, within the defined scope of its HIV and AIDS management programme, it includes a commitment to continual improvement. Even in countries such as Ghana, which has a more moderate prevalence of HIV, businesses report significant numbers of both AIDS deaths and known HIV infections. It should be appropriate

to the nature and scale of the organisation's HIV- and AIDS-related risks, and it should be reviewed periodically to ensure that it remains relevant and appropriate to the organisation.

#### **5.4. RECOMMENDATIONS**

As a result of the research findings, the study has revealed various recommendations that the organization may consider in order to improve the current state of the organizations HIV/AIDS programme. Many people are still affected by the pandemic so there is a need to improve the workplace programmes in order to aim towards a healthy work environment.

The insights gained from the results suggest the following recommendations:

- The findings of the study revealed that there was a lack of funding for the HIV/AIDS workplace programme. Resources that were lacking included the fact that only one HIV test kit was kept at the HCT clinic for employees. It is therefore imperative that HIV/AIDS programme managers should have the same status and authority as other managers in the organizers. This is necessary for securing resources and funding needed for the day- to -day operational activities of the programme. The researcher therefore recommends that funding and resources be made available for the programme.
- The study also indicated that more than 72.8% of respondents reported that treatment was not provided at the clinic. The researcher recommends that anti-retro viral treatment (ART) be made available to employees at the HCT clinic.
- Training of effective peer leaders and counsellors, not necessarily the managers. There is usually a problem in that employees are not free to share their problems with members of management for fear of victimisation. The managers are always thought to be using authoritative power, so employees will not share and express their problems freely with them.
- The management should demonstrate a clear commitment to the HIV/AIDS management approach. It is critical for employees to experience this commitment in a tangible form through non-discrimination and support for the people living with HIV/AIDS. An observable commitment will go far in developing shared trust between employers and employees and in facilitating an environment where people are willing to undergo HCT and possibly to disclose their status.

- It is recommended that the programme coordinators should consider revising the HIV/AIDS programme. When developing HIV/AIDS programmes for implementation maximum participation by employees both infected and affected, senior management, HIV committees, HIV occupational health and safety practitioners, trade union shop stewards, HIV consultants and behavioural scientists should all be encouraged. The involvement of all these people would enable everyone to have a sense of belonging and responsibility. By implementing this recommendation, the programme would reap the benefits of improvement.

HIV/AIDS is a complex issue, people continue to be infected despite HIV/AIDS programmes, and interventions, therefore those entrusted with HIV/AIDS programmes should not continue with the same old preventative interventions. Employees come from a community, in order to work and go back to a community where they stay and socialise; therefore, one should not narrow the HIV/AIDS programme by looking only at the workplace, but rather look at the broader community to address risk factors in society.

Since it has been established that organisations do have HIV/AIDS programmes and policy on paper (theory) but many of them not in practice (action), future researchers need to focus on how best HIV/AIDS programmes in the workplaces can be implemented.

## **5.5. Conclusion**

The findings presented in the previous chapter were discussed and analysed in this chapter. The demographic data was discussed first followed by, descriptive statistics for management and non-management data. The findings of the study indicated that the participants appeared to be aware of the HIV/AIDS workplace programme based on their familiarity with the voluntary testing and counselling that is offered in the workplace. The majority of the respondents reported that an HIV/AIDS programme is relevant to them as well as to the organization. The respondents also reported that the organization does not provide Anti-retroviral drugs for employees who are suffering from AIDS even though the organization does have a clinic and an Occupational Health Nurse Practitioner. The majority of the respondents felt that people in the organization shun working with HIV infected people and that the organization is not doing its best to help employees who are suffering from HIV/AIDS. Furthermore, from the findings the respondents indicated that condoms are freely available at the workplace. The respondents raised different reasons why there are obstacle in the way of them using condoms, which include religious beliefs, culture, attitudes of a spouse, and suspicion of promiscuity between sexual partners.

The respondents reported that the organization does not have community programmes in place for employees living with HIV/AIDS. The findings also indicated that the weakness of the organizations HIV/AIDS programme was lack of top management support, inadequate funding and lack of medicine and specialists support.

Considering the findings of the research, it can be concluded that though the organization studied does have an HIV/AIDS policy and HIV/AIDS programme, they are not effective. This has been as a result of management or employers who do not pay much attention to HIV/AIDS issues in their own workplaces. Therefore, managers have a crucial role in the global fight against the epidemic particularly within their own workplaces by engaging in HIV/AIDS sensitization, access to care and treatment, support for responsible sexual behaviour among employees and support for appropriate policies to address HIV/AIDS related situations that may arise at the workplace. Budget constraints has also led to unsuccessful HIV programmes in workplaces, so organizations need to source financial resource support for prevention and care programmes within the workplace and surrounding communities while having a commitment to sustain HIV programmes over time in order to fight HIV/AIDS in the workplaces. At the 2016 AIDS Conference in Durban, South Africa, over 18,000 leading stakeholders in HIV/AIDS treatment and prevention met to discuss the shared goal of ending the pandemic. As premier figures in science, policymaking, government, civil society and private sector gathered under one roof, one could not help but look back on the momentous steps in HIV/AIDS treatment and prevention since the International AIDS conference was last held in Durban in 2000.

Businesses operating in affected countries need to view HIV/AIDS as a business imperative and not merely a corporate social responsibility issue (Van der Borgh, 2016).

#### **5.6. Limitations of the study**

Data collection was a challenge in terms of the time that was allocated to the researcher to collect data. The target population was available during their break time at work and it was a challenge having to ask them to take a few minutes to fill in the questionnaire. Another challenge in terms of collecting data was that not all the employees utilize the cafeteria, so a larger sample size was not easy to obtain.

The study only used questionnaires as data collection instruments. For some of the questions, the respondents would have wanted some clarity before answering the questions, but they could not get it.

Another limitation of the study was the time it took to obtain permission to conduct the study from the private organization. The letter granting permission to conduct the study was required to be signed by many people who were at different locations. As a result, the set time frame could not be adhered to.

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## **LIST OF APPENDICES**

### **APPENDIX 1: INFORMATION FOR PARTICIPANTS**

Information document for participants

Dear Participants,

My name is Jacqueline Allyson; I am a student at the University of KwaZulu-Natal, undertaking a Master's degree in Community Health Nursing. One of the requirements for the degree is to conduct a research project.

This letter serves to ask consent from you to take part in this research.

The purpose of the research is to explore the organizations' support of HIV positive employees. This will aid in understanding the factors influencing the organizations' involvement in implementing an HIV/AIDS programme.

You are thereby requested to answer a questionnaire with five parts. The first part asks you questions about your biographical information; the second part asks you questions regarding HIV/AIDS programme at your workplace; the third part asks questions regarding the benefits to employees of having an HIV/AIDS programme; the fourth part asks you questions relating to your opinion

regarding having an HIV/AIDS programme at the workplace; and the fifth part asks you questions relating to not having an HIV/AIDS programme at the workplace.

Your participation in this research is voluntary. If you decide not to participate, there will be no negative consequences for you. If you do decide to participate, there will be no financial benefits. However, if you participate in this research your contribution will help improve the support of HIV positive employees in the workplace. It will take you approximately between 15-20 minutes of your time to complete the questionnaire. After that, you are going to keep one letter of declaration of consent to participate in the research on which you will have already signed and I will keep the other one similar for my records.

## **Contact Details**

### **1. Contact details of researcher**

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Thank you for your decision to take part in this research.

## APPENDIX2: REQUEST FOR PERMISSION TO CONDUCT RESEARCH



01 September 2016

To Whom It May Concern

**Re: Masters Student Jacqueline Allyson**

**Student Number: 212561072**

The above named student is registered with the University of Kwa Zulu Natal for a Masters Degree in Community Health Nursing. She is required to conduct a research project as a partial requirement for the Masters of Nursing. Her research topic is on **the Management and Support of HIV positive employees in a private organization in eThekweni district, KwaZulu-Natal: A Descriptive Study**. She has chosen to conduct her research amongst consenting employees at Transnet.

Kindly give her the letter of support for her to make progress with her studies. The research proposal can be made available to you if needed.

Kind Regards

Dr Mbali Mhlongo (Research Supervisor)

Jacqueline Allyson (Masters Student)

Lecturer Bachelor of Nursing 2<sup>nd</sup> Year Coordinator  
School of Nursing and Public Health  
University of KwaZulu Natal  
Howard College Campus  
031 2601210

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Telephone: +27 (0) 2602499 Facsimile: +27 (0) 31 2601543 Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



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## APPENDIX 3: ETHICAL CLEARANCE



16 November 2016

Ms JB Allyson 212561072  
School of Nursing and Public Health  
Howard College Campus

Dear Ms Allyson

Protocol reference number: HSS/1911/016M

Project title: Management and support of HIV Positive employees in a private organization in eThekwin District, KwaZulu-Natal: A descriptive study

### Full Approval – Expedited Application

In response to your application received 3 November 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....  
Dr Shenuka Singh (Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Dr Mballi Mhlongo  
cc Academic Leader Research: Professor B Sartorius  
cc School Administrator: Ms Caroline Dhanraj

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Humanities & Social Sciences Research Ethics Committee



Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4808 Email: [smbep@ukzn.ac.za](mailto:smbep@ukzn.ac.za) / [smmanm@ukzn.ac.za](mailto:smmanm@ukzn.ac.za) / [mchunp@ukzn.ac.za](mailto:mchunp@ukzn.ac.za)

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## APPENDIX 4: PERMISSION TO CONDUCT RESEARCH

A Division of  
Transnet SOC Ltd  
Registration Number  
1990/000900/30

Kingsmead Office Park  
Stalwart Simelane St. Durban  
4001

P.O. Box 10124  
Marine Parade, Durban  
South Africa, 4056  
T +27 31 308 8333



### MEMORANDUM

Transnet and Transnet

www.transnet.net

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To: Mr. Karl Socikwa, Chief Executive, Transnet Port Terminals  
From: Ms. Jacqueline Bernadette Allyson, Occupational Health Nurse  
Practitioner, Transnet Port Terminals  
Date: 05 September 2016  
SUBJECT: PERMISSION TO CONDUCT REASEARCH AT TRANSNET PORT  
TERMINALS (TPT)

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#### PURPOSE:

1. The aim of this submission is to request permission for conducting research at Transnet Port Terminals (TPT).

#### BAKGROUND:

2. My name is Jacqueline Bernadette Allyson, I am currently employed by Life- Healthcare and contracted to Transnet Port Terminals for over 4 years. I am currently a part-time student at The University of KwaZulu-Natal (UKZN) self-funded, studying towards attaining a Master of Nursing Science degree. As part of my studies I am required to conduct research in the field related to my study.
3. The title of my research topic is: "**MANAGEMENT AND SUPPORT OF HIV POSITIVE EMPLOYEES IN A PRIVATE ORGANIZATION IN ETHEKWINI, KWAZULU – NATAL: A DESCRIPTIVE STUDY**"
4. My Supervisor is Dr. Mballi Mhlongo in The School of Nursing and Public Health University of KwaZulu-Natal.

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A handwritten signature in black ink, appearing to be the initials 'JAB' or similar, written in a cursive style.

## **DISCUSSION:**

5. According to recent estimates from the Joint United Nations Programme on AIDS (UNAIDS) and the World Health Organization (WHO), 36.9 million adults are living with HIV/AIDS world-wide. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide.
6. HIV/AIDS affects millions of South Africans from all walks of life, including people in the workplace. The impact of the HIV/AIDS epidemic on the workplace gets bigger each year. That's because people between the ages of 18-40 are most affected by HIV/AIDS—and they also make up over 50% of our nation's workers.  
HIV-related absenteeism, loss of productivity and the cost of replacing workers lost to AIDS threaten the survival of businesses and industrial sectors in the increasingly competitive global market.
7. Prevalence rates are also higher among skilled and unskilled workers than among supervisors and managers. SA companies lead the way Many companies in the sectors most affected - mining, transport, energy and manufacturing - have for obvious reasons become the most proactive in tackling the problem. As a result, they have become world leaders in their responses to HIV/Aids In the workplace. "Some of the most comprehensive and successful HIV workplace program are being developed in the [South African] private sector,"
8. The outcome of this research will identify whether if companies invest in prevention and treatment program, the savings would outweigh the costs. Also if providing care and treatment for HIV-positive employees can reduce the financial burden of HIV/Aids.
9. The objectives of the study are:
  - To determine the knowledge of employees about HIV/AIDS in the workplace.
  - To describe the benefits of an HIV/AIDS program in the workplace
  - To identify the impact of not having HIV/AIDS program.

10. The data collection tool which was chosen for this study will be a questionnaire which will be hand delivered to the employees and a sample size of 70 employees which will include management will be given a chance to share their views which will take approximately 20 minutes to complete.
11. Throughout the research process including data collection and data analysis informed consent is provided to respondents and privacy of the respondents will be ensured and maintained at all times. Participation is voluntary and participants are free to withdraw at any time.

**LEAVE:**

12. No study leave will be requested as this study is on a part time basis and it will be carried out during my free time.

**FINANCIAL IMPLICATIONS:**

13. There are no financial implications for TPT in terms of this research.

**BUDGET IMPLICATIONS:**

14. There are no budget implications for TPT in terms of this research.

**RECOMMENDATION:**

15. The research will benefit Transnet Port Terminals the findings of the study will contribute to the body of knowledge about HIV and AIDS in the workplace. It will further contribute to the understanding of how the HIV and AIDS pandemic is managed in the private sector. It may be pointed out as well that the study will promote awareness on AIDS-related matters among the employers and the employees thereby empowering both parties meaningfully through shared knowledge.

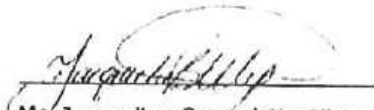
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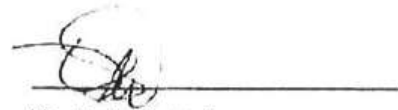


16. It is recommended that this request for conducting research as part of my Master of Nursing (Community Health Nursing) at Transnet Port Terminal be approved.


**Compiled by:**

  
Ms. Jacqueline Bernadette Allyson  
Occupational Health Nurse Practitioner  
Date: \_\_\_\_\_


**Recommended by:**


  
Ms. Lindo Dansoh  
Chief Health Officer, TPT  
Date: 19 September 2016.

**Recommended by:**

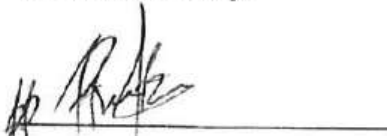
  
Mr. Zeph Ndlovu  
GM: Risk, Safety & Security, TPT  
Date: 2016 - Sept - 20

**Recommended by:**

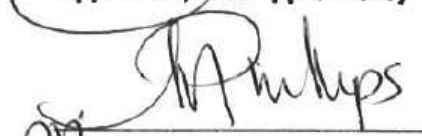
  
Ms. Nonibuso Afolayan  
GM: Break Bulk and Cars  
Operations, TPT  
Date: 30/09/16

  
Linda Chanco  
Senior Manager: Training  
and Dev.  
30/09/2016

**Recommended by:**

  
Mr. Dumisani Khuzwayo  
GM: Human Resources, TPT  
Date: 04/10/2016

**Approved / Not Approved by:**

  
Mr. Karl Socikwa  
Chief Executive, TPT  
Date: 7/10/16

**APPENDIX 5: DECLARATION OF CONSENT TO PARTICIPATE IN THE RESEARCH BY PARTICIPANTS**

I hereby confirm that I understand the contents of this document and the nature of the research project and I consent to participating voluntarily in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT

DATE

.....

.....

Full names of participant:

.....

## APPENDIX 6: QUESTIONNAIRE

### HIV/AIDS WORKPLACE PROGRAM QUESTIONNAIRE

#### Instructions

1. Comment freely in the space provided for open-ended questions.
2. Indicate your answer by marking X in the appropriate box provided.

#### SECTION A: BIOGRAPHICAL INFORMATION

<b>Gender</b>	<b>Male</b>	
	<b>Female</b>	
<b>Age</b>	<b>16-20</b>	
	<b>21-24</b>	
	<b>25-30</b>	
	<b>31-35</b>	
	<b>36-40</b>	
	<b>41+</b>	
<b>Years of service in the organisation</b>	<b>Less Than 2 Years</b>	
	<b>3-5</b>	
	<b>6-10</b>	
	<b>11-15</b>	
	<b>16-20</b>	
	<b>21+</b>	
	<b>Ordinary Level</b>	
	<b>Advanced Level</b>	

<b>Level of Education</b>	<b>National Certificate</b>	
	<b>Diploma</b>	
	<b>Degree</b>	
	<b>Masters</b>	
	<b>PHD</b>	
	<b>Other</b>	
<b>Position in the organisation</b>		
<b>Marital Status</b>	<b>Single</b>	
	<b>Married</b>	
	<b>Widowed</b>	
	<b>Divorced</b>	
	<b>Separated</b>	

**SECTION B: HIV/AIDS PROGRAMME AT THE WORKPLACE**

1. Does your organisation have an HIV/AIDS policy/ programme?

<b>YES</b>	<b>NO</b>
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**If no,**

2. Would you like a HIV/AIDS programme introduced in the organisation?

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**Indicate your choice by putting an X in the blocks provided**

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
3. Do you think that an HIV/AIDS programme is relevant to you?					

4. Do you feel that an HIV/AIDS programme is relevant to the organization?					
5. Do you think employees should take part in drawing up the HIV/AIDS programme for the organisation?					
6. Employees are encouraged to go for voluntary counselling and testing of HIV/AIDS.					
7. The organisation hires doctors and counsellors to help employees who are infected with HIV/AIDS.					

**SECTION C: BENEFITS TO EMPLOYEES**

Indicate your choice by putting an X in the blocks provided

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
8. Do you think workplace HIV/AIDS programmes can be effective in preventing the spread of new HIV infections among employees?					
9. The organization distributes condoms					
10. People in the organisation do not shun working with HIV infected people.					
11. The organisation does not offer any form of assistance to families of employees who died of HIV/AIDS.					
12. The organisation provides Anti-retroviral drugs for employees who are suffering from AIDS.					

13. My knowledge about HIV/AIDS would be enhanced through an HIV/AIDS programme in the organisation.					
14. The AIDS awareness programmes offered by the organisation have no effect on employees.					
15. The organisation is doing its best to help employees who are suffering from HIV/AIDS.					
16. An HIV/AIDS program would benefit everyone in the organisation.					
17. The organisation has community programmes for people living with HIV/AIDS					
18. The organisation offers support if a close member of an employee dies.					
19. Condoms are easily available at the work place					

**SECTION D: PARTICIPANTS' OPINIONS**

Indicate your choice by marking an X in the appropriate block where:

- (1) = Strongly Agree
- (2) = Agree
- (3) = Uncertain
- (4) = Disagree
- (5) = Strongly disagree

Question 20	1	2	3	4	5
The obstacles which I have in using a condom are:					
20.1 Religious teachings					
20.2 Culture					
20.3 Spouse					
20.4 Suspicion					
20.5 Other (state)					
Question 21					
I do not support the idea of HIV/AIDS programme at the work place, because of the following reasons					
21.1 It adds unnecessary costs to the organisation					
21.2 Health issues are the responsibility of Government					
21.3 It only benefits the infected and affected					
21.4 Other (state)					
Question 22					
The weaknesses of the HIV/AIDS program in my organisation would be:					
22.1 Lack of top management support					
22.2 Inadequate funding					
22.3 Lack of medicine and specialists support					
22.4 No communication between employees and management					

22.5 Other (state)					
Question 23 Suggestions to improve the effectiveness of an HIV/AIDS programme at the work place would be:					
23.1 Management and employee participation in designing the HIV/AIDS programme.					
23.2 Adequate funding, if not available combine the program with another organisation or seek external donations.					
23.3 Effective communication between the management and employees on issues to do with HIV/AIDS programme.					
23.4 Seek specialists' knowledge when designing and implementing the programme.					
23.5 Other (state)					

If you have any more suggestions, please feel free to express them in the space provided.

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**(Tool adapted from Nyemba, 2008)**

**Your time and participation is greatly appreciated.**