Impact of workplace HIV and AIDS policies on stigma and discrimination

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ABSTRACT AND KEYWORDS

Purpose

This study aimed to determine whether any HIV and AIDS policies have been specifically designed and implemented and whether the implementation of these in those construction workplaces where they exist, led to a reduction in stigma and discrimination against HIV and AIDS.

Design/methodology/approach

An extensive review of the literature was done to define and explain the phenomena of stigma and discrimination in the workplace, as well as workplace HIV and AIDS policies. One hundred and twenty three contractors in Durban registered with the Master Builders Association were contacted of which only 12 companies have a HIV and AIDS policy in place.

Findings

HIV and AIDS policies, stigma and discrimination were catered for in 10% of construction firms in Durban. It was found that employees did not disclose their HIV status due to fear of discrimination by their colleagues and not due to fear of losing their jobs. This finding is indicative that policies have not been able to ally the fears of employees with regards to the effect of stigma and discrimination.
Research limitations/implications

The survey was limited to contractors registered with the Master Builders Association in KwaZulu-Natal.

Practical implications

The reduction of stigma and discrimination in the workplace can improve the health and wellbeing of affected employees, as well as encourage them to access HIV-related treatment.

Originality/value

By reducing stigma and discrimination in the workplace and improving the health of employees, firms are supporting the sustainability of the workforce.

Keywords

HIV and AIDS, Stigma and Discrimination, HIV and AIDS policies

1. INTRODUCTION

HIV1 and AIDS2 is perhaps the most stigmatised medical condition in the world. Together, stigma and discrimination constitute one of the greatest barriers in HIV testing and prevention and care (Kalichman and Simbayi, 2004; Mahajan et al., 2008; Parker & Aggleton, 2003). Employees fear disclosing their status as they do not want to be fired. Although stigma is considered a major barrier to effective responses to the HIV and AIDS epidemic, stigma reduction efforts are relegated to the bottom of AIDS programme priorities (Mahajan et al., 2008).

HIV and AIDS is a pandemic with serious implications for South Africa in general, and the South African construction industry in particular (Meintjes, 2006). According to the Department of Public Works (2004) the construction industry has the third highest incidence rate of HIV and AIDS per sector in South Africa. The construction industry has a predominant migratory labour force, making it the prime contributor to the spread of HIV and AIDS as workers are prone to visit prostitutes or have multiple sexual partners when they are separated from their families for long periods of time. Due to the high percentage (approximately 60%) of informal labour engaged in construction (Haupt et al., 2005), they are less likely to protect
themselves against HIV transmission (Meintjes, 2006) due to their lack of knowledge of their risky sexual behaviour.

The aim of this study was to determine whether any HIV and AIDS policies had been specifically designed and implemented and whether the implementation of these where they exist, had led to a reduction in stigma and discrimination against HIV and AIDS.

2. LITERATURE REVIEW

The KwaZulu-Natal AIDS Action Unit was established by the South African government in 2000 to drive the province-wide response to HIV and AIDS by developing the HIV and AIDS Strategy for the Province of KwaZulu-Natal. The vision of this unit is an “AIDS-free KwaZulu-Natal by 2020” (Office of the Premier, 2006).

One of the most effective ways of reducing and managing the impact of HIV and AIDS in the workplace (Department of Labour, 2000) is through the implementation of an HIV and AIDS policy and programme. An HIV and AIDS workplace policy provides guidelines on employer and employee rights and responsibilities in the context of HIV and AIDS (International Labour Organization, 2001).

The South African government's response to protect those infected and affected by HIV and AIDS was through the legal framework of various Acts of Parliament, namely:

- The Constitution of South Africa (No. 108 of 1996) which prohibits unfair discrimination, including an individual’s right to privacy (South Africa, 1996);
- The Employment Equity Act (No. 55 of 1998) that provides that no person may unfairly discriminate against employees in any employment policy or practice, on the basis of their HIV status. (Department of Labour, 2000);
- In accordance with section 187 of the Labour Relations Act (No. 66 of 1995), employees may not be dismissed because of their HIV status or illness due to AIDS, unless their capacity to continue working was severely limited (Department of Labour, 2010a);
- The Medical Schemes Act (No. 131 of 1998) that stipulates that a medical scheme may not unfairly discriminate, directly or indirectly, against any person on the basis of their HIV status (Department of Labour, 2000);
- According to the Occupational Health and Safety Act (No. 85 of 1993), an employer should ensure that the risk of occupational exposure to HIV is minimised (Department of Labour, 2000); and
Section 22 of the Basic Conditions of Employment Act (No. 75 of 1997) that states that every employee is entitled to a minimum number of sick days leave. With the increasing number of employees taking sick leave due to HIV and AIDS, compliance with this Act is likely to have a major cost impact on companies (Department of Labour, 2010b). In order to guide the private sector in dealing with those infected and affected by HIV and AIDS, various government departments and organisations have written up polices, but unlike the various previously mentioned Acts, these policies and codes are voluntary frameworks for action.


The HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) flows from the National Strategic Plan of 2000-2005 and the Operational Plan for Comprehensive HIV and AIDS Care, Management, and Treatment (SANAC, 2007). The aim of the NSP is to reduce the number of new infections by 50% and increasing access to treatment and support and care by 80% to all people diagnosed with HIV (ibid). In order to meet these targets, the South African government on the 25 April 2010 launched the National HIV Counselling and Testing (HCT) Campaign, which runs until June 2011. The aim of the HCT is to mobilise 15 million South Africans to know their status.

The international guidelines include the UNAIDS HIV/AIDS and Human Rights International Guidelines – Consolidated version, The ILO Code of Practice on HIV/AIDS and the World of Work and The South African Development Community-Code on HIV/AIDS and Employment. The existence of these laws and guidelines protecting human rights do not however prevent or even seriously reduce the frequency of stigma and discrimination.
Efforts to tackle HIV and AIDS related stigma and discrimination have been constrained by the complexity and deep-rooted nature of the problem (Parker and Aggleton, 2003). HIV and AIDS-related stigma and discrimination arise because HIV and AIDS is a life-threatening illness that people are afraid of contracting and the early AIDS metaphors such as death, horror, punishment, guilt, shame and otherness have exacerbated these fears, reinforcing and legitimising stigmatisation and discrimination (Dickinson, 2004; Parker and Aggleton, 2003).

One of the consequences of the problem of stigma and discrimination of people living with HIV and AIDS is that they force infected people to hide their condition and to continue engaging in high-risk behaviours. Another consequence is denial. Both silence and denial about HIV and AIDS are lethal because they prevent people from accurately assessing their own personal infection risk (SANAC, 2007). A climate of discrimination and lack of respect for human rights leaves workers more vulnerable to infection and less able to cope with AIDS because it makes it difficult for them to seek voluntary testing, counselling, treatment and support (UNAIDS, 2007).

Stigma has been described by Aggleton, et al. (2005) and UNAIDS (2003 and 2007) as a dynamic process of devaluation that ‘significantly discredits’ an individual in the eyes of others. HIV-related stigma builds upon and reinforces negative connotations through the association of HIV and AIDS. Discrimination is said to occur when people are singled out in a way that results in them being treated unfairly and unjustly on the basis of their belonging, or being perceived to belong, to a particular group (Kohi, et al., 2003). Stigmatisation associated with AIDS is underpinned by many factors, including lack of understanding of the illness, misconceptions about how HIV is transmitted, lack of access to treatment, irresponsible media reporting on the epidemic, the incurability of AIDS, and prejudice and fears relating to a number of socially sensitive issues including sexuality, disease and death, and drug use (Aggleton, et al., 2005). In the workplace, employees experience discrimination when they are treated unfairly and unjustly on the basis of their actual or perceived HIV status. HIV positive employees bare the brunt of stigma and discrimination from co-workers, supervisors and managers in the form of being dismissed from work, being relocated to another position or having their job benefits limited (Dickinson, 2003). Stigma is so powerful that certain peer educators have been suspected of been HIV positive by their co-workers because of their involvement in HIV and AIDS programmes in the workplace (ibid). According to Dickinson (2003), HIV and AIDS stigma impacts on the workplace by lowering the morale of the workforce, creating a working environment in which people living with HIV and AIDS are afraid of gossip or of being suspected of being HIV positive and by undermining the overall effectiveness of the company’s workplace programme.
3. RESEARCH DESIGN

This study sought to determine whether any HIV and AIDS policies had been specifically designed and implemented in the construction industry and whether the implementation of these policies where they exist, had led to a reduction in stigma and discrimination against HIV and AIDS.

A list of 123 contractors was obtained from the Master Builders Association (MBA) website. All 123 contractors were telephonically contacted to determine if they had a HIV and AIDS policy in place. Of these contractors only 10% had an HIV and AIDS policy in place. Of the twelve contracting companies in KZN that had HIV and AIDS polices 67% agreed to be interviewed. Four companies, of which one company was a member of South African Business Coalition on HIV and AIDS SABCOHA declined the interview due to time constraints and work commitments.

For the purposes of this study, the size of a company is based on the company size breakdown of the South African Business Coalition on HIV and AIDS (SABCOHA, 2005). Accordingly for the purposes of this study, large companies are those that employ more than 500 employees, medium companies those that employ between 100 and 500 employees and small companies have a workforce of less than 100 employees.

The questionnaire designed for the study contained three sections. Section 1 contained general questions about the company and the company’s HIV and AIDS policy, section 2 focused on stigma and discrimination aspects while section 3 included general questions on HIV and AIDS.

Ninety percent of contractors in KZN reported that HIV and AIDS affected them and their employees. They also reported that employees had died from AIDS and that some of their current workforce were HIV-positive. They did not foresee themselves implementing a specific HIV and AIDS policy. Reasons stated by the majority of contractors for not implementing a HIV and AIDS policy included:

- “they are a small company (average numbers of employees were less than 25)”;
- “they do not have the resources to research, draft and implement an HIV and AIDS policy”; and
- “they think it would be too expensive and time consuming.”

The average number of people employed in the participating organisations was 333, with employment ranging from 600 employees to 98 employees. All the respondents reported that the recent downturn in the construction industry had forced them to reduce their labour force. One company had retrenched as many as 220 employees in the past three months.

The sample reported employing 77% males and 23% females.
The demographic profile of the sample is depicted in Figure 1.

![Demographic profile of companies that have HIV and AIDS policies](image1)

**Figure 1.** Demographic profile of sample

Figures 2 and 3 depict the level of skill within these companies and the impact of HIV and AIDS respectively.

![Level of skill within companies](image2)

**Figure 2.** The level of skills in the Durban construction companies that have HIV and AIDS policies.

![Impact of HIV and AIDS](image3)

**Figure 3.** Impact of HIV and AIDS.

Figure 4 indicates how long the companies had a HIV and AIDS policy in place.
All the firms interviewed reported, inter alia, that:

- They audited adherence to HIV and AIDS legislation as part of their policy;
- They employed a specific person to ensure compliance with legislation;
- None of them conducted pre-employment testing or job-screening;
- Their policies prohibited compulsory testing during or pre-employment;
- None of them had a policy of reasonable accommodation such as, for example, rearrangement of working times and modification of duties for employees who had declared their HIV status;
- Notice boards at their offices and sites were the most common means for employees to access the HIV and AIDS policy. Further, 20% of the firms reported having copies in their company health and safety files. It was interesting to note that none of the firms had their policies uploaded on their company websites.

Most firms (75%) reported that they had a no work-no pay rule. However, these firms would still be willing to try to accommodate their employees.

HIV and AIDS information and education was communicated to all employees by 75% of the firms. The Aids Law Project (2007) found that large companies often adopted a policy at a national office level, and failed to ensure that information on the content of the policy or even its existence was disseminated at branch or department levels. This study confirmed this finding with 25% of the firms referring the researchers to their head office in Johannesburg as they were unable to answer the questions.

Most (75%) of the firms conducted an internal audit to review their policies while 12.5% hired an external consultant to assist them with auditing. One firm had not as yet conducted any policy review.

Figure 5 depicts responses to whether respondents kept track of or monitored the effects of HIV and AIDS.
Figure 5. Tracking and monitoring the effects of HIV and AIDS

Stigma and discrimination were catered for in all the policies of the firms interviewed. HIV and AIDS were discussed regularly in toolbox talks and safety inductions. According to the management of all the firms, workers did not disclose their HIV status due to fear of discrimination and not due to fear of losing their jobs or them not being productive. This finding suggests that the polices had allayed the fears of employees with regards to them losing their jobs due to their status. However, it does not seem to have had much effect in terms of stigma and discrimination. Employees still seemed to fear the reactions of their fellow workers.

Questions directly related to stigma and discrimination resulted in the following responses, namely:

- HIV positive employees were not treated differently from their co-workers;
- They were not excluded from company functions;
- There was no need to replace the workplace with machinery, etc.;
- There was no evidence of any acts of stigma and discrimination;
- The average percentage of employees that had declared their status was low, namely 3%;
- Employers had considered the cultural beliefs of their employees when they drafted and implemented their respective policies, with 12.5% of the firms stating it was a difficult process when “in certain cultures employees expected time off to communicate with their ancestors”; and
- All the policies contained grievance and disciplinary procedures for workers who discriminated against other workers on the grounds of real or perceived HIV status or violated the company HIV and AIDS policy.

The final part of the interview questioned the participants on general HIV
General HIV and AIDS Questions

- Assisted and aim to continue to assist the communities in which they work.
- Embarked on a greater employee health and wellness programmes, which incorporates other illness such as tuberculosis and diabetes.
- Voluntary counselling and testing (VCT) programme
- Provision of Anti-Retroviral therapy (ART) to their employees
- Peer educators, but did not actively involve people living with HIV in the delivery of the programmes
- Treatment referral systems to assist employees
- Condom distribution programmes
- Education and support programmes that included information booklets and brochures, posters, peer educators, counsellors and workshops.
- Workplace that maintained an environment that is respectful of human and legal rights.
- Workplace related HIV and AIDS programmes which involved the Unions were possible
- Expected future increase in HIV and AIDS prevalence and incidence rates
- Conducted any prevalence testing or studies
- Contingency planning in light of the expected impact of HIV and AIDS
- Overall strategy for managing HIV and AIDS
- Managers were unsure of what percentage of the company budget was spent on the implementation of HIV and AIDS
- Set up a steering committee
- Conduct research related to the impact of HIV and AIDS
- Funded or are involved in funding research related to the disease
- Monitor and report on the cost of HIV and AIDS

Figure 6. HIV and AIDS related activities of participating construction companies
and AIDS activities that they engaged in as depicted in figure 6. The mean rating of their policies was 3. One firm stated that because they had only introduced their HIV and AIDS policy 10 months ago it was too soon to comment on its merits or effectiveness. The general consensus was that more work had to be done in terms of monitoring and evaluation and that there needed to be more involvement from senior management.

In 2005, the South African Business Coalition on HIV and AIDS (SABCOHA) identified a general lack of leadership relative to policy development and related programme implementation. It seems that in 2010 this problem still persists despite the commitment from government and non-governmental organisations.

4. CONCLUSION

Effective treatment of HIV infections and AIDS have been hampered by stigma and discrimination. As a result the rates of infection with and transmission of HIV have continued unabated. The negative impact associated with the epidemic has continued to increase. One of the effective means for businesses to respond to this threat is to develop HIV and AIDS policies that create an environment in which workers feel free to communicate their HIV status and participate in care and support programs. This environment needs to be characterised by fair employment practices devoid of any harassment and victimisation of infected workers.

This exploratory study found that the most small construction companies in the Durban area had a long way to go in terms of policy development and implementation. Although small firms perceived the development of a policy to be costly and time consuming, the fact that they are doing something, even in a small way, shows commitment and can assist in creating a working environment of trust and confidence. It was also found that in medium to large construction firms the major impact of policies was the reassurance of workers that they would not be retrenched. The policies failed to create an environment in which workers felt safe and secure to disclose their status as they still feared rejection from their co-workers.

In order to reduce the stigma attached to HIV and AIDS, the following are suggested, namely

- HIV and AIDS education and training which is communicated to all staff repetitively using multiple mediums and the construction vernacular;
- Workplace policies that reassure workers and reduce stigma and discrimination;
- Training of peer educators;
- Formation of strategic partnerships to reduce the costs of HIV and AIDS programmes; and
• Visible involvement and commitment of the senior management of firms.

The development of an HIV and AIDS policy and provision of education and training by firms will assist in decreasing stigma and discrimination. Only by confronting stigma and discrimination head-on will the fight against HIV and AIDS be won.

5. REFERENCES


