

# AN INVESTIGATION INTO EMPLOYEES' PERCEPTIONS OF HIV/AIDS STIGMA AND THEIR ATTITUDES AND BEHAVIOUR TOWARDS HIV POSITIVE COLLEAGUES

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## Abstract

**Background:** Stigma and discrimination continue to play significant roles in the maintenance and preservation of the HIV pandemic. It is well documented that people living with HIV/AIDS (PLWHA) experience stigma and discrimination on an ongoing basis. This disrupts the fibre and functioning of communities and in particular the workplace community. It complicates prevention efforts and the treatment mechanisms of HIV. This research study investigated the perceptions of HIV/AIDS stigma and discrimination of employees in the Office of the Premier (OTP) in the Northern Cape. The analysis of the research findings indicates that stigma and discrimination is prevalent in the working environment. Results illustrate employees concur on the existence of stigma and the resultant discriminatory practices. Consequently, attention is drawn away from the key issue about HIV/AIDS and emphasis is placed on the negative behavioural aspects that exist within the workplace.

**Objectives:** The objectives of this study were to assess employees' perceptions of and attitudes to HIV/AIDS stigma and discrimination and to assess their attitudes to colleagues who are infected with HIV. It further aimed to assess employees' current behaviour towards colleagues and finally to recommend guidelines or strategies to mitigate the impact of HIV/AIDS stigma and discrimination in the workplace.

**Methods:** The study used a mixed-method approach. Both quantitative and qualitative approaches were used. The quantitative approach entailed a survey while the qualitative approach used focus group discussions. Quantitative methods ensure high reliability of data gathered while qualitative methods give room to obtain more in-depth information about the phenomena under study.

**Results:** The data revealed that stigma and discrimination does prevail and continues to pose a threat to the efforts aimed at halting the spread of HIV. Stigma and discrimination instils fear among those that have not tested for HIV, and embed the belief that a positive test result would lead to the loss of friends and families and rejection in the workplace. This ultimately affects the rate at which employees may wish to test.

**Conclusion:** The research study highlights a range of issues relating to the broader context of stigma and discrimination in the workplace. It showed significant associations between HIV-related stigma and decreased use of voluntary counselling and testing services, reluctance to disclose HIV test results, and incorrect knowledge about transmission. The portfolio of work reveals the potential and importance of directly addressing stigma reduction in HIV programs.

**Author Keywords:** HIV/AIDS; Stigma; Discrimination

## BACKGROUND

Internationally, there has been a resurgence of interest in HIV and AIDS-related stigma and discrimination, triggered in part by the growing recognition that negative social responses to the

epidemic remain pervasive even in seriously affected communities (UNAIDS, 2009). Yet, rarely are existing notions of stigma and discrimination interrogated for their conceptual adequacy and their usefulness in leading to the design of effective

programmes and interventions. Taking it as a starting point, the classic formulation of stigma as a 'significantly discrediting' attribute (Goffman, 1963; Duffy 2005), but moving beyond this to conceptualize stigma and stigmatization as intimately linked to the reproduction of social difference (Ehiri, Anjanwu, Donath, Kanul and Jolly, 2005). According to Crocker, Major and Steele (1998, p. 504), "a person who is stigmatised is a person whose social identity, or membership in some social category, calls into question his or her full humanity – the person is devalued, spoiled or flawed in the eyes of others". This paper offers a new framework to understand HIV and AIDS-related stigma and its effects. In so doing, it highlights the manner in which stigma feeds upon, strengthens and reproduces existing inequalities among race, gender and sexuality (Deacon, 2005). It highlights the limitations of individualistic modes of stigma alleviation and calls for new programmatic approaches that use the resistance of stigmatized individuals as a resource for social change.

## **RESEARCH DESIGN**

This research project used a mixed-method approach with both quantitative and qualitative approaches. The quantitative approach entailed a survey and the qualitative approach used focus groups discussions. According to Matveev (2002), applying both quantitative and qualitative methods in research has certain advantages. He states that quantitative methods ensure high reliability of data gathered while qualitative methods allow more in-depth information to be obtained about the phenomena under study. The quantitative research design consisted of a survey. Surveys allow for standardized questions to be asked and ensure precision by enforcing uniform definitions on the participants (Colorado State University, 2010). In addition, a high reliability can be obtained through surveys and the subjectivity of the researcher is greatly eliminated. Surveys also have the advantage of identifying both factual and attitudinal data (Mnyanda, 2006). On the other hand, the qualitative method allowed the researcher to obtain an in-depth knowledge about the study area. According to Myers (1997), qualitative methods are extremely useful when the study area is not well understood, complex, sensitive, and require lots of detail. This method was useful as it provided an exhaustive analysis about the perceptions and attitudes of employees towards

HIV-positive colleagues. The qualitative research design (focus groups) was content analyzed to expand on the knowledge that was gathered through the survey.

## **Rationale for Research Design.**

Methodological triangulation was utilised, which involved using more than one method to gather data. The mixed-method approach is a form of triangulation. Triangulation is a technique used in research that facilitates cross-checking or the validation of results (O'Donoghue & Punch, 2003). In this instance both questionnaires and focus group discussions were used. Multiple methods to investigate a research question enhance confidence in the findings of the study. Triangulation is also likely to increase the quality of the final results and to provide a more comprehensive understanding of the analysed phenomena (Greene & Caracelli, 1997).

## **DATA COLLECTION METHODS**

The population in research methodology refers to the total group of subjects that would need to be assessed if the views of everyone in a particular situation were to be measured (Christensen, 2007). However, investigating the views of an entire population is not always possible due to various factors such as time constraints, financial constraints and availability of researchers (Mnyanda, 2006). In this research study, the population consisted of the total number of employees in the Premier's office which amounted to 228 employees.

A stratified sampling method was used. The employees fall within different staff and thus a stratified sampling method ensured representativeness from each of the three different staff levels. The different salary levels are divided into 3 distinct groups: Group 1: salary levels 1 – 8; Group 2: salary levels 9 – 12; and Group 3: salary levels 13 – 16. The groups were stratified and 15% of each group were selected. Secondly, participants were randomly selected from the stratified sample. The number of participants in the different groups amounted to 20, 10 and 4 respectively. A total number of 34 participants completed the questionnaires.

The focus group consisted of eight employees and a semi-structured interview guide was used to

facilitate the process. According to Morgan (1993), focus groups are methods of interviewing groups and the interaction between the facilitator and the groups as well as the interaction between group members allow for information and insights to be elicited in response to well-designed questions asked by the facilitator. Morgan also states that focus groups are useful in finding out the nature of consensus derived from a questionnaire. The participants for the focus group were selected based on willingness to participate and availability. Thus, a convenience sample was used. According to Christensen (2007), the advantage of using such a sample is that less time is spent to select the sample because the sample includes individuals that are readily available.

### **DATA ANALYSIS**

The collected data was analysed in two stages. The first stage involved the descriptive compilation of data collected through the questionnaires, and the second stage involved the content analysis of data collected through the focus group sittings. The results of the survey were captured manually, using tallying to determine the frequency of responses from the questionnaires. The qualitative data was analyzed with the view to gain a detailed understanding of the perspectives of employees regarding HIV stigma and discrimination. The data from the research tools was summarized in themes that emerged. An analysis of the information obtained captured the perspectives of the employees.

### **Informed Consent & Ethical Considerations**

Prior to the study's commencement, a research proposal was submitted to the University of Stellenbosch's Ethics Committee for approval. The protocol for informed consent was also submitted and approved by the University of Stellenbosch. The informed consent process notified the participants about the nature of the research, protection offered to participants' rights to confidentiality, and their freedom to terminate involvement in the study at any time. It further outlined the nature of the study, and the risks of participating in the study. The issues of ethics and respect for human rights and dignity were carefully considered. Morse and Richard (2002, p. 205) in Qubuda (2010) identify the following ethical principles regarding participants' rights. The right to be informed of the purpose of the study as well as

what is expected during the research process and the amount of participation and time required. Furthermore, what information will be obtained, who will have access to it and what the information will be used for. Participants also have the right to confidentiality and anonymity and the right to ask questions to the researcher and to refuse to answer questions that the researcher may ask, without negative ramifications.

### **RESEARCH FINDINGS AND ANALYSIS**

Analysis, according to Blaxter, Hughes and Tight (1996) is a process that allows the researcher to seek understanding of the data and arrive at his own assessment of what the results mean and relate his/her work to what has been done by others in the relevant field.

The participants were asked about the existence of HIV-related stigma and discrimination in the workplace. The majority of the members agreed that people who are infected with and affected by HIV are subjected to stigma and discrimination.

*"They feel they're not accepted by the society, by the workplace, they will try to commit suicide, their mind are suicidal..., they are stressful, depressed, neglecting everything, not eating, drinking, ... because she hears she is not accepted by society and the rest."* (Participant 3)

*"Things are no different here at work. One would think that we are better, but it is even worse than at home. People are made to feel like nothing because they have HIV and we do nothing ... we say nothing. So we also make it worse. But I can tell you, stigma exists here at work."* (Participant 5)

### **The causes of stigma and discrimination.**

In response to the question of what factors contribute to stigma and discrimination, the participants indicated that the negative views people have about HIV are important. These views include HIV/AIDS is a result of wrong behaviour, and the religious view that HIV is a punishment as is indicated in some of the statements made by the participants.

*"Many feel that because they have slept around that God is punishing them and others also feel that they have got what they deserve... that causes people to not associate with him."* (Participant 5)

*"It is easy to say you will have sympathy, but when people do these wrong things and sleep around then it is not so easy to understand..."* (Participant 8)

On the other hand, the majority of participants agreed that lack of information and blame for bad behaviour rank highest among the factors fuelling stigma and discrimination.

*"People are afraid of talking about this killer disease"* (Participant 7)

*"People are most likely misinformed about the illness and that is why they see it as a "killer disease ... and do not want to be associated with that person because they feel that they will get it too."* (Participant 1)

Those who are not well informed about HIV and its mode of transmission believe they can get infected by being for example in the same room with the infected person or drinking from the same mug of the infected person.

*"For a very long time I believed that you could get it from touching that person or drinking from the same cup. I'm honest, I felt like that ... and it took a long time and lots of convincing to make me think otherwise. But I also listened to talks on the radio and read the pamphlets at the Employee Health and Wellness unit."* (Participant 2)

### **Workplace Discrimination**

Participants were asked which ways they have observed discrimination in the workplace. It became apparent that although employees are not always certain which colleagues are HIV-positive, it is evident that speculation about HIV-infection is rife irrespective of confirmation thereof. It seems that there is a lot of gossip about colleagues that become ill or that are losing weight.

*"... They don't out rightly tell you if they are ill, but it is clear when you look at them. They become very thin sommer overnight and then you know... and they pretend that everything is okay when you can see that it is not so."* (Participant 2)

*"Yes, you can see, because they don't look well and they do lose a lot of weight."* (Participant 6)

Most of the participants agreed that discrimination existed in very subtle ways. They pointed out that some employees would refrain from using utensils previously used by an employee known or suspected to be HIV-positive.

*"... they would make sure that they drink with the cup before the HIV-positive employee does ... that is now if there is only one cup, ... or they would make sure that they wash it thoroughly with boiling hot water before using it"*. (Participant 4)

*"I have seen how people suddenly don't sit with a person anymore when it is lunch time or they have excuses of going to do errands in lunch time to avoid that person, but then they just sit with others in another office and eat their lunch. If they do eat with that person they bring their own fork or spoon from home and they don't share the same plate, and before they all used to eat from the same plate."* (Participant 7)

Discrimination at the workplace seems to be insinuating. Participants agreed that employees living with HIV/AIDS are given opportunities for employment and promotion. However, those employees are stigmatized when they have to be given time off to receive medical treatment and check-ups.

*"You know, I sometimes feel these people want preferential treatment in the workplace... they always want to be given time off from work, and then they must be treated with gloves. We can't complain about their time off or we get told that we are discriminating against them, but what about our rights?"* (Participant 3)

It is all good and well to get time off and they should go to get their medication and see the doctor, but then it feels like the manager discriminates against us when we also asks for time off to go to the doctor. They [managers] make you feel as if you are lying and are not really ill. So we must all be treated the same way." (Participant 1)

The participants also agreed that discrimination does exist when opportunities for employment, promotions; job allocations and training become available. It seems that the employer does not want

to invest money into employees that are thought to be HIV-infected.

*“Everybody knows that ABC is HIV-positive, and she has never denied it, so my boss did not want to send her on the management training and said what would happen if she became ill while away.”* (Participant 3)

*“When it came to the vacant posts, she was not shortlisted although she was doing the job for a very long time. I can only think that it was because of her status but then they said it was because she did not have the necessary qualifications.”* (Participant 2)

Group participants also expressed their thoughts on the issue of managers' apparent lack of interest and discriminatory behaviour.

*“In the workplace it is like managers feel AIDS is for the rest of the staff and not for them...”* (Participant 6)

*“When we had the day of testing, the managers stayed for the speeches, but when the testing came ... they got up and left and said we must get tested... they said, the people have come to test you”.* (Participant 4)

### **Effects of stigma and discrimination on HIV Counselling and Testing (HCT)**

When participants were asked if they think stigma and discrimination has any effect on HIV counselling and testing (HCT), the majority of the group members agreed. The reasons for the reluctance to test have been expressed in various ways. Many individuals fear labelling, losing friends or partners/lovers, and many fear death. The participants also indicated that some people believe that they may not cope with the stress of being told that they are HIV-positive and thus go into denial that they have to test.

*“How would you be able to go on? How do you tell the people in your life in such a way that they will stand by you and not judge you and leave you?”* (Participant 1)

*“I must admit that deep down I firmly believe that it is better to not know at all.”* (Participant 3)

*“I know of men that get their girlfriends pregnant so that she can go to the clinic and be tested for HIV.*

*They know that women get tested when they fall pregnant. That is how they take their tests.”* (Participant 2)

The focus group discussions confirmed the existence of HIV-related stigma and it seems to have a direct impact on HIV Counselling and Testing (HCT).

### **DISCUSSION**

The results of this study indicate that employees experience a level of fear associated with testing positive for HIV as well as working with colleagues that are HIV-positive. This is similar to other studies that suggest that employees that are misinformed about the transmissions modes of HIV experience fear working with others that might be infected (Barr, Waring and Warshaw, 1992; Pryor, Reeder, Yeadon & Hesson-Mcinnis, 2004). According to Lim (2003), it is important for managers to pay attention to the issue of HIV/AIDS to overcome the fear prevalent amongst employees. Thus the current findings concur with similar studies on the topic.

Furthermore, HIV and AIDS have been associated with behaviour that might generally be regarded as unacceptable by society. HIV/AIDS could represent a threat to one's reputation due to the association with deviant and morally wrong behaviour (Lim, 2003; Pryor et al, 2004). Thus associating with a person whose conduct might be questionable, could put the individual's reputation at stake. This is a possible explanation of why employees stigmatize those that are HIV positive, to prevent being stigmatised themselves.

Significant causes of stigma that were highlighted in the discussions, were the lack of information about HIV and AIDS and blaming people for perceived bad behaviour. These findings are similar to results obtained in other workplace studies (Mnyanda, 2008; Somhlaba, 2009). However, according to Deacon (2005) one should caution as not to define stigma solely as resulting from a process of individual ignorance through lack of information. She states that stigma is also an intricate social process. The aim of which is the fight over power and dominance. This can be understood in the context of the workplace where individuals constantly lie over promotion and being elevated both hierarchically as well as financially (Deacon, 2005; Ehiri et al, 2005).

The element of an HIV-positive colleague could be valuable to those striving for ambition and authority. Thus the issue of HIV education in the workplace should address both the issues of ignorance (lack of power) as well as blame. This is important so that colleagues can gain insight of the disease and become aware of their personal motivations.

Key to the findings was the issue of omnipotent discrimination in the workplace. It was apparent that although incidents of discrimination were not overtly manifested, these incidents were definitely widespread. It has been found that although discrimination can result from stigma, it could just as easily result from “resource concerns, fear of infection, racism, sexism and so on.” (Deacon, 2005, p. ix). According to Lim (2003) such findings have implications for the workplace and workplace interventions. Although all forms of discrimination are unacceptable, discrimination in the workplace should be carefully investigated to understand the rationale behind it, to address and to deal with each incident in its particular context.

Stigma was highlighted as a barrier to HIV Counselling and Testing (HCT). Evident was not only the fear of being stigmatised, but also internalised stigma that seemed to be a barrier to testing. According to Deacon (2005) if a person becomes aware that he/she may be HIV-positive, accepting the stigmatized ideas about HIV and AIDS may prevent him/her from testing. Thus people seem to start to internalise the preconceived ideas (social stigma) about the HIV-positive. It has also been found that denial can operate outside the scope of stigmatization of the disease (Alonzo and Reynolds, 1995; Duffy, 2005 and Deacon, 2005). She states that “even if people challenge the social stigma of HIV/AIDS, they may not wish to spoil the experience of feeling well by discovering they are HIV-positive” (Deacon, 2005, p. 60). This has serious implications not only for the workplace, but for the entire government HCT initiative. HCT is currently seen as the pathway to better HIV prevention, better treatment, care and support. On the other hand, stigma, internal stigma and discrimination are seen to be serious impediments to the prevention of new infections, to providing adequate treatment, care and support and to alleviating the impact of HIV/AIDS (UNAIDS, 1998, p.5). It would appear as if there is still a long way ahead for these interventions to

deliver impact in eradicating stigmatised behaviour. The workplace HCT initiatives will have to be marketed vigorously and better strategies will have to be put in place to counter the effect of stigma.

## **RECOMMENDATIONS**

It is evident that stigma and discrimination are complex and multifaceted issues that affect individuals on different scale. The results of the study point to the intricacy of the constructs and their manifestations. Consequently, it is recommended that:

- Further research be conducted which is broader in scope to further identify the social, cultural and individual factors that promote stigma and discrimination in the workplace;
- Workplaces without HIV/AIDS policies, to develop, implement and communicate them to employees.
- HIV/AIDS stigma mitigation policies are mainstreamed into HR policies as well as into the performance agreements of all managers.
- Supervisors at all levels are provided with clear guidelines on how to manage when confronted with issues relating to HIV and AIDS.
- Workplace Employee Health and Wellness Programmes should be developed with the aim of combating stigma and discrimination.
- Funds should be allocated to such programmes and vigorous involvement of senior management in the workplace is critical.

## **CONCLUSION**

The study presented the findings and analysis of data collected from the workplace. The findings were presented through an interpretation of the qualitative data collected during the focus group discussions. The data has revealed that employees perceive that stigma and discrimination prevail in the workplace. It is evident that stigma and discrimination continue to pose a threat to the efforts aimed at halting the spread of HIV/AIDS. The evidence shows that stigma and discrimination instil fear in those who have not tested, they believe if they test positive they would lose friends and families and be rejected within the workplaces. This ultimately affects the rate at which individuals decide to test.

## References

- Alonzo A. & Reynolds, N. (1995). Stigma, HIV and AIDS: An exploration and elaboration of a stigma trajectory, *Social Science and Medicine*, 41(3), 303-315. Elsevier Science Ltd: Great Britain.
- Barr, J. K., Waring, J.M. & Warshaw, L. J. (1992). Knowledge and Attitudes about AIDS among corporate and public service employees. *American Journal of Public Health*, 82, 225-228.
- Blatex, L., Hughes, C. & Tight, M. (2006). How to Research. 3rd edition. Open University Press.
- Christenson, L.B. (2007). *Experimental Methodology*. Pearson International Edition. Tenth Edition. Pearson Education, Inc
- Colorado State University. (2010). *Advantages and Disadvantages of the Survey Method*. Retrieved July, 01, 2010, from <http://writing.colostate.edu/guides/research/survey/com2d1.cfm>
- Crocker, J., Major, B., & Steele, C. (1998). Social Stigma. In Gilbert, D. T., Fiske, S. T., & Lindzey, G. (Eds.), *The Handbook of Social Psychology* (4th ed., Vol. 2, pp. 504-553). Boston: McGraw-Hill.
- Deacon, H. (2005). *Understanding HIV/AIDS Stigma: A Theoretical and Methodological Analysis*. Cape Town. HSRC Press.
- Duffy, L. (2005). Suffering, shame and silence: The stigma of HIV/AIDS. *Journal of the Association of Nurses in AIDS Care*, 16 (1), 13-20.
- Ehiri, J. E., Anyanwu, E. C., Donath, E., Kanul, I. & Jolly, P. E. (2005). AIDS-related Stigma in Sub-Saharan Africa: Its contexts and potential intervention strategies. *AIDS Public Policy Journal*, 20 (1-2), 25-39. Retrieved December, 15, 2010, from <http://www.ncbi.nlm.gov/pubmed/17260567>
- Greene, J. C. & Caracelli, V. J. (eds.) (1997). *Advances in mixed-method evaluation: The challenges and benefits of integrating diverse paradigms*. *New Directions for Program Evaluation*. San Francisco, CA: Jossey-Bass.
- Goffman, E. (1963). *Stigma: Notes on the Management of a Spoiled Identity*. New York: Simon & Schuster Inc.
- Joffe, H. (1999). *Risk and "the other"*. Cambridge: Cambridge University Press.
- Lim, V. K. G. (2003). Managing HIV at the Workplace: An Empirical Study of HIV and HR Managers in Singapore. *Journal of Occupational Health Psychology*, 8 (4), 235-246.
- Matveev, A. V. (2002). The advantages of employing quantitative and qualitative methods in intercultural research. *Theory of Communication and Applied Communication*. Institute of Management, Business and Law Publishing.
- Mnyanda, Y. N. (2006). *Managing HIV and AIDS Stigma in the Workplace: A Case Study of the Eastern Cape Department of Social Development*. Unpublished Masters Research Project. University of Stellenbosch
- Morgan, D. L. (Ed.), (1993). *Successful Focus Groups: Advancing the State of the Art*.
- Morse, J. M. & Richard, L. (2002). *Read me first for a user's guide to qualitative methods*. London: Sage.
- Myers, M. D. (1997). Critical Ethnography in Information Systems," in Lee, A. S., Liebenau, J., & DeGross, J.I. (Eds.) *Information Systems and Qualitative Research*, London: Chapman and Hall, pp. 276-300.
- O'Donoghue, T. & Punch K. (2003). *Qualitative Educational Research in Action: Doing and Reflecting*. Routledge.
- Pryor, J. B., Reeder, G. D., Yeaton, C & Hesson-McInnis, M. (2004). A Dual-Process Model of Reactions to Perceived Stigma. *Journal of Personality and Social Psychology*, 87, (4), 436-452.
- Qubuda, T. (2010). *The Experiences of African Elderly Women as Caregivers of their Children with Aids-Related Illnesses*. Unpublished Doctoral Thesis, University of Stellenbosch.
- Somhlaba, N. T. (2008). *Managing HIV and AIDS stigma which leads to poor policy and programme implementation in the workplace – Case Study of the Cacadu District Municipality*. Unpublished Masters Thesis, University of Stellenbosch.
- UNAIDS. (1998). HIV/AIDS and the Workplace: Forging innovative business responses. United Nations. Retrieved March, 08, 2009, from [http://data.unaids.org/Publications/IRC-pub02/JC134-Workplace-TU\\_en.pdf](http://data.unaids.org/Publications/IRC-pub02/JC134-Workplace-TU_en.pdf)
- UNAIDS, (2009). *2009 AIDS Epidemic Update*. Geneva, Switzerland.