CHAPTER 3: <u>HIV/AIDS AND THE WORKPLACE</u>

3.1 <u>Introduction</u>

HIV/AIDS is a global challenge which affects all countries and South Africa is no exception. This section aims to illustrate the impact of HIV/AIDS in South Africa. This is relevant to the study because if the country is affected, employees are affected and occupational social work services might also be affected. HIV/AIDS is one of the major challenges identified in the workplace and needs social work attention. By understanding the impact of HIV/AIDS, the effect on social workers will be better understood. If they are affected, it is necessary to understand what is done to accommodate those challenges. The focus will be on HIV/AIDS and will include areas such as: historical overview of HIV/AIDS, impact on the economy, workplace, employees, legal framework around HIV/AIDS and main issues of HIV/AIDS, organisations and occupational social work.

3.2 <u>Historical overview of the HIV/AIDS phenomenon</u>

HIV/AIDS has been on the healthcare agenda for two decades. Several authors such as Cross & Whiteside (1993) argued that HIV/AIDS was established as a disease between the late 1970's and the early 1980's. There is a common notion among authors such as Sandstrom (1996) that HIV/AIDS was first identified amongst the homosexual group in the United States. However, being limited to that group has drastically changed. Presently, HIV/AIDS is everyone's problem irrespective of gender, sexual orientation, race and geographic location.

Grimwood & De Witt (2000) argues that HIV/AIDS can be regarded as an international phenomenon because every country is having its share of the impact of HIV/AIDS. According to Barnett & Blaike (1992), Africa is considered to be the most affected continent in the world. More than twenty eight million Africans are living with HIV/AIDS (UNAIDS, 2002).

There seems to be a commonly held hope by researchers, scientists and doctors that Southern Africa's epidemic will have reached its "natural limit" beyond which HIV prevalence will not rise. However data from the UNAIDS (2002) shows that there is no natural limit yet.

HIV/AIDS has a negative impact on Africa's economy (Broomberg, 1993). As a result, Africa's economy needs to be boosted. That can be done through improving trade and investment according to UNAIDS (2002). The challenge is that traders and investors need and prefer a conducive environment to conduct their business. With a conducive environment, it means a scope to do what they want to do, a healthy and literate workforce and political stability. What Africa offers to traders and investors is totally different. Africa offers investors and traders' regulated labour relation, an unhealthy workforce, high level of illiteracy and political instability. It is likely that the continent will lose some of the present investors or even potential investors (Anstey, 2000). That is directly going to affect the potential of Africa being globally competitive.

3.3 HIV/AIDS as a South African Phenomenon

According to Grimwood & De Witt (2000) South Africa is the most affected country in Africa when looking at statistics. The statistics is based on the results of annual, clinical and anonymous antenatal surveys undertaken at clinic sites (Statistics South Africa, 2002). The researcher is of the view that HIV/AIDS is the worst challenge for South Africa besides apartheid and racism. According to Lawson (1997), the first HIV positive patient was diagnosed in 1982 and the Department of Health (2000) reported that the first HIV case was reported in Johannesburg Hospital. Like in the United States, the disease was firstly regarded as white and or gay disease. During early 1990's, a new pattern emerged whereby HIV/AIDS became everyone's problem. (Love Life, 2001). "AIDS is a disease that has cut across virtually all cultural lines and boundries and is now touching everyone everywhere" (Buckingham 1998 cited in Dubois 1996: 350).

Looking at the statistics offered by statistics South Africa (2002) and raw numbers, the infection rate is growing gradually. Many awareness campaigns were conducted but there are still citizens who do not believe that HIV/AIDS is a reality. That means that there is still a lot to be done. The writer believes that more focus should be on working on the attitude of the people. That is because information alone will not work until there is a serious attitude change (Van Dyk, 2002). The challenge came at a time when the country is undergoing its developments given its young democracy. Issues such as high levels of unemployment and enormous poverty confirm that the country has a long way to go to respond to disadvantaged situations. HIV/AIDS has added to the challenges facing South Africa.

3.4 <u>Factors contributing to the spread of HIV/AIDS</u>

There are various issues that influence the spread of HIV/AIDS in South Africa pre and post 1995, according to Seepamore (2002). Amongst the various issues, the following will be discussed: culture, polygamy, patriarchy, illiteracy and poverty. The five issues are interrelated and one influences the other. Culture is the broad umbrella. Occupational social workers are aware of these factors and the influence they have on the lives of people, particularly women.

Culture influences people's beliefs and interaction, which affect the way people interact. According to black culture, it is a taboo to discuss sexual matters. Even though women did not agree with what was happening, most of them did not have a right to consent or even deny sexual activities. "Where women were still being treated as men's property according to traditional law, they lacked the power to negotiate sexual practice, and could even be subjected to a fine imposed by village elders if they dared to refuse to have sexual relations with their husbands" (Holden, 2003: 177).

According to Seepamore (2002) polygamy is the cultural issue that perpetuates the spread of the epidemic. That argument was also supported by Van Dyk (2002) that culture plays a vital role in accelerating the spread of the pandemic. Polygamy was and still is regarded as culturally acceptable in some black cultures. Because it was or still is a taboo to discuss sexual matters in black culture, it is easy for the epidemic to be carried from one woman to the other. For instance, women were not allowed to initiate condom usage as that was or still regarded as lack of respect and trust. That resulted in protected sexual activities not taking place while it was obvious that most men have multiple partners (Seepamore, 2002).

The other cultural factor that seems to perpetuate the spread of HIV/AIDS is patriarchy. Patriarchy has a greater role to play in shaping the way women and men behaved or still behave (UNAIDS, 2002). It was socially acceptable that women are inferior to man and therefore not allowed to make decisions. Instead, women were expected to accept everything that was imposed on them by man which can also be regarded as hidden violence against women. That is why it was not easy for women to challenge issues such as protected sexual activities, polygamy and making own decisions.

UNAIDS (2002) argues that illiteracy is the other challenge accelerating the spread of HIV. Culturally, women were not allowed to be educated and their place was said to be in the kitchen. But even with men, illiteracy is still a challenge. Most men and women of rural communities do not know how to read and write (UNAIDS, 2002). That applies to home language and that becomes worse when coming to inherited languages like English. Most HIV/AIDS messages are delivered in English. As a result, the message is not reaching the people.

According to Van Dyk (2002) poor economic conditions and poverty also accelerate the spread of HIV/AIDS. Some women who experience poverty in the cities resort to prostitution to obtain money. High levels of unemployment led to men migrating to the cities. They become away from their families and often find themselves vulnerable to unsafe sexual practices.

When they get back home, their wives or sexual partners mostly do not have the authority to negotiate safer sex practices. Even though there is a shift identified in black culture regarding patriarchy, polygamy, poverty and illiteracy, they are still regarded as major factors in the spreading of HIV.

3.5 Impact of HIV/AIDS

3.5.1 Introduction

It is clear that the HIV/AIDS has affected all spheres of the South African society. Every individual, family, social institution, organisation and businesses, big or small is negatively affected by the pandemic according to the Department of Health (2002). "Every employer and employee is burdened by AIDS in some way and this affects the organisation" (Holden, 2003: 142).The focus in this section will be on the impact in the economy, workplace and the employees. Presently, there is no systematic record of the impact of HIV/AIDS. Even though recent research has not exactly revealed how much the epidemic is impacting on the country socially and economically, writers such as Holding (1999) argues that it was clear that the HIV/AIDS epidemic will have a negative impact on individuals, society and economy.

3.5.2 HIV/AIDS and the South African economy

South Africa is a developing country and has not completely recovered from challenges such as apartheid. There is a common agreement that the epidemic causes harm to the economic growth. HIV/AIDS does not only affect the economy negatively but also endanger economic progress (UNAIDS, 2002).

Illingworth (1990) showed that there is reliable information about the rate in which the epidemic is growing but insufficient information on the rate in which the epidemic is destroying the economy and development potential of the country. Lachman (1999) and Pratt (1991) argue that HIV/AIDS is a serious challenge to the economy. The South African health care system is put under strain by the impact of HIV/AIDS. In turn, health care put a strain on the South African economy. The effects cannot be ignored, as they are both immediate and long term (Seepamore, 2002). Immediate needs can be those of attending to emergency needs of individuals such as tuberculosis and influenza. Long term effects can include hospitalisation and long term treatment. For the above needs to be met, trained staff members are needed to administer and supervise the patients in hospitals and clinics. In turn and most importantly, the health care staff is amongst individuals who are infected or affected by the pandemic (Department of Health, 2000).

The South African Department of Health (2002) indicates that 25% - 40% of doctors and nurses need to be trained to compensate the shortage. UNAIDS (2002) argued that the healthcare cost will triple and provincial hospitals will be spending up to 4 billion rand per annum by 2005. It is clear that healthcare cost has increased. The overall quality of care provided will be reduced as hospital and staff members might be overworked. That is even posing more threat because the demands for health care services are expanding.

The expansion will lead to the shortage of beds and patients being admitted in hospital at the latter stage of the illness. The chances of patients recovering will then be less. The average cost of treating someone with HIV who is in the pre AIDS stage and is relatively healthy is about R2 200 per year. On the contrary, it costs R15 000 a year to treat someone who is at the end stage of AIDS, excluding hospital costs (Department of Health, 2002). The South African economy is thus facing an enormous challenge.

3.5.3 HIV/AIDS and the South African workplace

The South African workplace has its share of the impact of HIV/AIDS. Makgetha (1999) found that research conducted by Harvard Centre for International Health on two anonymous South African companies indicated that the infections are increasing in the workplace. According to the survey conducted by risk Management Company, the cost of HIV/AIDS to business will range from 2% of productivity to 25% (Sunday Times, 2003). Grimwood & De Witt (2000) argued that the impact of HIV/AIDS in the workplace is reflected through loss of production and that leads to a financial strain.

Most workplaces are disrupted by consequences of HIV/AIDS. Once an employee is absent or too sick to perform duties, the production cycle is disrupted. The organisation's level of production drops. In order to reclaim the lost production, companies might start pushing the costs on consumers in the form of increased prices (Sunday Times, 2003)**.** UNAIDS (2002) indicated that the consumers will spend 7,5% of their income on durable goods instead of 6,8%. The only viable option to the companies is to recruit another employee to perform the same duty. Mostly, organisations lose the skills that were possessed by the sick employee and need to recruit new or temporary staff members in order to keep the companies functioning. More money will be spent on recruiting and training the newly hired employees.

Moreover, company budgets are affected by HIV/AIDS. Many large companies comprise of a majority of unhealthy and sick labour force. "Many organisations do not have an efficient system for coping with expected absences of staff like maternity leave let alone unexpected staff shortage" (Holden, 2003: 273). A large proportion of the companies' budget is spent on medical benefits. In the context of HIV/AIDS, employers would have to provide employees with early pensions, death cover, funeral cover and disability insurance.

The South African companies that are ill prepared for the impact of HIV/AIDS on their business face serious financial risks. According to Harris only a third of local companies have a budget for dealing with HIV/AIDS and only 45% have a fully documented HIV/AIDS policy (Sunday Times, 2003). **"**The total cost of response to HIV/AIDS can be significantly reduced if the decision to act is pre-emptive rather than delayed until the emergence of serious problems" (Holden, 2003: 127).

Furthermore, absenteeism due to HIV/AIDS related issues affects the workplace according to Holden (2003). Some companies are faced with a challenge of employees having to be absent to attend to a sick family member or a funeral. Some large companies have introduced a system in which employees rotate in order to attend employee's funerals. That is seen as a way of controlling funeral attendance unlike everyone attending simultaneously. To respond to the challenge, a major employer told miners that they could not attend a funeral of the colleagues unless the deaths have resulted from a mining incident (Shevel, 2003: Sunday Times). That does not even start to solve the challenge but might make matters worse. For instance, the employees might start considering options like social action according to Van Holdt & Webster (1994). That is seriously going to affect production negatively

3.5.4 HIV/AIDS and employees

According to the Department of Health (2000), South African citizen's are either affected or infected by HIV/AIDS. It affect the youth and adults who are at the peak of their income generating years. Employees are affected psychologically and physically (Beckerman & Rock, 1996). Literature has shown that HIV/AIDS has an intense psychological impact on individuals. Various authors such as Schurink & Schurink (1980) and Capaldini (1995) highlighted the effects of HIV/AIDS as stigmatisation, social isolation, and feelings of guilt, grief, anger, anguish and depression.

Various authors argue that there are many myths, perceptions and stereotypes related to HIV/AIDS. Seepamore (2002) argues that people living with the diseases are usually regarded to have had an immoral sexual lifestyle even if in reality they contracted the diseases in a monogamous marriage. According to Kastenbaum (1998) negative societal response is mostly the reason why some people living with HIV/AIDS regard themselves as unworthy, unimportant and develop helplessness leading to stress and depression. As a result, common risk factors are suicide, resorting to alcohol and drug abuse and reluctance to disclose their status.

According to Compton et al (2005), there is a need to look at people as well as their environment. Social workers cannot ignore the fact that HIV/AIDS affects employees socially by directly or indirectly impacting on their households and families. Various authors such as Cross & Whiteside (1993), Illingworth (1990) and Holden (2003) have shown that there is a challenge that is facing children whose parents are living with HIV/AIDS. Through the epidemic or opportunistic diseases, households are losing breadwinners or breadwinners get too sick to work. Once the breadwinner is not working anymore, the little saving that was available will be utilised on their health care. If the breadwinner dies, the same saving is consumed by the cost of the funeral. The living family members are likely to be left with nothing to survive on or extra debts such as hospital costs.

The roles that are played by parents and children in the family are challenged. If there is an older child when parents die, that child might have to head the household. The structure and composition of the household changes. Children, who act as parents, need to adopt new and great responsibilities (UNAIDS, 2002). For instance, taking care of the younger siblings. Some of the responsibilities lead to older children leaving school and being venerable to anti social tendencies.

3.6 Legal frameworks of HIV/AIDS

3.6.1 Legal framework and legislation

Various authors such as Grimwood & De Witt (2002) and Holden (2003) focus on issues such as: employees rights at work, HIV testing in the workplace, compulsory pre and post test counseling, fear of non infected employees, formulation of a workplace HIV/AIDS policy, monitoring and evaluation of HIV/AIDS policy, vital role of management, stakeholders and management of employees living with HIV/AIDS, criteria to determine when an employee is too sick to work and benefits schemes which are non discriminatory, and education. Most of the issues are highlighted in AIDS Government Workplace Policy (Department of Health, 2000) and Code of Good Practices (Department of Health, 1993). Understanding the legislation, will positively influence the nature and application of HIV/AIDS policies in the workplace.

3.6.2 Ethical issues

Like policies, Thompson (1992) argues that ethics are extremely important in the HIV/AIDS context. It is accompanied by challenges such as: discrimination, and stigma (Department of Health, 2000 & Muma et al, 1997). The specialist on employee wellbeing needs to ensure that human rights of employees living with HIV/AIDS are maintained. Besides, some employees living with HIV/AIDS continues to be discriminated against. Various authors such as Mokhobe (1999) and Grimwood & De Witt (2000) claim that unfair discrimination against people living with HIV/AIDS in the workplace is perpetuated by practices such as pre employment HIV testing and dismissal of employees who are infected. For example, according to the Wits AIDS Law Project (2000), South African Airways refused to employ a 30 year old job applicant who tested positive in 1997.

3.7 **HIV/AIDS and Occupational Social Work**

Studies conducted around HIV/AIDS in the workplace mainly focus on issues such as: basic information on the impact of HIV/AIDS on individual, pre and post test counselling, confidentiality, disclosure, socio-economic challenges like poverty, workers' rights, co workers' response, educational programmes, policy formulation and implementation (Muma et al, 1997). Very little literature deals with occupational social work, HIV/AIDS and the workplace at the same time. Some literature contains information about occupational social work and the workplace but not HIV/AIDS such as Dickman et al (1985). Some literature contains information on HIV/AIDS and the workplace but not the role that occupational social workers can play such as by Muma et al (1997). Some literature contains information on HIV/AIDS and social work but not the workplace such as Aronstein and Thompson (1998).

None of the literature reviewed illustrates how service providers are themselves professionally affected by HIV/AIDS. Neither does the literature seem to highlight the challenges that service providers face, their response, misunderstanding among service providers and coping mechanisms that they employ. It would be of vital importance to know the impact of HIV/AIDS in this regard.

From HIV/AIDS and the workplace literature that the researcher explored, the only way that service provision itself seems to have been examined, is in addressing the practical roles of health care practitioners such as doctors and nurses. For instance, they have to take certain precautions not to prick themselves with a used needle and must implement certain procedures if they do so (Muma et al, 1997).

But, this is limited and does not clarify how HIV/AIDS has affected social service provision in general in the workplace. More specifically, the literature does not indicate how occupational social work services specifically are affected by HIV/AIDS. Although much has been said about the role that management has to play in developing HIV/AIDS policies, it is not clear how management's role affects services provided by other service providers. Furthermore, management has to offer support, commitment and resources to the workforce and the practitioners in the context of HIV/AIDS. If the above is not offered, that will have a significant impact on management's relationship with occupational social workers and other service providers.

Relevant strategies are vital when examining the HIV/AIDS challenge. There are actual models developed to predict, with clear data projections, what the cost of the impact of HIV/AIDS and the cost saving of a particular HIV/AIDS strategy will be (Sunday Times, 2003). All the interactions of different elements, the cost of intervention and outcome of such intervention make it possible to develop a holistic HIV/AIDS strategy. An effective response to HIV/AIDS will not be possible if change agents like occupational social workers are not fully recognised. Occupational social workers are skilled to facilitate change and need to be at the forefront in order to develop intervention strategies.

A true partnership involving management, occupational social workers and other stakeholders is essential to effectively respond to HIV/AIDS in the workplace. For that partnership to be effective, the workplace needs to provide an environment conducive to implementing comprehensive HIV/AIDS policies and programmes (Department of Health, 2000). As a result, it can be concluded that occupational social work is part of the broader spectrum when looking at the effective way of responding to HIV/AIDS.

3.8 <u>Conclusion</u>

In conclusion, HIV/AIDS is one of the major challenges facing the world and South Africa is no exception. Statistics indicate that the HIV infections rate is still reported to be growing. South Africa has a young democracy and has to face social and economic challenges as a result of the pandemic. Large and small institutions are faced with great financial, resource and human loss. The response to the challenge has started but there is still a long way to go in order to fully attend to the challenge. Even though there is no cure identified yet, relevant professional bodies such as social workers are developing relevant strategies and programmes to best respond to HIV/AIDS. But, literature illustrates that some of the organisations continue to be ill prepared as they are not aware of, or do not respond to the actual impact of HIV/AIDS.