THE INVOLVEMENT OF TRADE UNIONS IN THE PREVENTION OF HIV INFECTION

BY

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EKSERP

Hierdie studie handel oor die betrokkenheid van vakbonde in die voorkoming van HIV infeksie. Die volgende doelstellings is geformuleer:

(i) Om die betrokkenheid van vakbonde te bepaal met betrekking tot:
   * die ontwikkeling van HIV/VIGS en gesondheidsverwante beleid vir hulle lede,
   * aanmoediging van werkgewers om HIV/VIGS en gesondheidsverwante beleid vir werknemers te ontwikkel,
   * die bewusmaking van hul lede van HIV/VIGS verwante dienste,
   * die aanmoediging van lede om bestaande dienste te benut.

(ii) Om die vakbondleiers se vlak van kennis te bepaal met betrekking tot:
   * HIV/VIGS basiese kennis
   * verspreiding van inligting

(ii) Om vas te stel of vakbondleiers, werkgewers as reeds betrokke ag in die verspreiding van inligting ten opsigte van HIV/VIGS en begeleiding ten opsigte van die hantering van algemene gesondheids probleme en HIV/VIGS in die werkplek.

'n Vraelys is toegepas op twintig verteenwoordigers van die vakbonde en federasies. Die resultate van die studie toon dat vakbondleiers 'n deeglike kennis het oor hoe HIV versprei word. Die meeste van die leiers het migrasie, enkelgeslag-akkomodasie, prostitusie en homoseksueel gedrag as uiters belangrike faktore in die verspreiding van HIV infeksie geag.

Die studie het verder getoon dat die vakbondleiers eenparig was dat vakbonde betrokke moet wees by die voorkoming van HIV/VIGS. Die vakbond ampsdraers het gevoel dat beide die vakbondleiers en werknemers moet hande vat in die formulering van beleid en programme vir hulle lede en werknemers.

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GENERAL ORIENTATION

1.1 Introduction

The human immuno-deficiency virus (HIV), a virus which causes an illness known as acquired immune deficiency syndrome (AIDS) is spreading at an alarming rate in South Africa. The exact number of people already infected by this virus is unknown, since the epidemic can only be measured by the number of reported incidents of AIDS cases. Van Biljon (1994:7) believes that the most accurate prediction is perhaps the result of estimations based on preventative studies, projections and mathematical models.

In short, HIV/AIDS is today widely regarded as a serious problem, which affects people economically, politically, ethically and socially. Lachman (undated) considered the ethical and social implications of HIV/AIDS as follows: the first is to protect the public's health; the second is to protect the inherent rights of AIDS patients and HIV-positive people who, although they seem to be healthy, are in actual fact sufferers; the third involves consideration of the allocation of scarce resources to people with HIV/AIDS and other groups in need of health care.

The seventh national annual survey of women attending antenatal clinics, conducted by the Department of Health during October/November 1996 indicated that more than 2.4 million South Africans were HIV positive at that stage. More specifically, the level of HIV infection amongst the total population in the provinces was estimated as follows: Western Cape - 3,09%, Northern Cape - 6,47%, Northern Province - 7,96%, Eastern Cape - 8,10%, Gauteng - 15,49%, Free State - 17,49%, Mpumalanga - 15,77%, KwaZulu Natal - 19,90% and North West - 25,13%. According to this survey, North West has the highest level of HIV infection, and Western Cape the lowest. Initially this epidemic mainly involved white homosexual men. Today it is mostly found among heterosexuals and is increasing among mothers and children. The development and intensive utilization

of HIV testing of blood transfusion resulted in better control of blood donation in South Africa and it is still being improved. Van Biljon (1994:8) believes that over the last few years the disease became more prevalent in black communities. Most of the reported AIDS cases fall in the age group 20 to 39 which represents the largest portion of the economically active population. From the results of some research projects conducted in the work situation it can be stated that many of the potential work-place problems associated with AIDS may stem from a lack of understanding of how the virus is passed on. Employers can help to promote understanding by providing information and encouraging thorough informed discussion of the issues. Trade union leaders should also play an important part in assisting employers to develop policies which will make the life of HIV infected people better. This is an essential feature of any company's AIDS policy.

1.2 Problem formulation

Although many authors, such as William and Ray (1993), Slawsky (1996 and 1997), London (1996) and Heywood (1996) wrote extensively about HIV/AIDS in the work-place, there is, to the knowledge of the author, no information on the involvement of trade unions in the prevention of HIV/AIDS infection. Trade unions have a dual concern in seeking to protect the health and safety of workers occupationally exposed to HIV/AIDS and the rights of the workers who are HIV-infected, or individuals who may be a high risk.

Information about HIV/AIDS should be provided to employees in advance of any industrial relations problem. It is essential to take steps to avoid unnecessary alarm and to allay fears. If a problem does occur, action needs to be taken as swiftly as possible to reassure the work-force in what may be an emotionally charged situation. Face-to-face discussion of the general issue is the best approach. Trade unions and occupational health staff as well as the District Health Authority and HIV or AIDS Prevention Co-ordinators should all be able to help in addressing the problem of HIV/AIDS-infected

persons. The concerned WHO (World Health Organization, 1994) estimates that as many as 5 - 10 million people around the world carry HIV and as many as 100 million may become infected during the next decade.

1.2.1 The global scenario

According to statistics of the World Health Organization (AIDS Policy Research Group 1994) by the end of June 1993 there were already 718 894 full-blown AIDS cases and a calculated 12 675 000 HIV-infected people in the world, with a possible 5 000 increase every day. Whiteside and Fitszsimons in Health System Trust Update (Issue No 13, 1996) estimated that by the beginning of 1992 there were about one million children born in Sub-Saharan Africa who were already infected with HIV and one third of the sexually active adults in some of the Eastern countries and Central Africa were already infected. Doyle (1991) suggested that by the end of the century between 30 and 40 million will be HIV-infected and between 12 and 18 million will have AIDS the world over. These are the latest available statistics.

1.2.2 The South African scenario

The first AIDS cases in South Africa were diagnosed in 1982. By September 1994 a total of 3819 full blown AIDS cases in South Africa were reported. (Department of National Health 1994:201). The seventh national survey conducted by the Department of Health (October/November 1996:11) estimated that more than 2.4 million adults were HIV positive at the end of 1996 and 157,000 babies born since 1990 were infected with HIV. From the survey it was concluded that with this estimate the epidemic will certainly have a major impact on South African society, becoming more visible as people progress from an asymptomatic infected stage to a symptomatic stage and eventually death.

Based on the above scenarios referred to in the introduction, it would appear that the HIV epidemic is spreading rapidly. It is no longer a foreign idea that countries such as South Africa should do everything within their powers to act proactively in the prevention of HIV infection and the further spreading thereof. One of the effective preventative actions is the dissemination of information, but this proactive action requires the cooperation of all sections of the community. Some authors (Evian (1991), Doyle (1991), London (1996), Smart (1994), Slawsky (1996 and 1997), and William and Ray (1993)) made valuable contributions on the impact of HIV/AIDS in the work-place. They also mentioned the involvement of certain target groups, such as ATICC, NGOS and religious bodies in these preventative actions, but until now one such group, namely trade unions, have been neglected.

1.3 Motivation for the study

Evian (1991:7) is of the opinion that attitudes towards AIDS, formed within the work-place, will have a serious impact on the eventual social and economic implications of the disease. It is therefore imperative that managers of all enterprises in the business sector should not only possess the basic knowledge and understanding of the virus and its functioning in order to approach policy formation and human resource management in an informed and rational manner, but should also ensure that all employees in their service have the necessary information. The utilization of trade unions for this purpose is inevitable. Unions, in fact, have a dual role in terms of HIV infection. They should, on the one hand, protect the rights of individuals who may be exposed to the risk of HIV in the work-place, and on the other hand also consider the rights of the HIV infected person with AIDS and his/her next of kin.

The importance of the involvement of trade unions in prevention of HIV/AIDS is not debatable. The question is, however, to what extent is this a reality? Which gaps still exist? Should there be a certain degree of involvement? This motivated the author to

explore this level of involvement.

1.4 Aims of the study

The aim of this study is to determine whether trade unions are involved in the prevention of HIV infection.

The following objectives can be formulated:

(i) To determine the involvement of trade unions with regard to:

* the development of HIV/AIDS and health related policies for their members,
* encouraging employers to develop HIV/AIDS and health policies for their employees,
* making their members aware of available HIV/AIDS services,
* encouraging their members to utilize HIV/AIDS services available to them.

(ii) To determine the trade union leader's level of knowledge about:

* HIV/AIDS basic information,
* dissemination of information (i.e on how HIV/AIDS is acquired, spread and prevented).

(iii) To establish whether trade unions regard employers as already involved in dissemination of information on HIV/AIDS and guidance on dealing with general health problems and HIV/AIDS in the work situation.

(iv) To make recommendations based on the results obtained from the study.

1.5 Definition of terms used in the study

For the purpose of this study, terms have been defined according to Evian (1991 and 1993):

(i) Acquired : Not inherited through the genes of one's parents but coming from others or the environment.

(ii) AIDS : Acquired immune deficiency syndrome. This means the body loses the ability to fight against infections because the immune system is weakened. AIDS is the last and most severe and final stage of the HIV disease and is characterized by signs and symptoms of severe immune deficiency.

(iii) Antibodies : Special protein complexes produced by the immune system to fight against specific disease-causing organisms, such as bacteria and viruses.

(iv) Epidemic : An outbreak of disease (usually infectious) which spreads rapidly in a community.

(v) HIV : Human immuno-deficiency virus, which causes AIDS.

(vi) HIV antibody : HIV antibodies are present in the blood stream and means that the person has been exposed to the HIV virus.

(vii) HIV-positive : Refers to a person who has tested HIV-positive and therefore has been exposed to the HIV virus and is infected with the virus.

(viii) Immune System: That part of the body's structure and function which fights against infections and other recognized foreign bodies.

(ix) Immuno-deficiency: A weakening or deficiency in the immune system.

(x) Infection : Invasion and replication in the body of organisms, such as viruses, bacteria, fungi and parasites.

(xi) Opportunistic infec-tions: Infection of the body as a result of a weakening of the body's defence. These infections would not normally cause disease in a healthy body.

(xii) Oral sex : Any sexual practice involving mouth contact with the genitals.

(xiii) Penetrative sex: Sexual intercourse involving the penis entering the vagina, anus or mouth.

(xiv) Safer sex : Sexual practices which are relatively safe from acquiring sexually transmitted diseases, such as HIV infection.

(xv) Syndrome : Range of different diseases, symptoms or conditions.

(xvii) Transmission : Spread from one person to another.

(xviii) Virus : A microbiological organism which is the smallest and most basic of the known organisms.

(xix) "Window" period: The time between the initial (first) HIV infection and the development of detectable HIV antibodies. During this

time the antibody test will be falsely negative. The test will be negative even though the person is actually infected with HIV.
(Evian 1991: 6 and 1993: 267-268)

1.6 Research Methodology

1.6.1 Research design

For the purpose of this study the author intends to use an exploratory design. Data will be collected mainly through the use of a quantitative approach. As this will be at a very basic level, a certain amount of qualitative data will also be gathered. It is the intention of the author to collect information about the subject (the involvement of trade unions in HIV prevention) and make recommendations in this regard. The author will collect data by means of questionnaires to assess whether trade unions are already involved in prevention of HIV infection, establish whether trade unions regard employers as already involved in dissemination of information and guidance on general health problems and HIV/AIDS in the work situation, and formulate recommendations based on the results obtained from the study.

1.6.2 The sample

The author intends to use a non-probability sampling method in choosing the subject of his study. Royse (1991:116) believes that probability sampling is often done when the extent of the population is not known. This type of sampling is also known as a purposive sampling as the respondents have been selected because they have certain similar characteristics. In this study, the sample group has the interest of their trade union members and bargaining on their behalf as a similar characteristic.

The group consisted of 20 official representatives of five federations and five non-affiliated trade unions. The representatives included two members from each union or federation. These subjects were drawn from the following affiliated unions: The Congress of South African Trade Unions (COSATU), The National Conference of Trade Unions (NACTU), The South African Confederation of Labour (SACOL), Federation of Independent Trade Unions (FITU) and Federation of South African Labour Union (FEDSAL). Availability sampling, also known as accidental sampling (Grinnell; 1988), was used for the selection of twenty respondents. These respondents included both males and females.

1.6.3 Data collection instruments, procedure and analysis

The author handed a questionnaire to every representative. The questionnaire was made up of questions relating to the subject being researched. Some open-ended questions were used because of the sensitive nature of the topic. The purpose of the open-ended questions was to encourage the respondents to formulate and express their responses freely. The author used such questions to obtain reasons for particular opinion or attitudes adopted by the respondents. However, due to the nature of the information obtained, mainly quantitative data-analysis techniques were used.

Each representative (in the sample) was asked to answer questions as they appear in the questionnaire and completed the given questionnaire on his/her own.

1.7 Demarcation of the study

For purposes of this study, the research was restricted to Johannesburg where most of the trade unions' head offices, as well as those of the unaffiliated bodies are situated. The

research was thus conducted with representatives from five trade union federations as well as five unaffiliated trade unions whose offices are in the Johannesburg magisterial area. The questionnaires were completed at the offices of these bodies during the period 9 November to 30 November 1996.

1.8 Limitations of the study

The study was conducted by administering a questionnaire to every representative for the purpose of gathering information or data about the subject. It was also intended to organise focus group discussions with all representatives in order to use the general written comments as a way of exploring, in greater depth, issues that might have come out of the questionnaire. The focus group discussions did not, however, materialize as the trade union representatives were not in favour of coming together because of their differences as well as the fact that they were fully engaged in negotiations with their respective organizations. Non-probability sampling method was used because the respondents were drawn from population elements (trade unions) which were unknown or undeterminable and the results can therefore not be generalized to the population.

1.9 Conclusion

This chapter gives the reader an introduction to and background of the study. The rest of the dissertation will be presented in the following format:

- Chapter I, forms the basis of orientation with regard to the rest of the study. An attempt was made to put HIV/AIDS issues in perspective and to create a clear picture of the problem. This includes an introduction which incorporates the need and the rationale for the study. The aims of the study are also presented and the assumptions underlying the conceptual framework are stated. Definitions of key concepts or terms that will be explored further in subsequent chapters are presented and the limitations of the study are discussed.

- In Chapter II, the scene for the later chapters is set by examining the literature or theoretical foundation for the study. Here an attempt is made to look at details regarding HIV/AIDS statistics the world over, in South Africa and in the work-place. The economic, ethical, political and social implications of HIV/AIDS that influence the business sector will be investigated by means of these statistics.

- Chapter III contains the outline of research methodology, procedure for selection of sample, method of collecting data and instruments, procedure for analysing data and ethical appraisal.

- Chapter IV involves the presentation of data gathered, and the analysis and interpretation thereof.

- Chapter V includes conclusions drawn from the results and recommendations are made, based on the results of the study.

CHAPTER II

LITERATURE REVIEW ON HIV/AIDS AND ITS IMPACT ON THE WORK SITUATION

2.1 Introduction

In the previous chapters the introduction and general orientation to the study were presented. In this chapter the literature review will be dealt with. This chapter provides a general theoretical background to the research topic. The author intends to commence with a definition of the concept HIV/AIDS and a brief historical overview of this disease.

AIDS is caused by the human immuno-deficiency virus (HIV) which lies dormant in the human being's blood cells and may take up to ten years to develop into full-blown AIDS. During the dormant period a person with HIV may lead a normal and productive life and not necessarily show signs of illness. AIDS is usually classified as a terminal illness, such as any form of cancer or ebola. Although HIV can be controlled at an early stage, there is no cure in sight for treating it and no vaccine against HIV/AIDS is likely to be available for several years. Authors such as Lachman (undated), Evian (1991), and others, pointed out that AIDS is not only a medical issue, it also has social, political, religious, economic, financial, legal and ethical implications.

2.2 HIV/AIDS

From definition of concepts by Evian (1991 and 1993) the term, AIDS, can be explained as follows: the first letters of acquired immune dificiency syndrome forms the word.

Acquired-means not inherited in the gene from one's parent but coming from others or the environment. **Immuno**-means the immune system - that part of the body's structure and function which fights against infections and other foreign bodie's. **Deficiency** means a lack of natural protections or weakening in the immune system. **Syndrome** - means a collection of diseases or range of different diseases, symptoms or condition. Its causative virus, known as HIV, has presented more challenges to science and medicine than any other single disease since it was diagnosed for the first time during 1981 in homosexual communities in the United States of America (Van Niekerk 1991:7).

Banta (1988:1) argues that AIDS is a syndrome, not a disease. He further pointed out that technically no one has died of AIDS, but many people are dying every year from ARC (AIDS-related complex) infections or diseases, such as pneumonia, TB or cancer, which are allowed to ravage or destroy their bodies because their immune systems have been destroyed by HIV.

Research by AIDS Analysis Africa (1995) revealed that HIV seems to be spreading far more rapidly in Southern Africa than elsewhere. There is also evidence to suggest that this region is still in the early stages of the epidemic. This means that while the number of people infected with HIV continues to rise, the full impact, as evidenced by AIDS cases and resultant morbidity and mortality, is unknown.

According to Evian (1993:11 - 15) HIV/AIDS can be transmitted from one person to the other in three ways.

(i) It can be acquired through unprotected sexual intercourse with an infected person, because during this process, sexual fluids (semen and vaginal fluids) are shared. Therefore there is a high probability that a person who has unprotected sexual intercourse with someone with HIV/AIDS will get HIV into his/her body.

(ii) When an infected person's blood gets into the body of an uninfected person, HIV can be transmitted. There must be an exit point from an infected person and an entry point in an uninfected person before transmission can occur. For example, through blood transfusion and/or through sharing needles and syringes with people who have HIV/AIDS without cleaning them properly.

(iii) When a pregnant mother passes HIV-infection to her fetus or her new born-baby at birth or during breastfeeding. However, not all babies will get HIV from the mother. Approximately one out of every three babies born to infected women will be infected themselves (Smart 1994).

There are contradictions regarding statistics estimating the prevalence of HIV throughout the world. Evian (1993;17) on the one hand pointed out that by 1995 it was estimated that there were 20-30 million people infected with the HIV virus and about 4 million people with AIDS. He stated that this figure was expected to rise to about 40-50 million infected with HIV by the year 2000. HST Update, Issue No 13 (dated January 1996) however indicated about 17 million people are estimated to be infected with HIV. Two-thirds are from Sub-Saharan Africa, of which one in five originates from Southern Africa. Facilitated by the high prevalence of sexually transmitted diseases (STD) and population mobility due to political strife, drought, the migrant labour system and transport workers, HIV is rapidly spreading through Southern Africa. The epidemic will likely undermine socio-economic development through the loss of productivity, increased health expenditures, the disruption of social systems, and human suffering. Every 10% of infection increases the adult mortality by about 5 per 1000. Most countries can expect a doubling of current child mortality rates and a tripling of adult rates by the end of the century. (HST update, Issue No 13, 1996).

In 1988 the World Health Organisation (WHO) proposed that the global epidemiology of AIDS be classified into three patterns according to how it originated.

Pattern I is found in North America, Western Europe, Australia and New Zealand. Sexual transmission of HIV virus in these countries was mainly by homosexual intercourse and HIV infection is largely found in homosexual and bisexual men.

Pattern II originates from Sub-Saharan Africa, Central America and also the inner city populations living in deprived socio-economic communities in the big cities of the USA. Infection is predominantly transmitted by heterosexual intercourse with both males and females being affected almost equally, or women slightly more than men.

Pattern III includes communities such as North Africa, the Middle East, Eastern Europe, Asia and the Pacific. HIV infection is rare in these regions and is confined to foreigners, prostitutes and intravenous drug abusers.

As a result of the devastating effect AIDS had on all countries of the world, it became obvious that programmes should react pro-actively. People must realise that AIDS can and will get into the general population and the importance of avoiding HIV infection cannot be stessed enough.

At this point in time it would appear that there are over 5 million people infected with AIDS in Sub-Saharan Africa. Studies show that Asia and South East Asia are other areas where HIV infection rates are rapidly increasing. Thailand also portrayed a marked increase in the infected rate (HST Update, Issue No 13 1996). A survey conducted by the Department of Health (1996) estimated that more than 2.4 million South Africans would be HIV positive by the end of 1996, with North West Province taking a lead in HIV infection rate (25,13%). Other provinces rated HIV infection as follows: Western Cape - 3,09%, Northern Cape - 6,47%, Eastern Cape - 8,10%, Gauteng - 15,49%, Free State -17,49%, Mpumalanga - 15,77% and KwaZulu Natal - 19,90%.

Whereas an HIV epidemic was first discovered among the homosexual community, Evian (1991) maintained that in recent years the epidemic has rapidly involved the heterosexual community, mainly affecting people from low socio-economic groups. Therefore the majority of South African HIV-infected people will come from the black population and specifically men and women in the 15-50 year old age group, as well as young children from birth to 5 years of age, who became infected during pregnancy and childbirth (Evian 1991:15).

2.3 HIV/AIDS issues in the workplace

Bohl (1988:5) pointed out that an AIDS epidemic affects the work-place on two levels. First, there is the problem of the appropriate response to a person with AIDS. Secondly, there is what David B Dunkle (medical director of Hershey Foods) calls *AIDS-induced panic syndrome*. In his message to company employees, he defined the term as the frightening behaviour resulting from the vast amount of misunderstanding about AIDS. In this regard Evian (1991:11) writes that informing and educating people in the work-place about AIDS is strategically important. Because the majority of the population in South Africa belongs to the working group, authors on the impact of AIDS in the work-place believe that most of these workers are being infected with AIDS every day.

According to AIDS Analysis Africa (1995) attention is only now paid to issues of HIV/AIDS in the work-place. Because the epidemic has now been recognised for over 14 years, its impact is now being felt in the work-places throughout South Africa. This editorial looks at the implication of HIV/AIDS in the work-place and identifies some actions that can be taken.

Economic Implications

According to AIDS Analysis Africa (1995) the economic implications can be divided into three types: loss of productivity, increased cost and changes to the business environment, including markets.

(i) *Loss of productivity*

The effect of HIV will be to increase morbidity (illness) and mortality (death) in the work-force. Workers will take time off, not only because they may be sick, but also to care for families and attend funerals, both of relatives and colleagues. In many instances work comes to a complete stand-still when a senior member dies as the whole staff attends the funeral.

This will most certainly affect productivity!

(ii) *Increased costs*

There are a number of areas in which the growth in HIV may cause increased costs for a company:

- costs of recruiting and training replacement staff;
- increased payments of employee benefits;
- insurance costs;
- pension funds often provide "death in service" benefits;
- death benefits and funeral expenses.

(iii) *Changes to the business environment*

The effect of the increased death and illness among the general population will have a number of, as yet, unknown effects. Work done by leading economists suggests that the rate of economic growth may be slowed in the absence of several workers for key jobs as a result of death caused by AIDS. Because HIV primarily decreases productivity, secondary money which would otherwise be directed into investment through savings will have to be diverted to health care. Secondly, owing to the fact that many people can only manage to save through

their pension schemes and life insurance policies as a result of their meagre salaries, these assets would be liquidated to provide health care and support to families in the event of them losing their jobs through illness. Another important question that still remains unanswered is what effect the epidemic will have on markets. It is possible that there will be reduced demands, particularly for luxury goods (AIDS Analysis Africa 1995).

The National Union of Mine Workers (NUM) in South Africa displayed a poster proclaiming 'Organise or Die' on a photograph of a row of coffins of employees killed in a mining disaster. It states: 'In 88 years the mines have killed 50 000 workers.' However, by the end of the decade HIV might claim the lives of many more.

2.4 The impact of HIV/AIDS on the RDP

Tom Moultrie in HST Update, Issue No 13 of 1996 believes that there can be no doubt that the RDP will have a major impact on South Africa's economic development. A comprehensive blueprint for South Africa's future economic development is based on six principles and five key programmes. The principles include integrated and sustainable development, people-driven efforts, peace and security, nation building, linking of reconstruction and development, and the democratisation of South Africa. The programmes include: meeting basic needs, developing human resources, building the economy, democratizing the state and society, and implementation of the RDP.

With the close inter-relationship between HIV infections and socio-economic markers, the RDP will have direct implications for the HIV/AIDS epidemic. Equally, the dynamics of the HIV and AIDS epidemic will affect the implementation of the RDP

The impact of the HIV/AIDS epidemic on the RDP is most important in terms of three of the six principles.

Sustainability

African National Congress (1994) believe that RDP brings together strategies to harness all our resources in a coherent and purposeful effort that can be sustained into the future. Health care and especially HIV/AIDS prevention programme has been identified as important mesure of fighting the social and health problems confronting the people of South Africa.

Without a comprehensive understanding of the dynamics of the HIV/AIDS epidemic, the RDP may not offer a sustainable development framework. The epidemic will undoubtedly influence the economic growth patterns of this country. (HST Update Issue No 13 of 1996)

People-centredness

The RDP is focused on the people's most important needs, (the need to empower the people with HIV programmes and Health care is one of these needs) and it relies, in turn, on the energies to drive the process of meeting these needs. (African National Congress 1994;5)

HST Update Issue No 13 of 1996 pointed out that an understanding of the RDP as being 'people-driven' marks a requirement that the current and long-term expected demography statistics of the country be understood thoroughly. The HIV/AIDS epidemic is likely to change the demographic profile of the country's population fundamentally, and long-term economic, social and developmental programmes should be designed with these anticipated changes in mind.

Peace and security

The creation and provision of sustainable peace and security will, ultimately, depend on the stability of civil society. To this end, it is of particular concern that among the sub-populations most at risk of HIV infection are nurses, teachers, policemen, women and soldiers (HST Update, Issue No 13 of 1996). High levels of HIV infection (and, eventually, AIDS deaths) in civil society and professional categories could negatively impact on the stability of many organs of civil society.

Tom Moultrie in HST Update, Issue No 13 of 1996, concluded that while the RDP will undoubtedly help South Africa out of its current constrained growth cycle, it will be influenced by the social, demographic and economic changes brought about by the HIV/AIDS epidemic. At the same time, the higher growth potential that may be With the close inter-relationship between HIV infections and socio-economic markers, the RDP will have direct implications for the HIV/AIDS epidemic. Equally, the dynamics of the HIV and AIDS epidemic will affect the implementation of the RDP. unlocked by the RDP may serve to reduce the number of new infections in South Africa. Evaluators and implementers of RDP-oriented projects must take cognisance of the likely demographic, social and economic impacts of the epidemic, so as to optimise the efficacy of their investment.

2.5 Strategies for HIV/AIDS prevention

Mann, Chin, Piot and Quin (1988) took the following approach against AIDS:

- We now know enough about AIDS to stop its spread, even though a vaccine is not yet available.
- Education remains the key to AIDS prevention and control.
- AIDS control will require sustained long-term commitment. AIDS came upon us rapidly but will not recede rapidly.

. AIDS prevention and control will require both national AIDS programmes and strong international leadership, co-ordination and co-operation.

The global strategy has three objectives:

- to prevent AIDS virus transmission;
- to take care of AIDS virus-infected persons; and
- to verify national and international efforts against AIDS.

HST Update (1996) pointed out that the fight against AIDS in South Africa rests on key strategies:

(i) Life skills and responsible sex programmes are run at schools and youth centres.

(ii) Mass communication strategies such as the Faces of AIDS project (which uses HIV-infected people to give messages), aim to raise awareness and to reduce the stigma attached to AIDS. The project to train taxi drivers to give AIDS information and to provide free condoms had really taken off.

(iii) Increased access to barrier methods. So far nearly 60 million condoms have been distributed since 1981 and the female condom has recently been introduced. Primary health care and family planning staff had already been trained in its use.

(iv) Stepping up STD management. At present STDs are inappropriately managed and wrong drugs are often used. TB programmes also need to be strengthened and the Department of Health is issuing packages to clinics which include the correct treatment, condoms and contact cards for infected people to inform other sexual contacts.

(v) Preparing people to provide care for AIDS patients, extending from the level of hospital right through to the home.

The Department of Health in HST Update (1996)is regarding intervention against AIDS as one of its top priorities. The Department of Health now has five strategies to help win the short term war against AIDS (HST Update 1996). These are:

- improvement of life skills of the youth;
- improvement of communication around AIDS;
- distribution of condoms;
- improvement of the treatment of Sexually Transmitted Disease (STD); and
- caring for people with AIDS.

2.6 The involvement of trade unions in the prevention of HIV infection

Of all the diseases in modern times AIDS takes the lead in instilling much fear and panic as a result of misinformation. The only way to deal with this problem and to prevent the spread of fear is for employers and employees to be adequately informed about AIDS.

Evian (1991) believes that the current epidemic poses a major challenge to all. People in all walks of life, including commerce and industry, are already affected by the epidemic and will have a major role to play in managing the problem in an appropriate manner by conducting and disseminating information and educating its community about AIDS.

Although AIDS education programmes receive attention in the work-place, AIDS is becoming a problem of major concern for trade union leaders as they constantly get reports of some of their members being infected by the HIV/AIDS virus.

An AIDS-infected worker is confronted with numerous problems in the work situation. He/she fears discrimination and loss of his/her job, benefits and friends. Employers are concerned about how to manage the problem in general and the specific AIDS issues in particular. Management and workers both have vested interests to ensure that the disease has the least possible impact in the work-place. Evian (1991:7) believed that attitudes about AIDS and policies developed in the work place will have a profound impact on the eventual social and economic outcome of the epidemic. Managers of all enterprises, both large and small, in the cities and smaller towns, and in all sectors of industry and commerce, as well as trade union leaders and organisers, will need to have a basic understanding of this disease in order to approach and develop their policies in an informed and rational manner.

Because workers constitute a large percentage of the population and also because trade unions are the most important organizations representing the interest of workers (members), it stands to reason that sooner rather than later, many trade unions will have actual cases of AIDS as well as HIV infection among their members. Unions therefore need to know the facts and know where to turn for sensible advice.

Many of the potential work-place problems associated with AIDS may stem from a lack of understanding of how the virus is passed on. Trade union officials can help by disseminating information and by enabling stimulating discussion of the issues to take place. This is an essential feature of any trade union AIDS policy.

Trade unions therefore have an important role to play in imparting knowledge (educating) and disseminating information on AIDS to their members. Unions have a duty to represent their members in negotiation in case of grievances, as well as mediating and bargaining on their behalf. However, it is also their duty to fight for members' right to obtain information about AIDS, health and safety. In this regard Banta (1988:83) believes that a member with HIV, ARC or AIDS who is discharged, transferred or

involuntarily placed on leave, expects a union steward to speak and act for him/her. A union that fails or refuse to process a grievance by an AIDS patient risks an unfair representation claim. It is expected of a union leader to file a claim of an aggrieved employee against the employer for lack of just cause on taking adverse action because of AIDS, and against the union for failing to vigorously argue the case.

Employers and unions should expect contributions on almost any issue involving involuntary action against an employee with AIDS. Unions also have a strong duty to protect the health and safety of their members. The union should seriously attempt to educate their members on how AIDS is transmitted and should assess the risk of infection. Banta (1988:84) further felt that if the union who represents the interest of most members of the bargaining unit, presses management to remove the affected employee, it and its officers are open to a legal claim by people with AIDS.

Rubin, in HST Update (1996) pointed out that the Australian Council of Trade Union (ACTU) based its response to AIDS on accepted trade union principles, which are as follows:

(i) workers have a right to expect a safe and healthy workplace;
(ii) workers have a right to know of hazards, which must be kept to a minimum; and
(iii) improvement in health and safety can be achieved by collective action.

Rubin in HST Update (1996) maintained that the ACTU policy recognizes the risk of discrimination against workers with AIDS or those perceived to be at high risk for example homosexuals and persons with haemophilia. It stresses the importance of occupational health and safety guidance, clear and accurate information and the protection of union members.

From different illustrations by authors regarding the impact of HIV/AIDS in the work-

place, the author believed that information and education of trade union members in respect of HIV/AIDS-infected persons should be included in the barganing programmes if the trade union leaders.

Unions have a responsibility of trying to protect the health and safety of workers occupationally exposed to AIDS, the rights of workers who are AIDS patients, as well as that of individuals who may be at high risk.

Earwicker in HST Update (1996) said that the TUC (Trade Union Congress) concern with AIDS focused on human rights not just on health and safety. Firstly, the TUC regarded the HIV/AIDS problem as one affecting only special categories such as the laboratory workers. Secondly, it faced the problems of workers who care for persons with HIV/AIDS, including prison officers, social workers, health care workers and ambulance workers. Thirdly, it dealt with more general aspects of industrial relations and difficult issues of discrimination and ignorance.

Earwicker in HST Update (1996) believed that the TUC always has to guide trade unions and make representations to government. These include -

(i) to improve awareness of health education;

(ii) proper health and safety arrangements, including the continuing problem of implementation;

(iii) adequate public resources, e.g. the ability of National Health Service to respond to the needs of delivering health care where it is needed (that is, where most AIDS cases are situated);

(iv) treatment and advice; and

(v) avoidance of discrimination.

In making their members aware of HIV/AIDS infection, the role of trade union leaders will be vital. This includes taking part in arrangements for proper health and safety, being involved in the provision of adequate public resources for education treatment and advice, and developing policies that seek to avoid discrimination again HIV/AIDS-infected persons.

2.7 Conclusion

In this chapter it was demonstrated that reviewing a complex phenomenon such as HIV/AIDS required looking at general background and its historical overview. The impact of HIV/AIDS in the work-place, on the RDP as well as strategies for its prevention was illustrated. Attempts made by trade union leaders to understand the plight of the HIV-infected person in the work situation are based on the complexities of their interaction with other employees, employers and union leaders.

In the next chapter a research study will be described to determine whether the trade union leaders are involved in the prevention of HIV infection.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Introduction

In the preceding chapter this dissertation dealt with a theoretical foundation of the research subject. This chapter outlines the research methodology, that is the design selected for the study, sampling procedures, research instruments, data collection and interpretation (analysis). The selection of the research design as described in this chapter was determined by the aims of the study as discussed in chapter I, namely to determine whether the trade unions are involved in the prevention of HIV infection.

To achieve this, the author will:

(i) Determine the involvement of trade unions with regard to:

* HIV/AIDS- related training programmes among their members,
* health policy development including HIV/AIDS and whether unions are encouraging employers to do the same,
* making their members aware of available HIV/AIDS services,
* encouraging their members to utilise HIV/AIDS services available to them.

(ii) Determine the trade union leader's level of knowledge about:

* HIV/AIDS basic information,
* dissemination of information on how HIV/AIDS is acquired, spread and prevented,

(iii) establish whether trade unions regard employers as already involved in dissemination of information on HIV/AIDS and guidance on dealing with general health problems and HIV/AIDS in the work situation,

(iv) formulate recommendations based on the results obtained from the study.

3.2 Research design

Leedy (1989:93) maintains that the design is the plan for the study providing the overall framework for collecting data. Once the problem has been concretely formulated, a design is developed in order to provide a format for the detailed steps in the study.

The research design is the plan, structure and strategy of the researcher who seeks to obtain various answers to different questions. Rubin and Babbie (1989:310) believe that the term, research design, refers to all the decisions made about how a research study is to be conducted. Selltiz *et al* in Mouton and Marais (1988:32) define research design as the arrangement of conditions for collection and analysis of data in the manner that aims to combine relevance to the research purpose with economy in procedure.

Research design must of necessity be feasible. As its aim is to provide the answer to social questions, unexpected changes in the social situation could give rise to new questions. In short, the principal objective of a research design is to plan a scientific investigation. According to Arkava and Lane (1983 : 26) the most fundamental decision about the design is whether the study will be experimental or not.

For the purpose of this study the author intends to use an exploratory design. Exploratory design is the process of investigating or examining an area that had not been examined in the past. Mouton and Marais (1988:43) pointed out that the goal which is pursued in exploratory study is the exploration of a relatively unknown research area. They further

maintained that the aim of exploratory studies may be:

* to gain new insight into the phenomenon;

* to undertake a preliminary investigation before a more structured study of the phenomenon;

* to explain the central concepts and constructs;

* to determine priorities for future research; and

* to develop new hypotheses about an existing phenomenon.

Rubin and Babbie (1989) maintain that the exploratory design is typical when a researcher is examining a new interest, when the subject of study is relatively new and unstudied, or when a researcher seeks to test the feasibility of undertaking a more careful study or wants to develop methods to be used in a more careful study.

Because of the divergent impact of AIDS in many fields (and especially in the work-place) it is not clear whether the trade unions play an important role or not. It is therefore the intention of the author to collect more information about the involvement of trade unions in the prevention of HIV infection. To the knowledge of the author, there is little or no information about the involvement of trade unions in the prevention of HIV/AIDS in South Africa. Therefore the design for this study was obviously exploratory research.

3.3. The subject and sample

The best research procedure is based on the correct selection of the population and its sample. Leedy (1989) believes that no results at the end of a long and involved study

are any better than the care, precision, consideration and thought that went into the basic planning of the research design and the careful selection of the population. He concludes that population parameters and sampling procedures are of paramount importance and become critical as factors in the success of the study. Worsley (1992:95) maintains that when the entire population is studied it is practical to study parts there of, such as a sample or small group. This sample is representatives of the entire universe or population. The sample in this study consisted of the two representatives from each of the five trade union federations as well as two representative from each of the five non-affiliated trade unions (20 representatives). The questionnaires were completed at the trade unions' offices during the period between 9 and 30 November 1996.

In this study, the trade unions represented the following bodies: The Congress of South African Trade Union (COSATO), The National Conference of Trade Unions (NACTU), The South African Confederation of Labour (SACOL), the Federation of Independent Trade Unions (FITU) and the Federation of South African Labour Union (FEDSAL). The rest of the sample included the five non-affiliated trade unions with two representatives from each.

3.4 Method of data collection and instruments

Collecting data is a difficult and time-consuming phase in any research and the success of the study often depends on data collection. The author used questionnaires for data gathering.

The author drew up a questionnaire (lists of questions) relating to the subject being researched. These questionnaires were given to the selected representatives of the unions and federations to complete them at their leisure and the author, thereafter fetched the completed questionnaire from their offices.

The questionnaire solicited information on identifying details and contained closed-ended and open- ended questions to collect information on HIV and AIDS. Open-ended questions were used because of the sensitive nature of the topic.

Twenty questionnaires were used to collect data. The data obtained from these questionnaires covered aspects on the involvement of trade union leaders in education, awareness of the spread of and the impact that HIV/AIDS have on the worker and his relationship to his fellow workers as well as their families. The questionnaire specifically dealt with the dynamics of:

* particulars of trade unions whose leaders are used as samples in this study;

* determining the trade union leaders' levels of knowledge about basic information and the method of dissemination of information on the spreading of HIV/AIDS;

* involvement of trade unions in prevention of HIV/AIDS; and

* determining whether trade unions regard employers as already involved in dissemination and guidance on health problems (including HIV/AIDS) which are already being provided by employers in the work-place.

A copy of the questionnaire is attached to this dissertation as Appendix A.

3.4.1 Procedures

The completion of questionnaires took place at various offices of participants. Each participant was asked to complete the questionnaire which was handed out to him/her in the absence of the author and at their own time. The repondents were requested to answer questions as honestly as possible..

3.4.2 Data analysis

Data analysis is a very important phase in interpreting research findings. In choosing the type of method or model for analysing research data, distinction is made between qualitative an quantitative methods. Collins, in McKendrick (1987), maintains that the analysis of data answers the question: 'how shall I arrange and order my findings'. She further explained that as opposed to quantitative and analysis, data is qualitatively analysed in terms of categories (discrete description) and/or transformed into statistically accessible forms by quantitative (counting) procedure.

Mouton and Marais (1988:155) distinguish between between quantitative and qualitative approaches as follows. Quantitative approach in social science is the approach that is more highly formalized as well as more explicity controlled, with a more exactly defined range and relatively closed to physical sciences. On the other hand, qualitative are those approaches in which the procedures are not as strictly formalized, while the scope is more likely to be undefined, and a more philosophical mode of operation is adopted. Rubin and Babbie (1989: 364) believe that both quantitative and qualitative methods are empirical in that they utilize experience and observation as a route to knowledge. But they make the following differentiation of the concepts: quantitative methods are more concerned with maximizing the objectivity and testing the validity of what we think we are observing, while qualitative methods are more concerned with subjectivity, tapping the deeper meaning of human experience. These authors further pointed out that these methods compliment each other, and some researchers use the two types in the same study.

In this study data from the questionnaires was quantitatively analysed, due to the specific nature of data obtained. However, some of the open-ended questions were qualitatively analysed and then quantified.

All subjects participated on a voluntary basis and were informed about the nature of the

study. Participants' identities were kept anonymous.

3.5 Conclusion

In this chapter research methodology, design, sample as well as method of gathering data and instruments used were outlined. In the next chapter, analysis of data gathered, as described in this chapter, will be presented and a final interpretation of information reviewed will be done.

CHAPTER IV

DATA COLLECTION AND ANALYSIS

4.1 Introduction

The previous chapter illustrated how research information would be obtained and what tools, design and samples would be used to gather data.

The sample of this study was derived from five trade union federations and five independent or unaffiliated trade unions; that is, two representatives from each of the five independent trade unions and the five federations. These twenty representatives (officials or leaders) served as sample in this study.

For the purpose of this study the author used an exploratory design. Because the information obtained from several authors regarding the role played by employers in the work-place did not portray the involvement of trade unions in the prevention of HIV infection, the author wanted to explore and gather more information about the involvement of trade unions.

The author collected data by means of a questionnaire. The first part of the questionnaire was merely used to identify the trade unions from which the sample was drawn. Data was derived by the use of open-ended and closed-ended questions and arranged into sections II, III, IV, V and VI. Twelve questions were used to elicit knowledge about the spreading/transmission of HIV/AIDS, five regarding the attitude about HIV/AIDS, fourteen about involvement of trade unions in HIV/AIDS prevention, eight about the input made by trade union leaders on HIV/AIDS policy in the work-place and one on general comments of respondents.

Possible answers to questions in the questionnaire appears in Appendix A. The purpose of the questions was to elicit information regarding the object of this study. Out of the total number of ten trade unions approached, a questionnaire was administered to two representative of each. In this study, twenty respondents answered questions as they appeared on the questionnaire. All twenty questionnaires left at the offices of representatives were completed.

4.2 Results of survey

4.2.1 Knowledge of respondents about the spreading/transmission of HIV/AIDS

Table 4.1: Knowledge about the causes of AIDS, its transmission and how it cannot be transmitted.

Re-sponse	HIV causes AIDS	%	HIV is trans-mitted via unpro-tected sex	%	HIV is not transmitted through casual contact	%
True	20	100	19	95	15	75
False	0	0	1	5	5	25
Uncer-tain	0	0	0	0	0	0
Total	20	100	20	100	20	100

The three variables showed similar responses. The findings revealed that the respondents know that HIV is a virus that causes AIDS, it is spread through unprotected sex and cannot be transmitted by casual contact with an infected person.

Table 4.2: Knowledge of respondents regarding AIDS being a disease affecting homosexuals only.

Response	No	%
True	0	0
False	20	100
Uncertain	0	0
Total	20	100

One hundred per cent of the respondents negated or did not agree with the statement that AIDS is a disease that affects homosexuals only. This response confirms that all respondents knew that AIDS is a disease that affect homosexuals as well as heterosexuals.

Table 4.3: Knowledge of respondents about AIDS as an incurable disease

Response	No	%
True	17	85
False	2	10
Uncertain	1	5
Total	20	100

Of the twenty representatives, the majority of respondents agreed with the statement that AIDS is an incurable disease.

Table 4.4: Knowledge of respondents about a myth ("AIDS stands for American Idea of Discouraging Sex")

Response	No	%
True	0	0
False	19	95
Uncertain	1	5
Total	20	100

No one agreed with the myth that AIDS stands for American Idea of Discouraging Sex. There is a tendency among the youth to use myths such as this to disguise the implication of real issues and to substitute it with their own false but convenient meaning. The majority of respondent regarded this statement as false.

The majority of respondents agreed that AIDS is sexually transmitted from one person to another. They were also aware that having more than one sexual partner increased the risk of HIV infection. Most of the respondents believed that over 50 000 people in South Africa were infected with HIV.

Most respondents agreed that HIV is transmitted by means of bodily fluids, that when AIDS is "full blown" the patient will certainly die, and the majority agreed that condoms are safe for preventing HIV transmission.

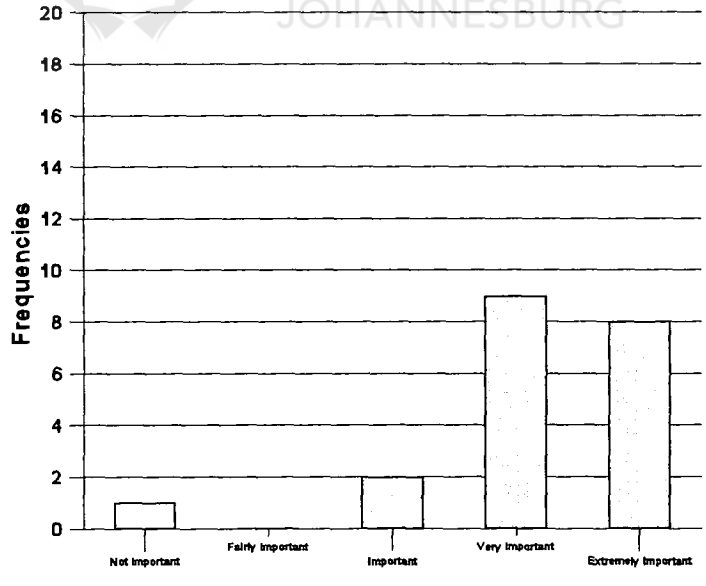
4.2.2 Attitudes of respondents about HIV/AIDS

Table 4.5: Respondents' reaction to the importance of migration factors in transmission of HIV

Response	f	%
Extremely Important	9	45
Very Important	7	35
Important	3	15
Fairly Important	1	5
Not Important	0	0
Total	No 20	100

From the frequency distribution of 20 respondents the majority rated migratory factors as extremely important in the transmission of HIV.

Figure 1: The influence of single sex accommodation on transmission of HIV



N=20

From the above bar diagram of twenty respondents, it is clear that nine out of the twenty respondents rated the single sex accommodation factor as very important in the

transmission of HIV, followed by eight respondents who rated it as extremely important, two as important and one respondent as not important and none as fairly important. The majority therefore rated the single sex accommodation factor as *very important* to *extremely important.*

Table 4.6: The importance of prostitution/sex work in transmission of HIV.

Response	No	%
Extremely important	16	80
Very important	3	15
Important	1	5
Fairly important	0	0
Not important	0	0
Total	20	100

Eighty per cent of the respondents rated the prostitution/sex work factor as extremely important in the transmission of HIV. Fifteen per cent rated it as very important and five per cent as important. None rated it as fairly important as well as unimportant.

The majority of respondents rated homosexual/gay men and refugees as extremely important factors in the transmission of HIV infection.

4.2.3 Involvement of trade unions

The majority of respondents felt that it was important for trade unions to have HIV prevention programmes. Most of these people stated that the programmes should involve education, training, awareness-making (among members, families and workers) of the need to be involved, and to engage in safe sex. They also felt the need for prevention against HIV infection, and the need to make members aware of the plight of infected workers as well as motivate workers to be tolerent towards infected people. They further indicated that awareness-making should be done by means of workshops, training programmes and counselling. The majority believed that management (employers) should be involved in the activities which can be categorized as follows:

(i) Training of employees

- developing awareness programmes,
- forming a partnership with trade union leaders or unions,
- facilitate distribution of condoms, and
- allow employees or shop stewards time off for attending training sessions.

(ii) Policy decisions

- adopt non-discriminative policies and introduce support programmes for HIV infected people,
- allow time off for developing policies, and
- incorporate information from trade unions.

(iii) Provide funding

- making funds available for programmes and training, and
- giving financial assistance for health and safety actions.

Respondents felt that management should play the main role in training programmes, forming a partnership with trade unions, developing policies and provide funding of programmes.

The majority of respondents stated that AIDS programmes for members of trade unions should consist of making members aware of services available and these actions can be categorized into the following:

(i) Education and training

- making members aware of services available,
- encouraging them to join support groups and support services, and
- encourage participation in AIDS prevention programmes.

(ii) Encourage development of policies

- development of HIV policies for members, and
- encouraging employers to develop policies.

(iii) Participation in services,

- attend counselling sessions,
- take part in condom distribution,
- participate in STD management,
- take part in medical assistance
- participate in community health centres
- conduct workshops for HIV/AIDS education
- visit HIV patients in hospitals,
- referral to AIDS homes, and
- distribute literature and organize video's and films.

The majority of representatives agreed that AIDS programmes for members of trade unions should also consist of education and training regarding HIV/AIDS. They indicated that health education should be included in curriculla from primary schools to tertiary educational institutions. They also believed that trade union members should be made aware of HIV programmes and support groups available at the work-place. HIV education programmes should also be included in the training of primary health care and occupational health and safety through the distribution of literature, brochures, pamphlets, leaflets and self-explanatory notes, through workshops, seminars, discussion groups at work, and trade union conferences.

Most of the respondents agreed that condom distribution is another method of preventing HIV/AIDS. They indicated that condom distribution should be done by unions at conferences, at the work-place by vending machines, and should be made available in public toilets, factories, cafeterias and change rooms.

Most respondents agreed that AIDS programmes for members of trade unions should

include STD management. They felt that STD management could be done by people who are not infected as well as those who are already infected and that HIV programmes should be included in school curriculum

The majority of respondents indicated that counselling should be provided for HIV/AIDS persons and that non-infected trade union members should be made aware of the plight of HIV/AIDS-infected members.. They further believed that councelling and awareness education should be made at the work-place or at communijty health centres.

Fifteen out of twenty respondents agreed that AIDS programmes should include policies regarding HIV/AIDS. They believed that policies will minimize HIV/AIDS epidemic in South Africa and that national policies will safeguard the interests of HIV/AIDS sufferers. Respondents believe that AIDS policies will ensure fair and just job selection and avoid pre-employment testing for HIV/AIDS-persons. It will prevent discrimination because the worker is HIV positive and avoid unfair dismissal.

Seventeen out of twenty respondents agreed that an AIDS programme for members should include encouraging employers to develop policies for HIV/AIDS. This will create a friendly atmosphere and environment where advice and guidelines will be encouraged. Discrimination against workers who are HIV positive will be prevented.

Table 4.7: Trade unions' experience of unfair dismissal of members because they were HIV-positive

Response	No	%
Agree	8	40
Disagree	12	60
No comments	0	0
Total	20	100

Sixty per cent of the respondents disagreed that their trade unions were not aware

of any unfair dismissal of the members, because they were HIV positive. This means that they knew of no member who was dismissed from work because of HIV infection.

The majority of respondents indicated that they were not aware of any discrimination and unfair job selection because the person was HIV positive.

Although the respondents were not aware of any unfair dismissal, discrimination and unfair job selection because the person was HIV-positive, they felt that trade unions should have policies that safeguard the interests of their members against such practices.

4.2.4 The input made by trade union leaders on HIV/AIDS policy in the work-place

Out of twenty respondents, sixteen agreed that the trade union leaders should develop policies on HIV/AIDS for their members.

The majority of respresentatives who felt that trade unions should develop HIV/AIDS policies for their members, believed that any action in formulating policies regarding education and training of trade union members, selection, appointment, dismissal, pre-employment testing for HIV/AIDS. benefits and rights to promotion, should take place during shop steward meetings, awareness campaigns, discussion sessions, in the work-place and at information centres. They further believed that trade union members should receive intensive education regarding HIV/AIDS and how to handle HIV-infected people. They also felt that HIV/AIDS education should be part of company-based HIV/AIDS programmes.

Regarding the role employers should play in connection with HIV patients' medical treatment, the majority of respondents maintained that medical services

for HIV infected persons should be available in the work-place. Employers should finance programmes and allow normal medical-aid benefit or medical cover for their HIV employees. Employers should arrange for counselling sessions and support groups at work. HIV infected workers should receive similar treatment and consideration as non infected workers.

In shaping the attitude of workers towards people with HIV infection, the majority of respondents indicated that union leaders can contribute by encouraging all workers to go for medical check-ups regularly. They should also learn to accept HIV-infected people as normal human beings, to understand the plight of HIV-positive persons, and to instill in them a sincere empathy for HIV-positive workers.

On the question of what steps the leaders of unions should take to protect HIV infected workers against discrimination and stigmatization by other workers, respondents indicated that trade union leaders should embark on the following actions:

(i) HIV/AIDS code must be negotiated as part of collective bargaining.

(ii) Union leaders should launch campaigns aimed at informing union members about the plight of HIV-infected workers and appeal to workers to adopt a positive attitude towards them, treat them as normal human beings, and discourage them from discriminating and stigmatizing other workers who are HIV positive.

(iii) Encourage workers to participate in support groups thus showing HIV infected people that they sympathize with and care for them.

Regarding the role the trade unions should play in encouraging employers to develop an HIV policy at work, the respondents were unanimous that employers

should co-operate with trade unions in developing the HIV policy. Their activities may be categorized into the following:

(i) Programme development

- negotiate in good faith with trade unions and take active steps in formulating strategies for developing HIV/AIDS programmes with regard to education, and making workers aware of such programmes; and

- develop HIV policies in collaboration with trade unions.

(ii) Funding

- make funds available for programme development and training; and

- establish a medical aid scheme for HIV infected people.

4.2.5 Other comments

On the question of other comments or information that the respondents wanted to add, seven declined to comment and other gave different or varied comments that can be summarized as follows:

(i) The research should also be conducted among ordinary members of the union and not only among the officials.

(ii) Leaders of trade unions, together with shop stewards, should have training in AIDS policies and this demand should be included in the statute book of the country.

(iii) Government should make funds available to trade unions to finance AIDS

education among workers.

(iv) All role players and unions should lobby for isolated hospitals (specialized hospital for HIV/AIDS infected people) so that thorough medical treatment can be given to the HIV infected persons.

(v) The focus should be on the health care of the union's total membership, not just certain groups.

(vi) Trade union respresentatives would like to know how to start HIV/AIDS programmes.

(vii) Trade unions should have awareness compaigns to educate their members on HIV/AIDS.

(viii) The questionnaire is slightly misleading. Trade unions do not believe that unions should have AIDS policies, but that unions should demand work-place-based policies to be co-ordinated and facilitated by management

(x) Not enough is being done by the authorities to make people aware of the danger of HIV/AIDS.

(xi) Cosatu adopted a good code of practice on HIV/AIDS which details the issues and programmes. However it is largely Numsa (mining) TGWU (transport) affiliates who have done more work in the areas.

4.3 Conclusion

In this chapter, an attempt was made to determine the involvement of trade unions in prevention of HIV infection. Despite the contribution made by numerous authors as indicated in chapter I: 4 of this study report, regarding the impact of HIV/AIDS in the work-place there is, to the author's knowledge, no exploratory research done to determine the involvement of trade unions in the prevention of HIVinfection.

In the next chapter a final conclusions and recommendations in terms of the aim of the study will be provided.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The plight of HIV-infected persons is one of the emerging problems of modern society. It is all the more serious because of the fact that trade unions (often regarded as advocates or speakers for disadvantaged workers) appear to be incapable of including the problem of HIV-infected persons in their negotiating strategies. Such lack of skills or apparent lack of involvement on the part of trade union leaders, is viewed in a serious light by trade union officials who responded enthusiastically to this research.

This study was designed to examine or explore, as mentioned in the aim of the study in chapter I, whether the trade union leadership was already involved in the prevention of HIV infection or not. It focused on the action of the different trade union's representatives and their affiliates, as well as the unaffiliated unions.

The study made a clear distinction between two groups: involvement with HIV prevention in the work-situation by employers' and involvement by trade union leadership. Involvement with HIV infection by employers means the actual participation in development of policies, programmes for and with HIV-infected persons. However, involvement by trade union leaders covers aspects such as actual participation in developing strategies, policies and prevention of HIV infection. The study concentrated on the involvement by the second group for two reasons. In the first place, although much research has been conducted on HIV/AIDS prevention in the work-place involving employers, there appears to be no research study involving trade union leadership. Secondly, trade unions by the mere fact that they negotiate and bargain on behalf of their members, who to all intent and purposes, constitute a large number of our population,

are constantly called upon to also represent their members in issues such as health and HIV/AIDS prevention.

The aim of this study as indicated in chapters I and III was to determine whether the trade unions are involved in the prevention of HIV infection, with the purpose of fulfilling the following objectives:

(i) To determine the involvement of trade unions with regard to:

* HIV/AIDS-related training programmes among members;

* health policy development including HIV/AIDS and ascertain whether unions are encouraging employers to do the same;

* making their members aware of available HIV/AIDS service; and

* encouraging their members to utilize HIV/AIDS services available to them.

(ii) To determine the trade union leader's level of knowledge about:

* HIV/AIDS basic information; and

* dissemination of information on how HIV/AIDS is acquired, spread and prevented.

(iii) To establish whether trade unions regard employers as already involved in dissemination of information and guidance on general health problems and HIV/AIDS on the work situation.

(iv) To formulate recommendation based on the results obtained from the study.

5.2 Summary of findings

From an exploratory study conducted with the twenty trade union representatives (sample), the following findings were derived and are summarized according to different themes.

5.2.1 Knowledge of respondents about the spreading/transmission of HIV/AIDS

The study revealed that the respondents had a thorough knowledge of the method or way by which HIV/AIDS is spread or transmitted. The following facts were evidenced in the study: that the majority of respondents had a general knowledge about HIV as the virus that causes AIDS, how it is transmitted from one person to another, that casual contact cannot cause HIV transmission, and who can be affected by HIV infection. The study also revealed that trade union representatives were aware of the extent of HIV infection and of the estimated number of people already infected by this virus in South Africa. They know how HIV-infection is transmitted, when a person is regarded as having full blown AIDS, and that a condom was the only available method of HIV prevention, although it was not 100% safe.

5.2.2 Attitudes of respondents about HIV/AIDS-infection

The majority of the respondents rated the following factors in the transmission of HIV as extremely important: migration, single sex accommodation, prostitution/sex, homosexuallity and refugees. According to them these accelerated the spreading of HIV infection.

5.2.3 Involvement of trade unions

This study revealed, however, that trade union leaders were not directly involved in the prevention of HIV infection but some had indirect involvement. The majority expressed the need to be involved. The findings briefly reveal the

following:

Most of the respondents indicated that their unions had no HIV prevention programmes. The majority of respondents expressed the need for trade unions to develop HIV prevention programmes and that these programmes should involve education, training, and awareness making of the plight of HIV-infected workers, etc.

Most of the respondents believed that trade unions should encourage management to play an important part in developing HIV programmes. The majority felt that AIDS programmes should consist of making members aware of available services. They further specified important services such as civic participation, support groups, participation in community health centres, counselling, support services, medical assistance, public service, involvement of NGO, conducting workshops at various levels, and shopfloors.

A large number of respondents believed that AIDS programmes should involve the distribution of condoms and that this could be done through: unions' interference, by vending machines, distribution at the work-place, factories, public toilets, at work-stations, cafeterias and change rooms. Some felt that the number of condom supply depots should be increased.

This study also revealed that AIDS programmes should consist of STD management. This should include education on different types of STDs and the ability to cure STD, improve the members' awareness. It is also extremely important to curb the spread of any STD viruses.

Counselling of HIV/AIDS patients was also highlighted as an important part of any AIDS programme. Most of the respondents felt that counselling should be done at work-places, by means of support groups or at community health centres. It should be done for the benefit of the people with HIV/AIDS and their families.

The majority felt that employers should be encouraged to develop policies for HIV/AIDS-infected persons and these policies should consist of giving advice and guidance to create awareness among workers, prevent discrimination against HIV-infected persons, facilitate co-operation between unions and employers. It will allow workers to have general checkpoints and also to attend courses on HIV/AIDS in a friendly working environment and policies to guide action in conformity with labour demands.

However, most of the respondents indicated that they were not aware of any unfair dismissal or job selection practised among their members, and were also not aware of any discrimination against those who were HIV positive.

Despite the fact that these representatives are not curently involved in the prevention of HIV infection programmes, they nevertheless made suggestions that trade unions should be involved in the prevention of HIV.

5.2.4 The input made by trade union leaders on HIV/AIDS policy in the work-place

This study revealed that there was a need for involvement of trade unions and employers in the formulation of policies and programmes for educating and making the HIV-infected and other workers aware of services for HIV/AIDS patients.

Out of twenty respondents the majority agreed that trade union leaders should develop policies on HIV/AIDS for their members and that this excercise should take place during awareness campaigns, shop stewards' meetings, discussion sessions, or in the work-place through lectures and information sessions. They believe that trade union members should receive intensive education regarding HIV/AIDS and how to handle infected people. They also felt that HIV/AIDS education should be part of company-based HIV/AIDS programmes.

Out of twenty respondents, fifteen specified their action in formulating policies regarding appointments and dismissal of HIV-infected members. The majority of respondents were against of pre-employment testing because such tests would be discriminating and would disregard the right of promotion and training of HIV workers. They further maintained that if there should be a need to develop some form of policy, this should be done through negotiation with concerned people, and resolutions taken at conferences, in consultation with labour departments and other unions, to develop a common policy.

The study also revealed that out of twenty respondents the majority believed that employers should play an important role in medical treatment of their HIV positive employers and that such treatment should be available in the work-place, and public health centres. Employers should also allow normal medical aid benefit for the treatment of people with HIV/AIDS.

Out of twenty respondents a large number stressed the important role the union leaders should play to improve the attitude of workers towards people with HIV infection. They stressed education and awareness-making as key elements in this regard.

On the questions of the steps the union leaders should take to protect HIV-infected workers against discrimination and stigmatization by other workers, the majority believed that workers should treat them as human beings, with sympathy and empathy, give them moral support, motivate them to participate in workshops, and encourage them to go for medical treatment. The respondents vehemently maintained that discrimination and stigmatization actions should be prevented at all costs.

Eighteen out of twenty respondents felt that the role to be taken by trade unions in encouraging employers to develop HIV policies at work should receive priority. They advocated for co-operation between trade unions and employers

in formulating strategies and developing policies.

The respondents further felt that research should be conducted among members of the unions and not only among officials. Leaders of trade unions together with shop-stewards should have training in AIDS policies and this demand should be included in the statute books of the country. All role players and unions should lobby for isolation hospitals for HIV people focusing on the health care of everybody, not just certain groups. Trade union members felt they would like to know how to start HIV/AIDS programmes.

5.3 Conclusions and Recommendations

The findings of this study suggest that further research about the involvement of trade unions in the prevention of HIV-infection is still essential. Literature used in this study showed that the HIV/AIDS epidemic is spreading at an alarming rate. The study confirmed that respondents had a thorough knowledge of the method by which HIV/AIDS is spread or transmitted. It confirmed the perception that migration, single sex accommodation, prostitution or commercial sex, and homosexuality or gay factors are extremely important in the transmission of HIV infection. It also confirmed that unemployment of HIV-infected persons was increased by the unfair labour practices, such as discrimination and unfair job-selection because the person was HIV positive. It also indicated that although trade union leaders were not involved in the prevention of HIV infection, there was indeed a need for such involvement.

This study further revealed that the union leaders were positively disposed to the development of HIV/AIDS policies and programmes. They felt that trade union leaders should co-operate with employers to develop these policies and programmes in the work-place, and that these policies and programme should aim at educating and training HIV-infected employees (as well as other workers). The union leaders were against pre-employment tests, selection, appointment, or dismissal policies because they often seem to discriminate and stigmatize the HIV-infected persons.

These findings can be used as basic indicators for involvement of trade unions in prevention of HIV/AIDS. It will also serve to encourage co-operation between the union and the employers in the formulation of policies and programmes for HIV infected employees.

From the foregoing it is recommended that a more penetrating research be conducted to determine policies and programmes for trade union involvement with prevention of HIV-infected persons.

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APPENDIX A

QUESTIONNAIRE FOR TRADE UNION REPRESENTATIVES

INTRODUCTION

The aim of this questionnaire is to determine the involvement of trade unions in HIV/AIDS prevention and to assess the knowledge the union leaders possess regarding HIV/AIDS and its prevention.

INSTRUCTIONS:

(i) You are kindly requested to answer the following questions as genuinely as possible.

(ii) You are requested to respond to the following questions as they appear in the questionnaire.

(iii) Please answer all questions.

(iv) The information obtained through these questions will be treated confidentially.

I. **Particulars about the Trade Union**

(i) Name of the trade union .....

(ii) Position of respondent in the Union's structure

.....

(iii) How long is the union in existence? .....

(iv) Total membership represented .....

(v) Is the Trade Union affiliated to any other union .....

.....

Yes	No

(vi) Has the Trade Union its own affiliates? .....

Yes	No

II **Knowledge about the Spreading/Transmission of HIV/AIDS**

Mark "X" in the appropriate block.

1. HIV is the virus that causes AIDS .....

True	False

2. HIV is mainly transmitted by having unprotected sex with an infected individual .....

True	False

3. HIV cannot be transmitted through casual contact like hugging, shaking hands, kissing, sleeping in same room, sharing eating utensils and being in the same working situation.

True	False

4. AIDS is a disease that only affects homosexuals .....

True	False

5. AIDS is incurable .....

True	False

6. AIDS stands for American Idea of Discouraging sex .....

True	False

7. AIDS is a sexually a sexually transmitted disease .....

True	False

8. Having more than one sexual partner increases our risk to HIV infection .....

True	False

9. How many people in South Africa are infected with HIV .....

Less than 10 000
Between 10 000- 50 000
Over 50 000

10 HIV is transmitted by means of bodily fluids .....

True	False

11. When AIDS is full blown the patient will undoubtedly die .....

True	False

12. Condoms are safe for preventing HIV transmission .....

True	False

III Attitudes about HIV/AIDS

13. To what extent do you regard to follow rating scales as an important factor in the transmission of HIV. Indicate by putting a cross on your choice in these two point rating scales.

(a) Migracy

Not Important	Fairly Important	Important	Very Important	Extremely Important
1	2	3	4	5

(b) Single sex accommodation

Not Important	Fairly Important	Important	Very Important	Extremely Important
1	2	3	4	5

(c) Prostitution/Sex work

Not Important	Fairly Important	Important	Very Important	Extremely Important
1	2	3	4	5

(d) Homosexual/gaymen

Not Important	Fairly Important	Important	Very Important	Extremely Important
1	2	3	4	5

(e) Refugees

Not Important	Fairly Important	Important	Very Important	Extremely Important
1	2	3	4	5

IV. Involvement of Trade Unions

Answer yes or no:

14. Does your Union have an HIV prevention programme? .....

Yes	No

15. Do you think it is important for a Trade Union to have such programmes for their members? .....

Yes	No

16. If yes (in Question 15) what should the programme focus on? .....

.....

17. What is the role of the management in the programme? .....

.....

18. What should an AIDS programme for members of trade unions consist of?

(a) Making members aware of services available .....

Yes	No

Specify .....

.....

(b) Education and training regarding AIDS/HIV .....

Yes	No

Specify .....

.....

(c) Condom distribution in AIDS/HIV prevention .....

Yes	No

Specify .....

.....

(d) STD management .....

Yes	No

Specify .....

.....

.....

(e) Councelling HIV/AIDS patients .....

Yes	No

Specify .....

.....

.....

(f) Policies regarding HIV/AIDS .....

Yes	No

Specify .....

.....

(g) Encouragement for employer to develop policies .....

Yes	No

Specify .....

.....

.....

19. Have your trade union had any experience of:

(a) Unfair dismissal because a person is HIV positive? .....

Yes	No

(b) Discrimination because a person is HIV positive? .....

Yes	No

(c) Unfair job selection because a person is HIV positive? .....

Yes	No

V. The input made by Trade Union leaders on HIV/AIDS policy in work place

20. Do you think that Trade Unions should develop policies on HIV/AIDS for their members? .....

Yes	No

21. If yes, specify your actions in formulating policies:

(a) regarding the education of trade union members? .....

.....

(b) regarding selection, appointment and dismissal of HIV infected members? ....

.....

.....

(c) regarding pre-employment testing for HIV/AIDS patient, benefits, rights to promotion and training of HIV workers? .....

.....

.....

.....

.....

22. How do you see the role of employers regarding HIV patient's medical treatment in the work stiuation?

.....

.....

.....

23. How would you help to shape the attitude of workers to people with HIV-infection?

.....

.....

.....

24. What do you think should be done to protect HIV infected workers from discrimination and stigmatization by other workers?

.....

.....

.....

25. What role should the trade unions play in encouraging employers to develop HIV policy at work?

.....

.....

.....

VI. Conclusion

26. Any other comments or information you would like to bring to our attention?

.....

.....

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Thank you very much for participating in this questionnaire.

O C PELESANE