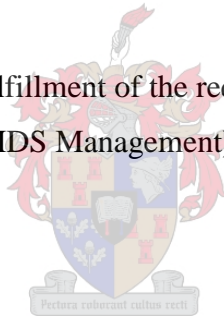


**HIV/AIDS-RELATED STIGMA, DISCRIMINATION AND HUMAN RIGHTS
VIOLATIONS AMONGST PATIENTS ATTENDING ARV CLINIC IN
TSHWANE DISTRICT HOSPITAL**

ASINOBI CHUKWUEMEKA CYRIL OGUNJIOFOR

Assignment presented in partial fulfillment of the requirements for the degree of Master
of Philosophy (HIV and AIDS Management) at Stellenbosch University

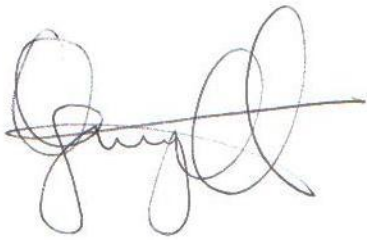


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March 2011

DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

March 2011

Signature

Date

ACKNOWLEDGEMENTS

This work would not have been possible without the assistance and cooperation of many people to whom I am deeply indebted:

I must register my sincere gratitude to my supervisor: Dr Thozamile Qubuda for your guidance, encouragement, proof reading and above all tolerance, which have led to the accomplishment of this study.

My heartfelt thanks go to my beloved wife who has encouraged me in finishing this time-consuming programme. Her constant telephone calls and emails always kept me moving and focused in achieving this study.

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Finally, I wish to thank the entire respondents for their cooperation despite their tight schedules. May the Almighty God bless you all abundantly, Amen.

ABSTRACT

HIV/AIDS-related stigma and discrimination is one of the major problem caused by the epidemic especially to those people living with HIV/AIDS (PLWHA) who have unequal access to fundamental social and economic rights. The denial of basic rights limits people's options to defend their autonomy, develop viable livelihoods and protect themselves, leaving them more vulnerable to both HIV infection and the impact of the epidemic on their lives. The study employed a quantitative study design utilizing a self-administered questionnaire.

This study has confirmed that in the majority of workplaces, the campaign against stigma, discrimination and violations of human rights have really changed employer and employees attitudes toward PLWHA. People are no longer stigmatized and discriminated unlike what was seen in the past decades. This is not mainly because of the presence of a workplace policy as some of the workplaces that do not have a policy still do not stigmatize and discriminate their fellow colleagues infected and affected by HIV/AIDS. It is adduced that individual perceptions of HIV/AIDS have changed as they have learnt how to accept the disease like any other chronic illness.

OPSOMMING

MIV/VIGS-verwante stigma en diskriminasie is een van die groot probleme wat veroorsaak word deur die epidemie, veral aan die mense wat met MIV/VIGS leef, wat ongelyke toegang tot basiese maatskaplike en ekonomiese regte het. Die ontkenning van fundamentele regte beperk mense se opsies om hul self te bestuur en te verdedig, om 'n lewensvatbare lewensbestaan te ontwikkel en om hulself te beskerm. Dit veroorsaak dat hulle meer kwesbaar is vir beide MIV-infeksie en die impak van die epidemie op hul lewens. 'n Kwantitatiewe studie ontwerp, met behulp van 'n self-geadministreerde vraelys, is in hierdie studie gebruik.

Hierdie studie het bevestig dat in die meerderheid van werksplekke, die veldtog teen stigma, diskriminasie en skending van menseregte regtig die werkgewer en werknemer se houdings verander het teenoor mense wie met MIV/VIGS leef. Mense is nie meer gestigmatiseer en gediskrimineer in teenstelling met wat gesien is in die afgelope dekades. Dit is nie hoofsaaklik as gevolg van die teenwoordigheid van 'n werksplekbeleid nie, want daar was werksplekke wat nie 'n beleid het nie en daar word nog steeds nie teen kollegas wat geïnfecteer of geaffekteer is deur MIV/VIGS, gestigmatiseer of gediskrimineer nie. Die gevolgtrekking wat gemaak word is dat individuele begrip van MIV/VIGS verander het soos mense geleer het om die siekte te aanvaar soos enige ander chroniese siekte.

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CHAPTER 1

1. INTRODUCTION

Right from the discovery of HIV/AIDS, the stigma and discrimination that is known to be associated with it has become a social problem affecting effort that have been put in place in the fight against the spread of HIV. Research suggests that workplaces are environments badly affected by HIV/AIDS and Bendell (2003), states that “HIV/AIDS is reducing productivity and increasing costs, due to a fall in the supply of labour, the skills and experience, increasing absenteeism, reducing morale and growing needs for health care training”. Despite global efforts to reduce and eliminate HIV/AIDS-related stigma, discrimination, and the violations of human rights, they have continued to manifestation across settings, thus, affecting the quality of an individuals’ life and their access to and utilization of health care services. Hence, HIV/AIDS-related stigma, discrimination and human rights violation has eaten deep into the fabric of most organizations.

In the world of work the case is not different as HIV/AIDS-related stigma, discrimination and human rights violations is still observed in some settings where ignorance or mere lack of understanding of the disease is a major cause for the wanton attitude. HIV/AIDS-related stigma and discrimination have greatly increased the negative impact associated with the epidemic and have fuelled the transmission of HIV. In this light, however, it makes business sense for companies and the public sector to be involved in finding solutions for effective management of the disease.

The stigma associated with HIV/AIDS especially in the workplaces put employees, their families and global communities at risk, thus dictating a radical and urgent attention to a safe and supportive workplace, where HIV-positive employees are encouraged to contribute to the country’s economy. Particularly of importance is the stigma and discrimination which have and are currently violating the rights of those infected with HIV/AIDS. From both an employee and an organisational perspectives, it is known that the violation of the rights of employees living with HIV/AIDS through the acts of

stigmatization and discrimination results to increase job load, stress level, job dissatisfaction and decrease performance, poor relationship with co-workers and may ultimately influences the employees decision either to leave or stay with employers (Aggleton, Parker & Maluwa, 2003).

Many factors including the lack of understanding of the illness, misconceptions about how HIV is transmitted, the incurability of AIDS, lack of access to treatment, wrong media reporting, and prejudice and fears relating to some socially sensitive issues such as sexuality, disease and death, and drug use, underpinned stigmatisation associated with AIDS (UNAIDS, 2005). Stigma often leads to discrimination and the violation of the fundamental rights of people living with HIV/AIDS (PLWHA) which in most cases are not challenged in organisations that lack a workplace HIV/AIDS programme such as stipulated in the ILO 2001 Code of Good Practice. There are well documented cases of PLWHA being denied the rights to employment, healthcare, work, education and freedom of movement, among others. To this end, it is important to imbibe the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2001 which states that confronting stigma and discrimination is a prerequisite for effective prevention and care, and reaffirms that discrimination on the grounds of one's HIV status is a violation of human rights (UNAIDS 2005).

Few HIV-positive people share personal experiences of being made to feel welcome, comfortable or safe to declare their status within the workplace because of the fear of facing a 'murderous prejudice' from colleagues and employers per se (The Correspondent Dialogues, 2006). The negative effects of HIV/AIDS-related stigma and discrimination affect prevention, and care and treatment. And as the fundamental rights of PLWHA is violated through the act of discrimination, they are not free to live a normal life and thus, avoid seeking and receiving voluntary and confidential counseling and testing in order to elude being identified.

1.1 RESEARCH PROBLEM

To establish to what extent stigma and discrimination violates the rights of people living with HIV/AIDS. The degree of stigmatization and discrimination that HIV/AIDS poses to employees living with the disease varies from one organization to another. This may be as a result of poor level of health education or simply because people are still yet to accept that HIV/AIDS is a disease that can affect any body. According to UNAIDS (2002), PLWHA have their fundamental human rights violated through a range of factors such as relief from their job, denying them of promotion, ostracism, humiliation, rejection, etc. Also study done by Stewart (2003) suggests that HIV/AIDS-related stigma and discrimination are major challenges to the successful implementation of an HIV/AIDS workplace programme. He further argues that employees can be stigmatized by their fellow employees. Consequently, workers are discouraged from utilizing services such as Voluntary, Counseling and Testing. Therefore, in accordance with the research problem the following hypothesis is formulated:

HIV/AIDS-related stigma and discrimination and human rights violation are as a result of lack of an in-depth knowledge of the disease in general.

1.2 AIMS AND OBJECTIVES

Aim

The purpose of this study is to establish the effects of stigma and discrimination on the fundamental human rights of persons living with HIV/AIDS in the workplaces

Objectives

- . To establish the nature of stigma and discrimination
- . To identify how stigma and discrimination affect the rights of people living with HIV/AIDS
- . To identify the reasons why the rights of people living with HIV/AIDS are violated

. To provide guidelines that will discourage HIV/AIDS-related stigma and discrimination and human rights violations

1.3. SIGNIFICANCE OF STUDY

The significance of the study not only enables the researcher to identify the causes and effects of HIV/AIDS-related stigma, discrimination and human rights violation but helps managers to deal with this social problem by finding an answer to the protection of employees' rights (i.e. those living with HIV/AIDS). The rights of employees living with HIV/AIDS are often violated because of their presumed or known HIV status, causing them to suffer both the burden of the disease and the burden of discrimination. Stigma and discrimination may affect up-take of treatment, and may also affect employment, housing and other rights. This, in turn, contributes to the vulnerability of others to infection, since HIV-related stigma and discrimination discourages individuals infected with and affected by HIV from contracting health and social services (CSA).

1.4 RESEARCH QUESTION

How does stigma and discrimination affect the rights of people living with HIV/AIDS?

CHAPTER 2

LITERATURE REVIEW

Since the inception of HIV/AIDS epidemic, it has been found that stigma and discrimination against PLWHA are disturbing factors that not only infringe on the rights of infected individuals but remain a clog in the wheel of progress in fighting the prevention of the spread of the disease. HIV-related stigma and discrimination exists across the globe and accounts for serious discrimination and violations of the rights of people living the infection.

Statistics released by the UNAIDS and WHO (2007) indicate that although sub-Saharan Africa has approximately 10% of the world's population, it is home to more than 60% of all people living with HIV/AIDS in the world. According to this publication, by the end of 2005, an estimated 3.2 million people in the region became newly infected with HIV. UNAIDS (2006) suggests that HIV/AIDS have profound effects on the human resources of organizations and companies due to increased absenteeism, financial costs related to training or recruiting new staff, loss of institutional capacity and loss of productivity. HIV/AIDS related stigma and discrimination therefore leads to PLWHA to be reluctant in disclosing their statuses and to a low uptake of HIV/AIDS-related services made available at workplaces.

Stigma is now a new phenomenon and according to a landmark study by Erving Goffman (1963) (as cited in Pan American Health organization, 2003), he defined it as a “deeply discrediting” attribute, while discrimination can mean the perpetration of an unjust action or inaction against individuals who belong, or are perceived to belong, to a particular group, in particular stigmatized groups. The study pointed that HIV/AIDS provides fertile ground for stigma to take root, and the latter increases where there is ignorance as to how HIV is transmitted, leading individuals and communities to discriminate with a resultant violation of the fundamental human rights of persons living with HIV/AIDS. The study pointed out that peoples' rights i.e. those living with HIV/AIDS are violated in so many

ways such as denial of employment, refusal/delaying of health care services, rejection by colleagues, families and community, insults and so on.

HDN and Global Network of People Living with HIV/AIDS (2004) [as in USAID, 2007] defined stigma as “a real or perceived negative response to a person or persons by individuals, community or society that is characterized by rejection, denial, discrediting, disregarding, underrating and social distance” This definition builds on definitions by others who suggest that stigmatized individuals are believed to possess an attribute that conveys an inferior social identity, which, once obtained, immediately diminishes the individual’s worth (Stafford and Scott 1986 as cited in USAID). The study states that stigma is often associated with diseases that have severe and incurable outcomes, frequently in cases where acquisition of the disease is perceived to have been a consequence of the behavior of the infected individual. Once enacted, stigma against PLWH results in discrimination, which, as defined by the UNAIDS Protocol for Identification of Discrimination against People Living with HIV, refers to “any measure entailing any arbitrary distinction among persons depending on their confirmed or suspected HIV serostatus or state of health” (UNAIDS 2000).

Akhund (2003) describes discrimination as a negative thought which leads people or institution take, or omits to take, action that treats a person unfairly and unjustly on the basis of their presumed or actual HIV/AIDS status.

Stewart, Pulerwitz and Esu-Williams (2002), in their study on addressing HIV/AIDS stigma and discrimination in a workplace programme defined stigma as a social process that marginalizes and labels those who are different, and discrimination as the negative practices that stem from stigma, or “enacted” stigma. They found out that employees of Eskom suffer from HIV-related stigma from their co-workers and supervisors, such as social isolation and ridicule, or experience discriminatory practices, such as being fired from their jobs. The violation of their fundamental human rights from colleagues and employers discourages workers from undergoing voluntary counseling and testing (VCT)

and seeking available prevention and care services. Employees expressed their concern they would be fired if the company learns that they are HIV-positive.

However, for the purpose of this study stigma is defined according to UNICEF/UNAIDS, (2002) as a quality that “significantly discredits” an individual in the eyes of others, and discrimination is used in accordance with the definition given in the ILO Convention No.111 on discrimination (Employment and Occupation); i.e. any distinction, exclusion or preference made on the basis of real or perceived HIV status, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation (ILO, 2004). Stigma is seen as an undesirable or discrediting attribute that a person or group possesses that results in the reduction of that person’s or group’s status in the eyes of others.

The fundamental human right which is infringed by the acts of discrimination was described by UNICEF/UNAIDS (2002) as freedom from discrimination founded on principles of natural justice that are universal and perpetual. Thus, the principle of non-discrimination is central to the human rights thinking and practice. Again, it was found that HIV/AIDS-related stigma and discrimination and human rights violations are inter-linked, hence, creating, reinforcing and legitimizing each other. They form a vicious circle whereby due to stigma associated with HIV/AIDS, the act of discrimination follows leading to the violation of rights of employees living and affected with HIV/AIDS together with their families. It was suggested that this violations of the fundamental rights increases the negative impact of the epidemic seen in different levels. For example, at the level of the individual, it causes undue anxiety and distress; at the level of the community and family, it causes people to feel ashamed, to conceal their links with the epidemic, and to withdraw from participating in more positive social responses; and at the level of the society as a whole, discriminating against PLWHA reinforces the mistaken belief that such action is acceptable and that those infected with HIV/AIDS should be ostracized and blamed. Pan American Health organisations (2003) highlight that HIV/AIDS and human rights can have serious health consequences. Therefore, it states that the abuse of human rights leads to vulnerability to HIV/AIDS

which is seen when people living with HIV/AIDS are denied the right to appropriate health information and care, and are enveloped to a non-exercise or non-enjoyment of human rights due to various acts of discrimination which they suffer such as rejection; isolation; refusal of medical help; physical abuse, breach of confidentiality and among others.

In the paper of ILO (2004), it was revealed that several fundamental rights are threatened in the context of HIV/AIDS. This includes the right to non-discrimination, the right to privacy, the right to appropriate protection in social security and the right to work. There was an in depth emphasis that the protection of fundamental human right must constitute an integral part of the response to the epidemic because failure to do this increases the risk of transmission of the disease and magnifies other tragic impacts the disease has on their lives, vis-à-vis stigma and discrimination associated with HIV/AIDS. Interestingly, in the context of employment the paper highlighted that the breeches of fundamental rights emanating from HIV/AIDS-related stigma and discrimination includes mandatory testing of employees and job applicants, discrimination in access, terms and conditions of employment, termination of employment on the basis of HIV infection regardless of medical fitness to work, breaches of confidentiality with regard to medical information, stigmatisation of workers living, or presumed to be living with HIV/AIDS; denial of access for people infected or affected by HIV to care and support services, including social security coverage. Therefore, the protection of human rights in the context of HIV/AIDS according to ILO is essential not only on account of the very nature of the rights themselves, which exist to preserve the human dignity of infected persons, but also because the protection of those rights is a necessary part of the fight against the epidemic.

Also in the context of HIV/AIDS-related stigma and discrimination and human rights violation, UNAIDS (2005) highlighted that stigmatisation associated with AIDS is underpinned by many factors which includes the lack of understanding of the illness, misconceptions about how HIV is transmitted, lack of access to treatment, the incurability of AIDS, and prejudice and fears relating to a number of socially sensitive issues including sexuality, disease and death, and drug use. According to the UNAIDS

the act of stigmatisation is believed to lead to discrimination and other violations of human rights which affect the wellbeing of persons living with the dreaded disease in fundamental ways. This necessitated the Global consensus on the importance of tackling AIDS-related stigma and discrimination via the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2001. It states that confronting stigma and discrimination is a prerequisite for effective prevention and care, and reaffirms that discrimination on the grounds of one's HIV status is a violation of human rights.

USAID (2007) stipulates that persons living with HIV/AIDS face not only medical problems but also social problems associated with the disease. Stigma as one of the social problems acts as a barrier to reaching those who are at risk or infected with HIV/AIDS and through discriminatory act leads to the infringement of the fundamental rights of infected persons. It enhances secrecy and denial, which are catalysts for the transmission of HIV. It also noted that it is being increasingly acknowledged that effective treatment and care strategies require an understanding of the cultural context in which stigma and discrimination exists.

Human Rights Watch's research (2005 & 2006) found that efforts to fight HIV/AIDS are being undermined by widespread human rights abuses against drug users, sex workers, and PLWHA in the workplace and society. It noted that the abuse of PLWHA violates fundamental human rights protection against torture and other forms of stigma and discrimination. The study showed that HIV/AIDS are as much about social phenomena as they are about biological and medical concerns. There have been widespread discrimination and violation of the rights of PLWHA in the workplace, such as in the health system where infected persons are denied medical treatment, and face violations of their privacy by health care providers who disclose confidential information about their HIV status.

CHAPTER 3

3. RESEARCH DESIGN AND METHODOLOGY

A cross-sectional survey methodology employing semi-structured, self-administered questionnaires was used to meet the above stated objectives. This chapter presents the study's procedures including study design, sampling strategy, data collection, data analysis, the parameters of the research and instruments used by the researcher in gathering data and ethical issues.

3.1 STUDY DESIGN

Harvey and Myers (2002) suggests that “quantitative data are data which can be sorted, classified, measured in a strictly objective way – they are capable of being accurately described by a set of rules or formulae or strict procedures which then make their definition (if not always their interpretation) unambiguous and independent of individual judgments”. The approach of the study was mainly quantitative. The researcher chose to use self-administered questionnaires distributed to a group of randomly sampled employees living with HIV/AIDS who are attending ARV clinic in Tshwane District Hospital as a method to generate quantitative data. Vithal and Jansen (1997) (as cited in a study carried out on HIV/AIDS-related stigma and discrimination among SAP employees) describe the data collection plan as a concise introduction and orientation into the methodological process of information gathering. It sets out constraints and parameters within which the research process could unfold and the research instruments could be developed and employed. The questionnaire consists mainly of close-ended questions and few open-ended questions.

Christensen (2001) defines open-ended questions as questions that enable respondents to answer in any way they please; and close-ended questions as questions that require respondents to choose from a limited number of predetermined responses. The questionnaire was designed by the researcher with the aid of instruments developed by

institutions such as the Centers for Disease Control or the National Institutes of Health where the questions have been carefully researched and validated. Also, it was influenced by the literature review as described in chapter two of this dissertation. LoBiondo-Wood and Haber (2002) highlight that “Questionnaires are paper-and-pencil instruments designed to gather data from individuals about knowledge, attitudes, beliefs, and feelings”. The questionnaires were distributed and collected at the end of the section and the anonymity of the respondents was protected as they were not required to write their names on the questionnaires.

The researcher was indeed aware of some of the possible limitations related to the research design chosen. Firstly, the survey-type design cannot provide an in-depth picture of the issues as compared to a qualitative approach which is better able to provide rich descriptions. Secondly, there might be a low response rate. Out of the thirty questionnaires distributed, twenty respondents did complete and returned them. Thirdly, individual motivations, feelings, opinions and attitudes of the respondents could not be captured or expressed in the presentation of the findings.

The self-administered questionnaires consist of the following sections:

- . Section A: Biographical data of the respondents which includes gender, age and employment category. This background information was used to contrast and compare the participants’ responses. These biographical details were regarded as important

Independent variables

- . Section B: Issues on disclosure
- . Section C: Participants’ level of discrimination, stigmatization and human rights Violations

The core purpose of the last two sections was not only to determine participants’ general level of stigma and discrimination that is attached to HIV/AIDS, but was intended to establish whether the participants personally observed behaviour displaying stigma and discrimination against them and other fellow employees infected and affected by

HIV/AIDS. In addition, few questions regarding the effectiveness of the workplace policy if any, was included to ascertain the workplace response to HIV/AIDS.

3.2 SAMPLING

From the list of all the patients who attended ARV clinic within the period the survey was done was compiled and a random sampling method was used to select every fourth patient who are employed. Using a randomized (that is non-systemized) personnel list as a sampling frame and starting at a random point on the list, every fourth HIV-positive patient was selected as a respondent. Prior to sample selection, the researcher had a number of meetings with key leaders and people in influential positions to secure their buy-in and authorization to allow the study to take place. The researcher explained the purpose of his study and how it might benefit organizations and employees during these meetings. A total of thirty questionnaires were given out and twenty were returned.

3.3 DATA ANALYSIS

LoBiondo-Wood and Haber (2002) states that after the researcher has collected all raw data, he/she is faced with the responsibility of organizing and synthesizing the pieces of information and make sense out of it in such a way that even a lay person could be in a position to understand it.

At the beginning of the survey, respondents were assured that the survey was voluntary, anonymous and confidential. The survey was made up of questions in the form of attitude, statements and completed via the survey by using the Likert Scale format. This scale measures the extent to which a person agrees or disagrees with a question (Kirakowski, 2004 as cited by Herbert, 2005). The Likert technique presents a set of attitude statements. Subjects were asked to express agreement or disagreement as shown below:

A = strongly agree

B = agree

C = neither agree nor disagree

D = disagree

E= strongly disagree

For questions 4-19 which borders on issues concerning stigma, discrimination and human rights violations, respondents were asked to indicate the extent of their agreement or disagreement with a particular statement. In order to interpret the Likert scale results for the questions the answers for the three variables – stigma, discrimination and human rights violations in the survey will be examined and analyzed to:

- . establish the nature of stigma and discrimination
- . identify how stigma and discrimination affects the rights of PLWHA
- . ascertain what organizations are doing to curb this
- . causes of stigma and discrimination

CHAPTER 4

4. RESULTS

During the short period of the survey, a total of twenty responses were gathered. The discussion of the demographics and results of the survey questions are summarized as follows:

4.1 SURVEY DEMOGRAPHIC BACKGROUND

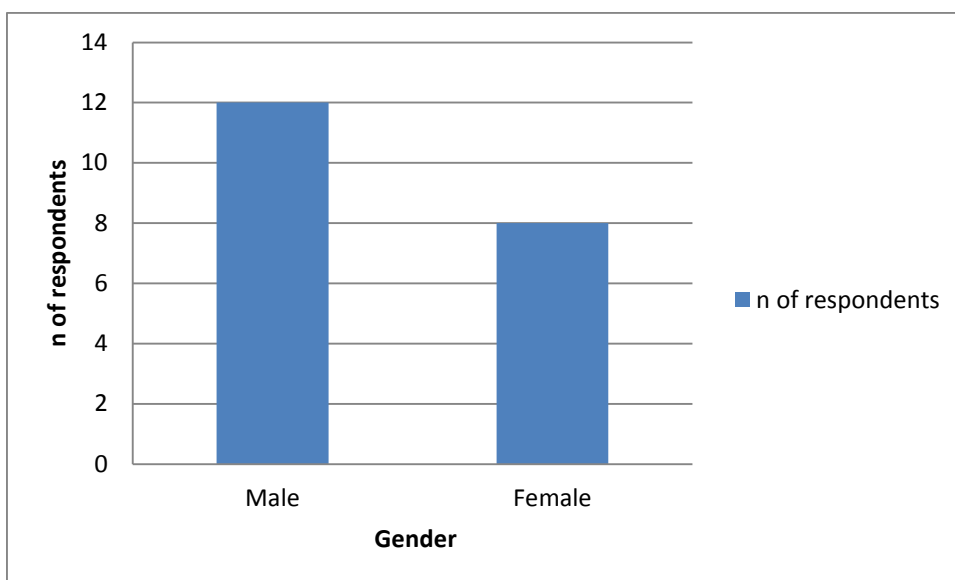


Fig 1.0: Figure describing the gender distributions of the employees living with HIV/AIDS who completed the attitude survey.

It was found that 60% of the respondents were male and 40% were female.

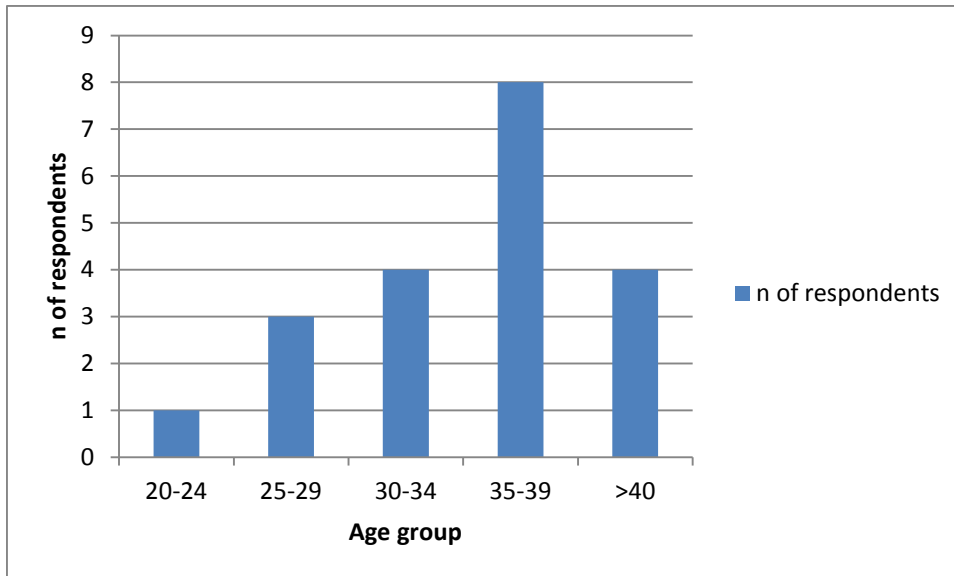


Fig1.1: Figure describing the age group distribution of the employees who completed the attitude survey.

In terms of age group, 40% of the respondents were in the age group 35-39 years, 20% were each found to be in the age group of 30-34 years, and 40 years and above. Respondents within the age group of 25-29 recorded 15%, while those within 20-24 years were 5%.

4.2 SURVEY ON DISCLOSURE

Organizational knowledge of HIV status

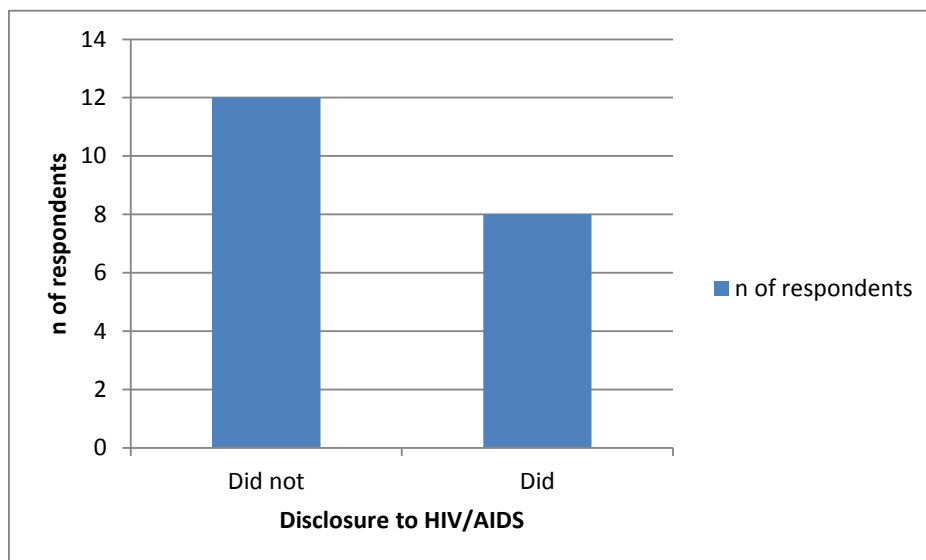
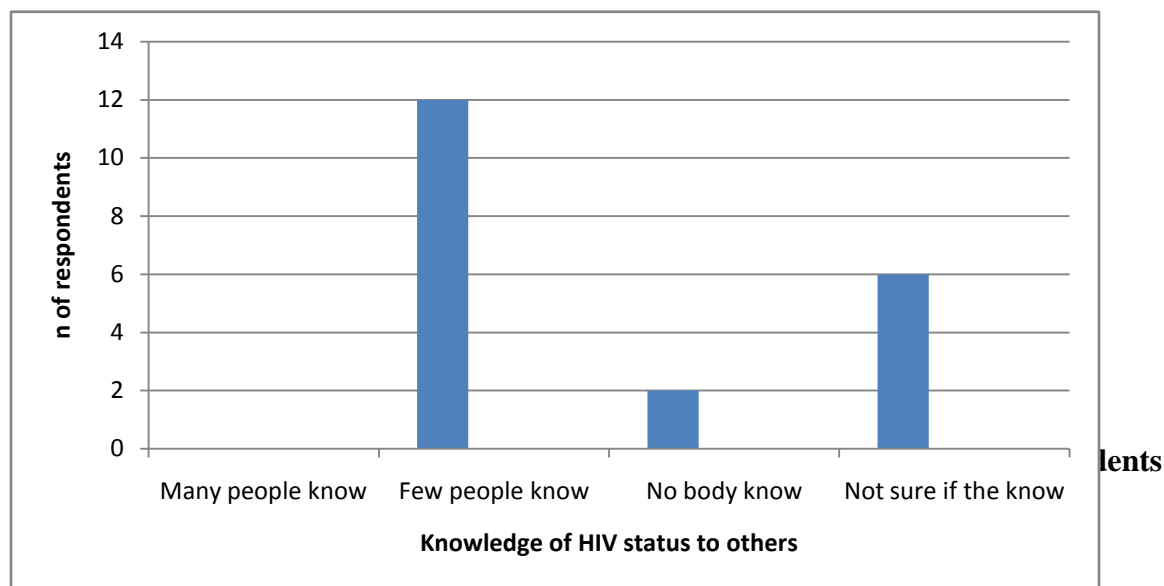


Fig 1.3: Figure described the number of respondents who disclosed or did not disclose their HIV/AIDS status.

A total of eight respondent indicated that they disclosed their HIV-seropositive to their employer/boss, while the remaining twelve said their organization are not aware of their status.

The level of knowledge of HIV status to others

The chart below depicts their response



Employees' consent of HIV/AIDS disclosure

The respondents were asked whether their HIV statuses have ever been revealed without their consent and the table 1.0 below shows their responses.

Yes	0
No	20

4.3 SURVEY ON STIGMA, DISCRIMINATION AND HUMAN RIGHTS VIOLATIONS

Likert scale was mainly used in this section of result analysis

Comfortability of colleagues shaking hands with employees living with HIV/AIDS

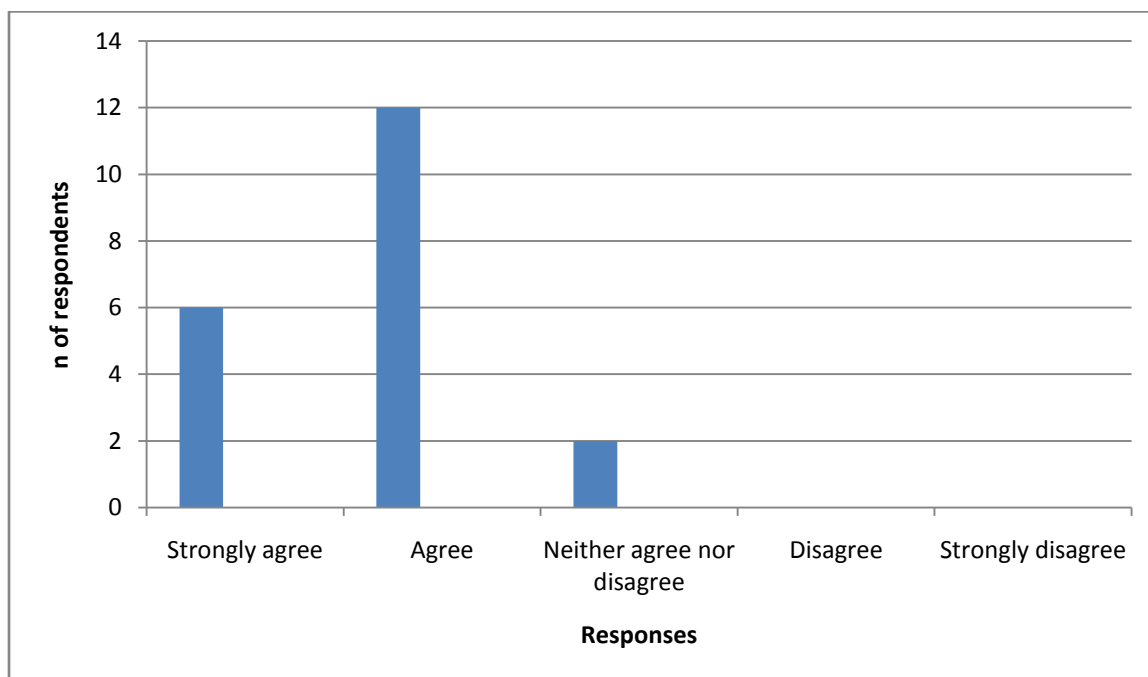


Fig 1.5: Figure describing the comfortability of colleagues shaking hands with the respondents

Comfortability of colleagues sharing their work tools with PLWHA

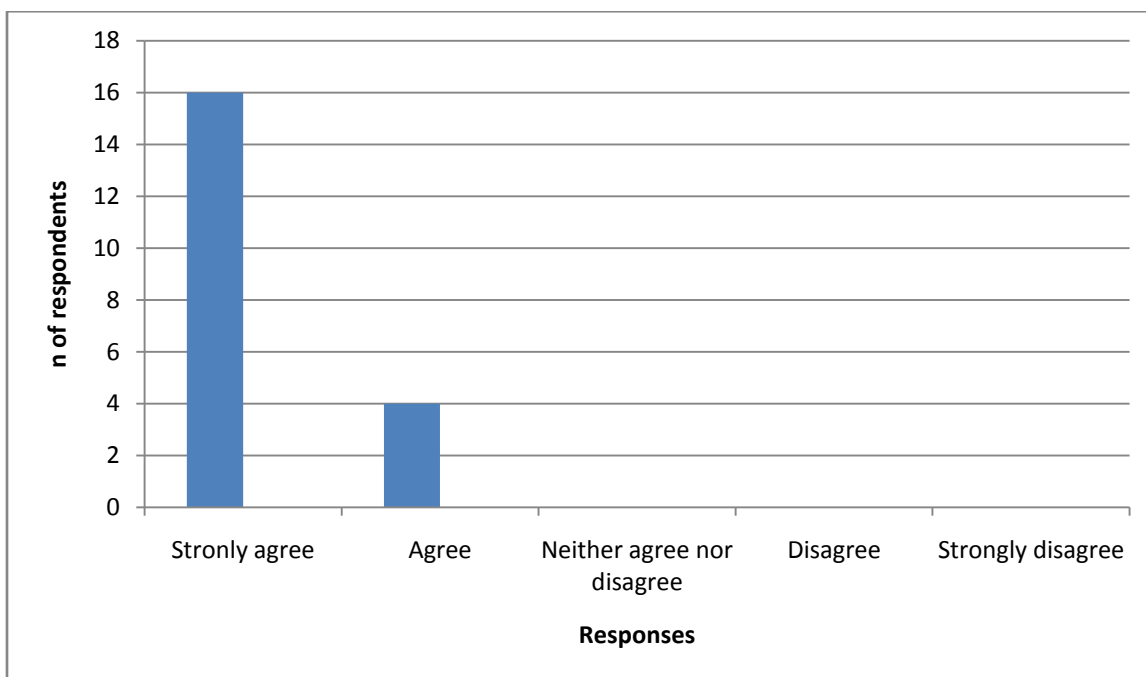


Fig 1.6: Bar chat describing the respondents responses on their colleague sharing their tools with them

Sharing of toilets

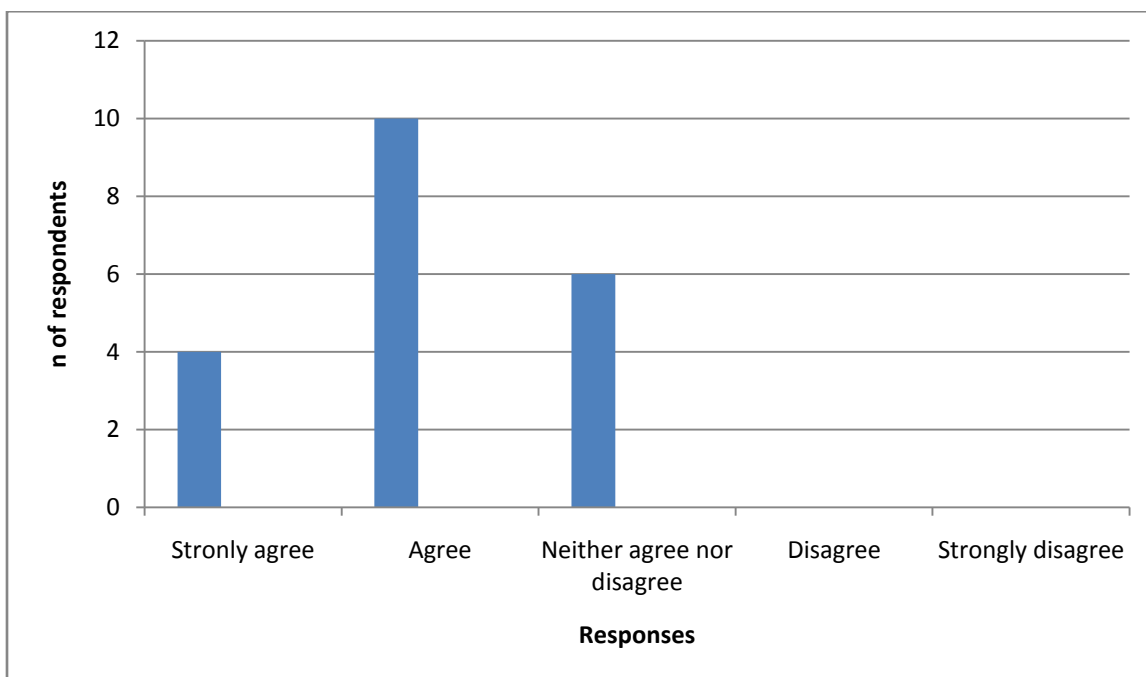


Fig: Figure describing the respondents responses on sharing toilets with colleagues

Issue on rejection by colleagues

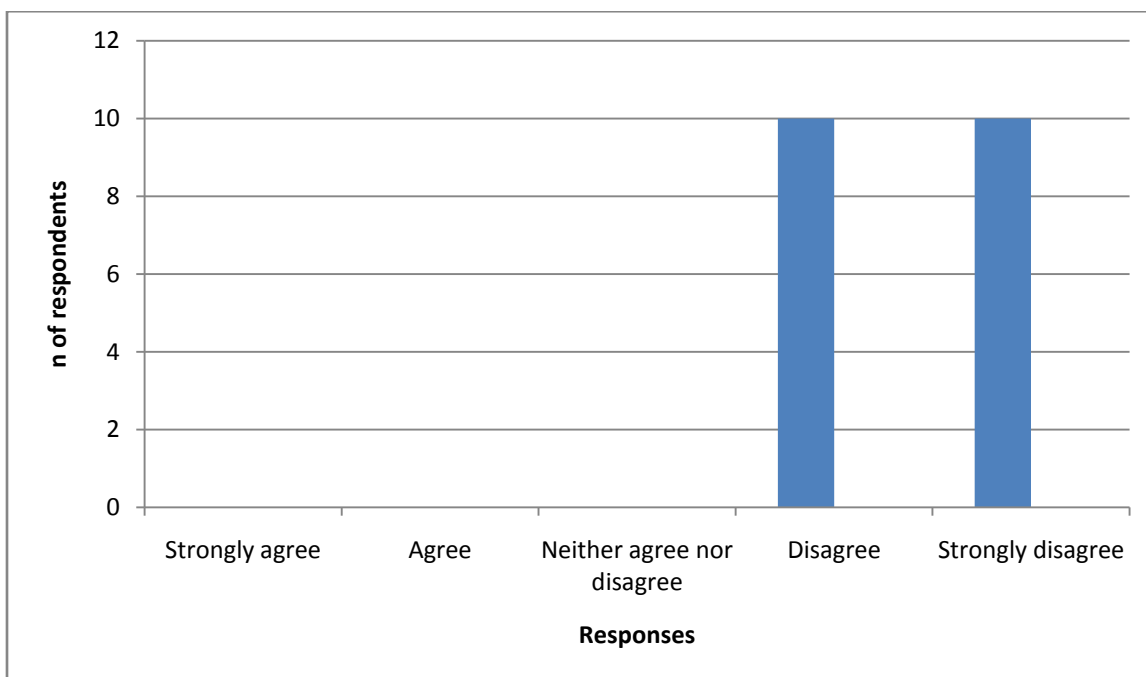


Fig 1.7: Figure describing the frequency distribution of rejection suffered by PLWHA

Issues on loss of job and job promotion

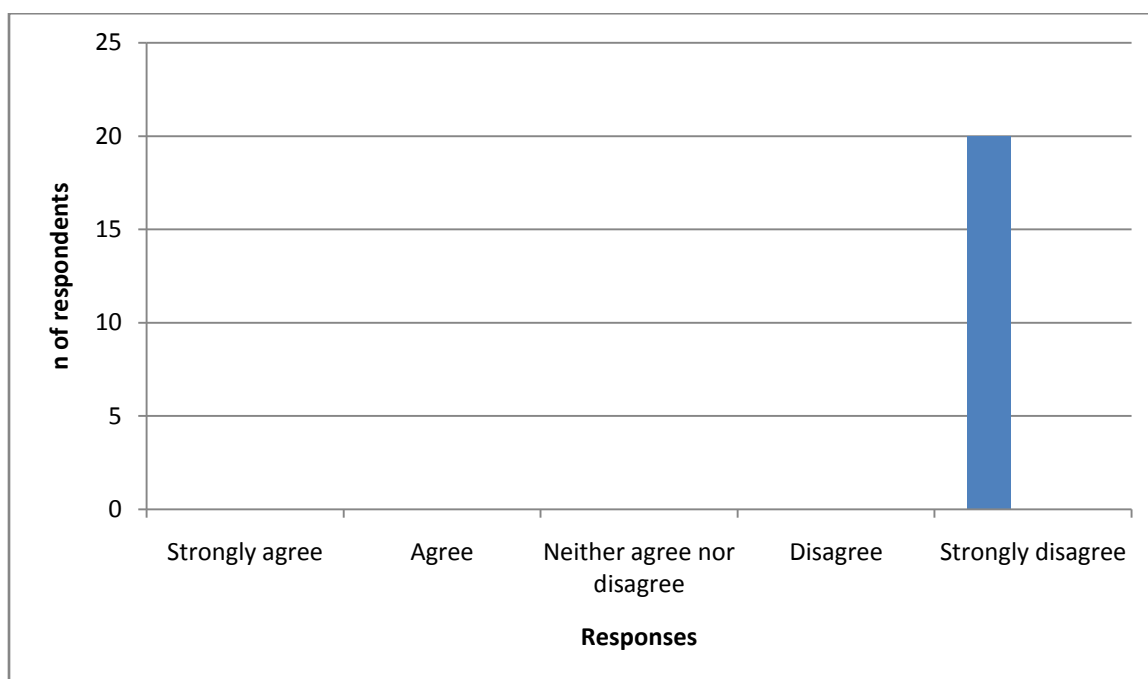


Fig 1.8: Figure describing the frequency distribution of respondents whose jobs are threatened or have lost their prospects for promotion

The availability of a workplace HIV/AIDS activities and VCT

Yes	6 (30%)	
No	14 (70%)	

Table 1.2: It depicts the percentage distribution of respondents whose organizations have HIV/AIDS activities/VCT

Denial of health benefits

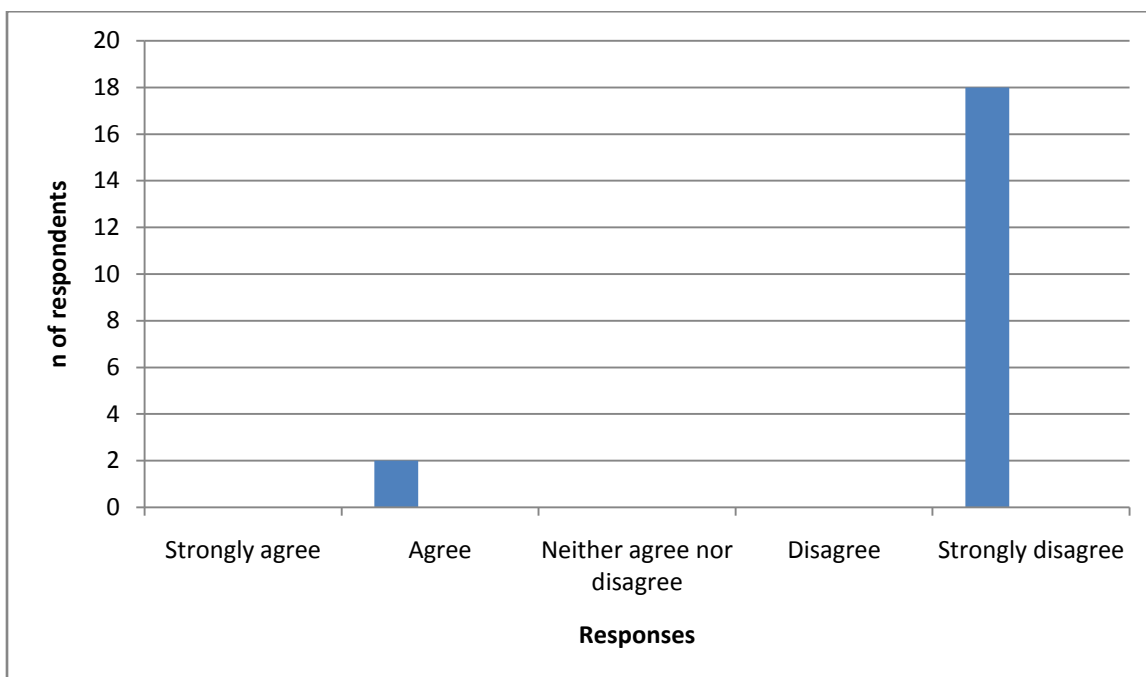


Fig 1.9: Figure describing whether employees' living with HIV/AIDS has ever been denied health benefits

Availability of a workplace policy

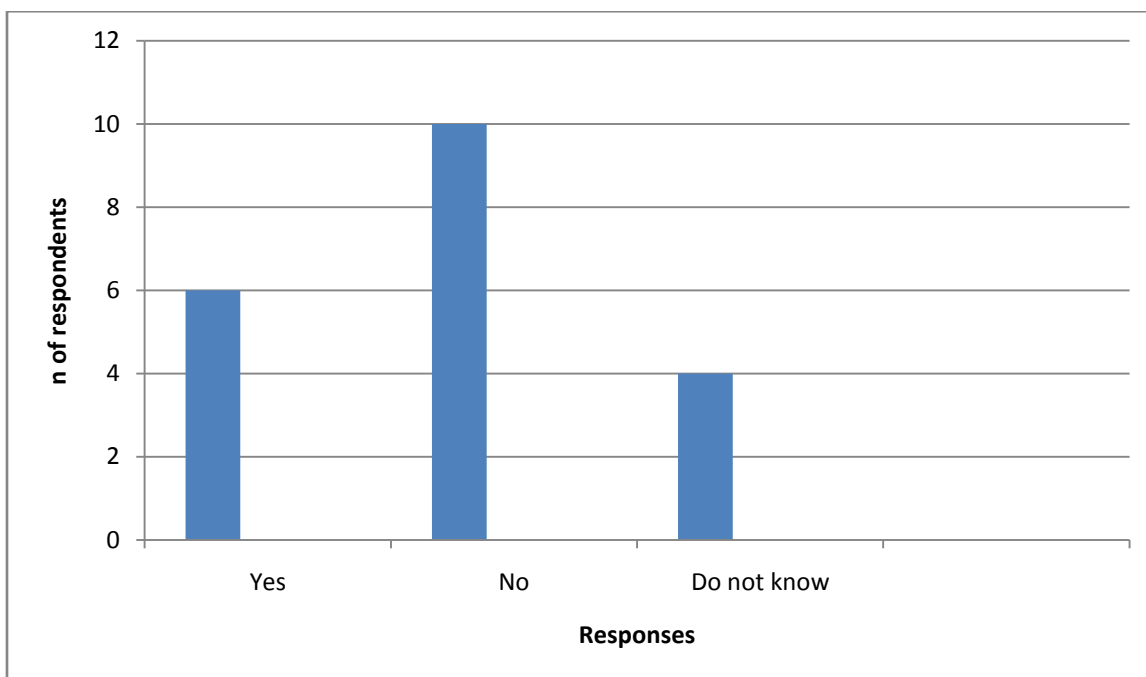


Fig 1.10: Figure describing the presence and implementation of HIV/AIDS workplace policy

Disciplinary measures for a person who violates HIV/AIDS workplace policy

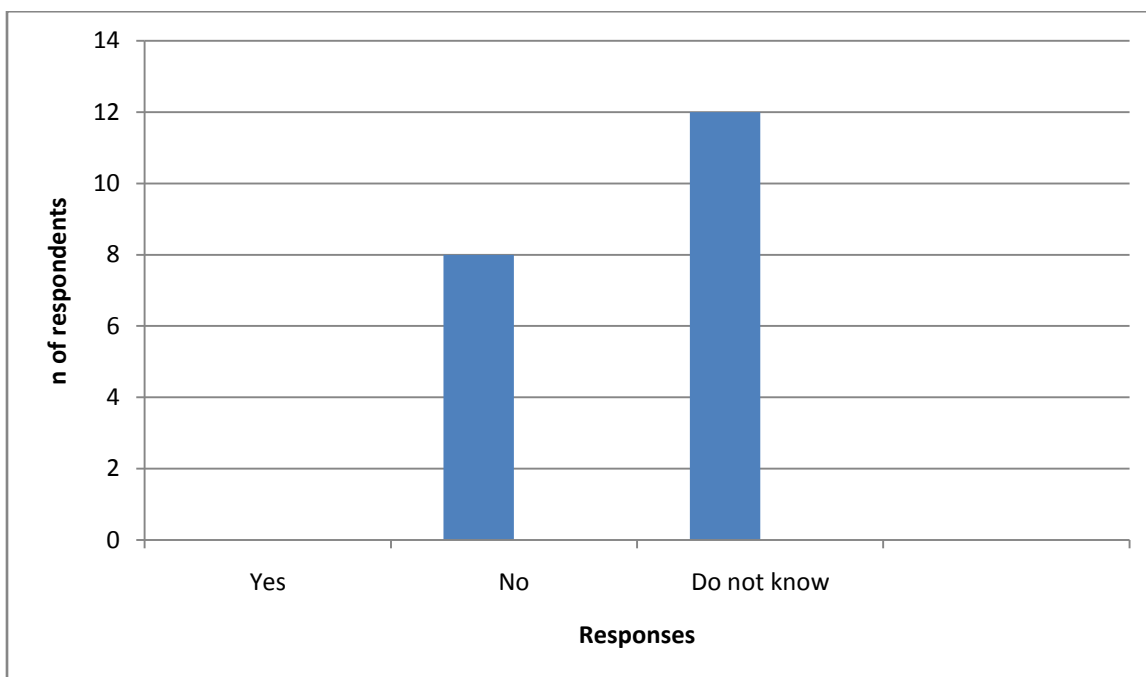


Fig 1.11: Figure describing presence of measures to discipline colleagues who violates the rights of employees living with HIV/AIDS

Their feelings about the way things are in their workplaces

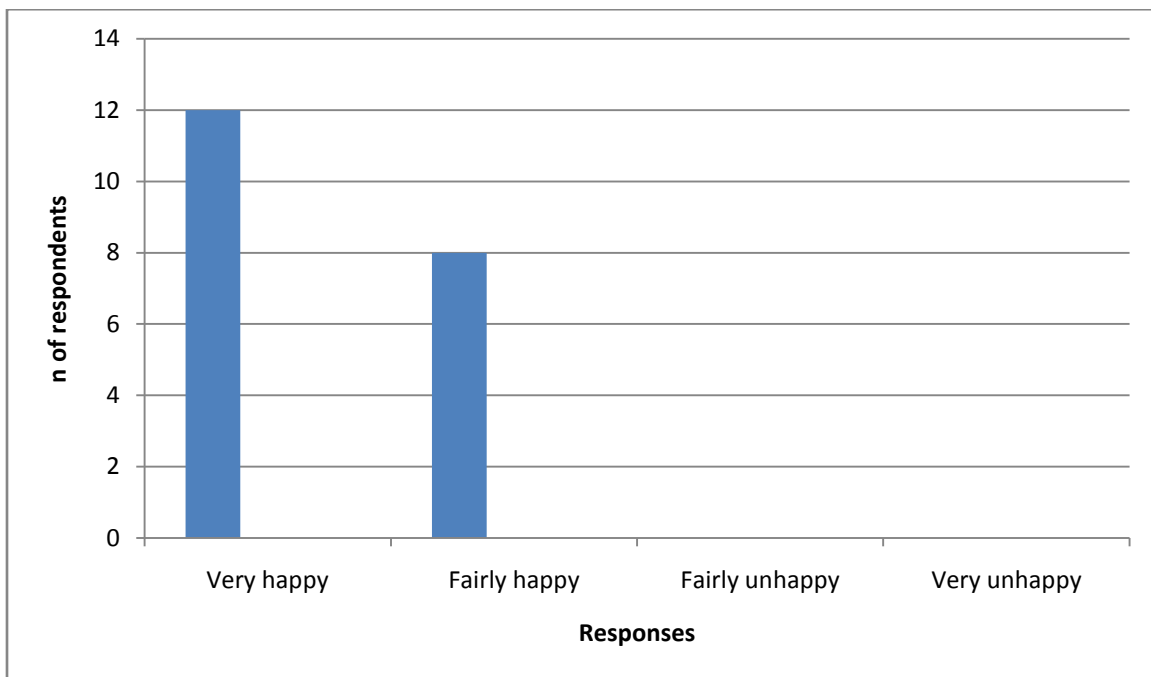


Fig 1.12: Figure depicting how respondents feel about the surroundings in their workplaces

Issues on blame

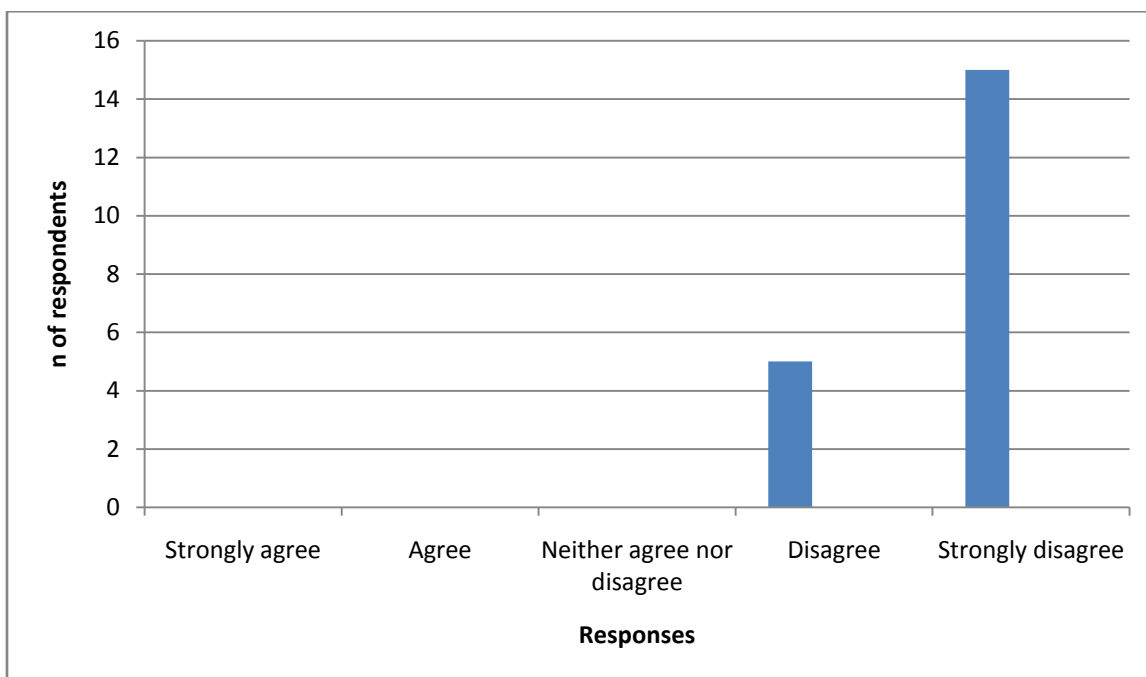


Fig 1.13: Figure describing if employees living with HIV/AIDS are to be blamed

CHAPTER 5

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of the study was to establish the effects of stigma and discrimination on the fundamental human rights of persons living with HIV/AIDS in the workplace. This final chapter comprises a review of the main findings, discussion of the limitations of the study, recommendations and strategies to discourage the syndrome of stigma and discrimination in the workplaces.

5.2 FINDINGS

The main findings are summarized in terms of the stated objectives and sub-sections of the questionnaire.

Section A: Biographical data

The respondents were all employees working in South Africa whether public or private service. They were full-time, part-time and self-employed employees with the percentage distribution of 60%, 30% and 10% respectively. The age distribution was from twenty to forty years and above.

Objective 1: To establish the nature of stigma and discrimination

Right from the onset of HIV/AIDS –related stigma and discrimination there have been so many ways in which people living with HIV/AIDS experience being stigmatized and discriminated. A lot have been mentioned from studies done on issues relating to HIV/AIDS, particularly in the workplace where people come in contact with one another

despite their HIV statuses. Examples includes, rejection, blame, ostracism, being ridiculed, denial of promotion and employment, and so forth.

However, the researcher found that there has been a magnificent improvement on how people view their colleagues who are infected or affected by HIV/AIDS. On issues concerning the comfortability of fellow employee shaking hands and sharing toilets with PLWHA, it was adduced that 60%, 30% and 10% of the respondents 'agreed', 'strongly agreed' and 'neither too sure' respectively indicated that colleagues in their workplaces have no problem whatsoever with shaking hands with them, while 80% and 20% of 'strongly agreed' and 'agreed' respectively revealed that colleagues are comfortable sharing toilets with them.

Considering the intensity and seriousness in the widespread campaign against HIV/AIDS-related stigma and discrimination around the globe, it means that the fight against these ugly effects of HIV/AIDS is yielding a positive result. It can be assumed that people are becoming aware of the disease and are accepting it like every other disease. It can be concluded from these findings that the respondents displayed a high level of correct knowledge about HIV/AIDS because none of the characteristics of stigma and discrimination was observed in the study.

Objective 2: To identify how stigma and discrimination affects the rights of PLWHA

In a world of AIDS, the lack of human rights protection can become a matter of life and death. Conversely, safeguarding those rights can enable people to avoid infection or, if already infected, to cope more successfully with the effects of HIV/AIDS (UNAIDS, 2002).

From the survey, the second objective of the study was analyzed and the respondents indicated that their fundamental human rights are intact and have never been violated. Overwhelmingly, 100% of the respondents strongly disagreed on whether their HIV-seropositive statuses have resulted in their loss of job or employment being threatened.

Also, the same results was recorded where 100% of the respondents strongly disagreed that their HIV-seropositive statuses have caused them to lose their prospects for job promotion. More so, as regards access to health benefits inspite of their HIV-status, it was observed that 90% and 10% of the respondents indicated that they strongly disagreed and agreed respectively. This invariably implies that despite the fact that not all the workplaces of the respondents have a working HIV/AIDS workplace policy, it is evidenced that there is however some level of human rights protection in these establishments. This could be influenced by the increasing HIV/AIDS programmes that are being promoted in this region aimed at curbing stigmatization, discrimination and the violation of human rights. This promotes a healthy environment where employees can defend their autonomy, develop viable livelihoods and protect themselves from the vulnerability both HIV infection and the impact of the epidemic poses to their lives. The 10% of respondents who agreed that they are denied of health care services revealed that the management of their organizations believed that they will simply incur more expenses catering for HIV/AIDS employees.

Objective 3. To identify the reasons why the rights of PLWHA are violated

In view of denial of health care services a larger proportion of the respondents (90%) indicated that they had no history of having their human rights violated due to their HIV-status, while a small percentage (10%) still reported of having their rights violated. It was discovered from the study that these 10% of respondents had no HIV/AIDS workplace policy in their workplace and had very minimal HIV/AIDS programmes being carried out in their workplaces. It was also discovered that a major reason for the violations of their human rights is as a result of poor knowledge of HIV/AIDS transmission. In fact, all the 10% respondents who indicated that their fundamental human rights are violated in terms of denial of health benefits stated that poor knowledge of HIV/AIDS transmission is a major reason. This suggests that these organizations are either yet to be penetrated with or have accepted the global campaign against HIV/AIDS-related stigma, discrimination and human rights violations. To this end, it is therefore, necessary to assess the epidemic

in the context of human rights where the principles of non-discrimination, equality and participation are central to an effective HIV/AIDS strategy that integrates human rights.

Objective 4: To provide guidelines that will discourage HIV/AIDS-related stigma, discrimination and human rights violations

It is a simple fact that in any organization with a good workplace VCT and other HIV/AIDS activities which are being implemented, the issue of stigmatization and discrimination against PLWHA, and the violations of their fundamental human rights will be far-fetched.

Unfortunately, the survey revealed that 50% of the respondents reported that there are no HIV/AIDS policy/activities going on in their workplaces, and the percentages of respondents who revealed or did not know if their organizations have a workplace VCT and HIV/AIDS activities are 30% and 20% respectively. This means that in this era of numerous and serious campaign for the establishment of a workplace HIV/AIDS policy which provides access to health information, some organizations are still behind in the fight for the prevention of the disease. This result suggests that a good number of workplaces are yet to have a workplace HIV/AIDS policy, and this leads to the increasing stigma, discrimination and human rights violations seen in these organizations. From the 30% respondents who indicated that there are HIV/AIDS-related activities in their workplaces, they all think that it is not well utilized. This is mainly either due to shame that is associated with living with HIV/AIDS or that there are no serious laws protecting PLWHA in those organizations. Furthermore, the study showed that 40% of the respondents believed that there are no punitive measures for those that stigmatized, discriminates and violate the rights of employees living with and affected by HIV/AIDS. Conversely, 60% of the respondents do not know if their organizations have some punitive measures to discipline employees that fall prey to these acts.

5.3 FURTHER RESEACH

In view of the findings of the study, it is very important that further research be carried out to ascertain why despite that some workplaces have a workplace HIV/AIDS policy; the fundamental rights of employees living with HIV/AIDS are still violated.

5.4 LIMITATIONS OF THE STUDY

The researcher had a difficult time in obtaining Ethics clearance from the Ethics committee of the University, and this consequently led to the delay in getting approval letter from both the Provincial Health Department and the primary site for the study. This invariably made it very difficult for him to work continuously on his dissertation and to stick to time frames.

5.5 CONCLUSION

This study set out to survey the views and perceptions of randomly sampled respondents on the issues concerning HIV/AIDS-related stigma, discrimination and human rights violations in the workplace. In order to accomplish this, the researcher chose a quantitative research orientation and developed and employed a structured, self-administered questionnaire in which each of the objectives was covered by various question items. The researcher was able to realize a sample size of twenty respondents and the coded responses to the questionnaires were computed and analyzed. The data were summarized per objectives

These objectives and the general approach to the study were informed by an extensive review of literature review which included a review of some related studies in the field and of theoretical perspectives on stigma, discrimination and the violations of human rights. Using a quantitative approach with a structured, self-administered questionnaire, the researcher was able to found that employees living with HIV/AIDS are no longer frequently being discriminated against except few places where they are denied of health benefits. He also found evidence that some workplaces still do not have an established HIV/AIDS workplace policy or even if they have it is not being implemented fully.

He found that employees who violate the rights of fellow employees living with HIV/AIDS go unpunished because of the lack of an effective workplace HIV/AIDS policy.

On the basis of such evidence, the researcher was able to make specific recommendations for the prevention of HIV/AIDS-related stigma, discrimination and human rights violations in the workplace.

5.6 RECOMMENDATIONS

There is a need to address the problem of HIV/AIDS-related stigma, discrimination and human rights violations of persons living with HIV/AIDS, especially in the workplace. The government, managers of organisations, national and international NGOs (HIV support organisations) and other actors should take a stand in the fight against stigma and discrimination in the workplaces. A great initiative in this context would be the enactment of a clear HIV/AIDS workplace policy that will possibly advocate for workers' rights at the workplace.

The adoption of a human rights-based approach to HIV/AIDS is a powerful tool that should be used in empowering those infected and affected by HIV/AIDS. This entails locating the needs of those infected and affected by HIV/AIDS in a human rights context, so that rights can be claimed and asserted. The promotion and protection of human rights reduces vulnerability to HIV infection by addressing its root causes, lessening the adverse impact on those infected and affected by HIV, and empowering individuals and communities to respond to the pandemic. The existing international treaties which borders on the protection of human rights to many issues should be promoted. This is because stigma, silence, discrimination, denial and a lack of confidentiality undermine efforts to curb the spread and the treatment of HIV/AIDS, and impact negatively on individuals, families, communities and nations.

At the workplace, employers should try and participate in testing for HIV to serve as an example to their employees. From their wealth of experience, they can go ahead to advise their employees to test for HIV/AIDS. However, the following priorities for the promotion of Human Rights in the context of HIV/AIDS at the workplace should be upheld:

- Research on the extent and causes of HIV/AIDS related employment discrimination, on the basis of which anti-discrimination strategies can be developed
- Identification of the right mix between a legalistic, and an incentive-based approach towards the promotion of Human Rights in the context of HIV/AIDS at the workplace
- Advocacy on both the Human Rights implications and the business impact of HIV/AIDS, and on adequate workplace responses that take into account simultaneously the legal obligations and the business needs of a company, e.g. within corporate social responsibility frameworks
- Systematic involvement of networks of people living with HIV/AIDS in all programmes and activities addressing HIV/AIDS related concerns, including human rights implications. Awareness raising among people living with HIV/AIDS, through their networks, about their rights with regard to employment, and about national laws, regulations and judiciary procedures
- Revision of laws and regulations that may give rise to stigma and discrimination on the basis of workers' HIV status.
- Strengthening of law enforcement, e.g. through implementing guidelines of national laws and the training of labour inspectors and labour protection officers
- Identification of judicial procedures that respect the privacy needs of people living with HIV/AIDS, e.g. by allowing them to prosecute their case under a pseudonym (Human Rights Watch, 2006).

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APPENDIX A

QUESTIONNAIRE

Please complete the questionnaire anonymously by choosing the option/answer you deem appropriate as applicable to you. Please also write in the space provided for the open ended questions on what you think.

Section A

About You.....

1. Are you ☐ Male ☐ Female?

2. Are you (Tick all that apply)

☐ in full-time paid employment

☐ in part-time paid employment

☐ self employed

☐ unemployed

3. Are you in what age group?

☐ 20 – 24 years

☐ 25 – 29 years

☐ 30 – 34 years

☐ 35 – 39 years

☐ 40 years and above

Section B

Disclosure.....

4. How did your organisation know about your status?

5. How widely is your HIV status known to others?

many people know

few people know

nobody know

not sure if they know

6. Has your HIV status ever been revealed without your consent?

☐ Yes

☐ No

Section C

Stigma, Discrimination and Human rights violations

7. Do you think your colleagues are comfortable shaking hands with you?

☐ Strongly Agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly Disagree

8. Do you think that your colleagues are comfortable sharing their work tools with you?

☐ Strongly Agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly Disagree

9. Do you think that your colleagues are comfortable sharing a toilet with you?

☐ Strongly Agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly Disagree

10. Do you think that people have physically backed away from you because of your HIV Status?

☐ Strongly Agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree
☐ Strongly Disagree

11. Have you ever because of your HIV status....

Experienced social isolation in your work environment?

☐ Strongly Agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree
☐ Strongly disagree

Being ridiculed, insulted or harassed?

☐ Strongly Agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree
☐ Strongly disagree

Lost your job or your employment been threatened?

☐ Strongly Agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree
☐ Strongly disagree

Loss your prospect for a promotion?

☐ Strongly Agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree
☐ Strongly disagree

12. Are there a workplace VCT and other HIV/AIDS activities in your workplace?

Yes

No

Do not know

If yes, do you think it is well utilized

☐ Strongly Agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree
☐ Strongly disagree

Please state one reason why you think it is not well utilized

.....

13. Have you ever been denied health benefits because of your status?

- ☐ Strongly Agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree
☐ Strongly disagree

14. Does your organisation have a workplace HIV/AIDS policy and is it implemented?

- ☐ Yes ☐ No ☐ Do not know

15. For people who violate the policy, are there measures to discipline them?

- ☐ Yes ☐ No ☐ Do not know

16 Realistically, what help do you think would make a difference in stopping stigma and discrimination in your workplace? (give one example)

.....

17. Currently, how do you feel about your ability to get around in your workplace?

- ☐ I'm very happy with things as they are
☐ I'm fairly happy with things as they are
☐ I'm fairly unhappy with things as they are
☐ I'm very unhappy with things as they are

18. Do you believe that your colleagues think that you are the cause of your problem?

- ☐ Strongly Agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree
☐ Strongly disagree



Department of Health and Social Development
 Umnyango wezempilo no Kuthuthukiswa Komphakathi
 Lefapha la Maphelo le Tshebetso le Ntshetsopele ya Sechaba
 Departemente van Gesondheid en Maatskaplike Ontwikkeling

TSHWANE DISTRICT HOSPITAL

TO: Dr Letebele
 Tshwane Metsweding Regional Office
 District Health Research Ethics Committee (DHREC)

FROM: Dr HM Mosoane: Senior Clinical Manager

DATE: 01/02/2011

RE: PERMISSION TO CONDUCT RESEARCH AT TDH

In compliance with the GDOH Research Coordination Policy Guidelines, please find herewith research documents for authorization.

The research topic: HIV/AIDS-related stigma, discrimination & Human Rights violations in the workplace.

Researcher & Contact details: Dr ACC Ogunjor 071 349 7958

University: Stellenbosch MMED Student: YES / NO / Other Student MSc.

Department of Health & Social Development Employee: YES (NO)

Supervisor(s): Dr T. Qubuda 021 808 3999

Institution & unit where research will be undertaken TDH - HIV Clinic

1. Full Copy of Proposal: YES / NO
2. Ethical approval from an institutional Research Ethics Committee: YES / NO

Tshwane District Hospital
 Private Bag X179
 PRETORIA 0001

2011-02-01

Tshwane Distrik Hospitaal
 Privaatsak X179
 PRETORIA 0001

Recommended / Not Recommended

pp [Signature]

Dr Soe: Acting CEO Tshwane District Hospital

Permission granted / ~~not granted~~

Chairperson DHREC

Tshwane District Hospital
 Corner Voortrekker & Dr Savage Road,
 Capital Park

Chief Director Tshwane/Metsweding Region

Private Bag X179, Pretoria, 0001
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1

RESEARCH PROPOSAL EVALUATION FORM

FOR APPROVAL BY DIRECTOR: POLICY, PLANNING AND RESEARCH



**health and
social development**

Department: Health and Social Development
GAUTENG PROVINCE

Vision of the Department

"To be the best provider of quality health and social services to the people in Gauteng"

POLICY, PLANNING AND RESEARCH (PPR) DIRECTORATE

Enquiries: Sue le Roux or Siviwe Mkoka

Tel: +2711 355 3212/3249

Fax: +2711 355 3675

Email: Sue.LeRoux@gauteng.gov.za / Siviwe.mkoka@gauteng.gov.za

This approval is granted only for a research study entitled "HIV/aids-related stigma, discrimination and human rights violation amongst patients attending ARV clinic in Tshwane District Hospital"

SECTION B: PROPOSAL REVIEW

	YES	NO	Comments
1. Is this research project within the scope of the Department of Health key policy priorities/directives?	✓		
2. Content of Research:			
• Original work	✓		
• Patients New facts, ideas	✓		
• Confirmation of uncertain data		✓	
• Repetition of known data and consequently of limited importance		✓	
• Insufficient research information	✓		
• Confusion of topics/questions		✓	
3. Is the title of the research project suitable?	✓		
4. Are the objectives of the research project adequate?	✓		Yes <u>Objectives</u> <ul style="list-style-type: none"> • To establish the nature of stigma and discrimination; • To identify how stigma and discrimination affect the rights of people living with HIV/AIDS; • To identify the reasons why the rights of people living with HIV/AIDS are violated; • To provide guidelines that will discourage HIV/AIDS-related stigma and discrimination and human rights violations.
5. Could the objectives be limited to better focus on the project's main objective?		✓	

This approval is granted only for a research study entitled "HIV/aids-related stigma, discrimination and human rights violation amongst patients attending ARV clinic in Tshwane District Hospital" 3



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY
 ja: kennisvermoet - your knowledge partner

15 December 2010

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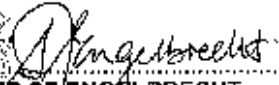
APPLICATION FOR ETHICAL CLEARANCE

With regards to your application, I would like to inform you that the project, *HIV/Aids -related stigma, discrimination and human rights violations in the workplace*, has been approved on condition that:

1. The researcher/s remain within the procedures and protocols indicated in the proposal;
2. The researcher/s stay within the boundaries of applicable national legislation, institutional guidelines, and applicable standards of scientific rigor that are followed within this field of study and that
3. Any substantive changes to this research project should be brought to the attention of the Ethics Committee with a view to obtain ethical clearance for it.
4. The researcher/s implements the suggestions made by the mentioned by the Research Ethics Committee (Human Research) in order to reduce any ethical risks which may arise during the research.

We wish you success with your research activities.

Best regards


MR SF ENGELBRECHT
 Secretary: Research Ethics Committee: Human Research (Non-Health)

