Horizons

Addressing HIV/AIDS Stigma and Discrimination in a Workplace Program: Emerging Findings

Stigma and discrimination present major challenges to the successful implementation of workplace HIV/AIDS programs. Stigma is defined as a social process that marginalizes and labels those who are different, and discrimination is defined as the negative practices that stem from stigma, or "enacted" stigma. In the workplace, employees may 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 fear of negative reactions from colleagues and employers may discourage workers from undergoing voluntary counseling and testing (VCT) and seeking available prevention and care services.

Little is known about how best to reduce stigma and discrimination in the workplace. The Horizons Program in collaboration with ESKOM, the main South African power company, and Development Research Africa, is conducting an intervention study in KwaZulu-Natal, South Africa, to address this issue. This research update describes the emerging findings related to the manifestation of stigma and discrimination in the workplace, family, and community, as well as how stigma influences preference for and use of HIV-related services, and suggests appropriate measures for stigma and stigma-reduction activities.

Methodology

Qualitative research was carried out to explore the manifestation of stigma and discrimination in the workplace, family, and community; contribute to the development of appropriate quantitative measures for stigma; and inform stigma-reduction intervention activities. The exploratory phase consisted of 69 in-depth interviews and 8 focus group discussions with male workers, their sexual partners and other female family members, workplace managers, HIV/AIDS program staff, and community leaders. Each worker was asked to nominate one female family member, preferably his sexual partner, to participate in the study.

Structured interviews were also conducted with staff from ESKOM's 22 field-based worksites throughout KwaZulu-Natal. Questionnaires addressed attitudes toward HIV/AIDS stigma and discrimination, HIV risk factors, and utilization of and preferences regarding HIV-related services and activities. A total of 379 structured interviews were conducted from a pool of approximately 545 workers, indicating a 70 percent response rate. Surveys were also administered to one female family member of each worker interviewed (n = 351); the majority were sexual partners. The response rate was 93 percent.

Sociodemographic profile of survey respondents

The 379 male respondents interviewed are between 19 and 64 years old, with a mean of 44 years. Education levels are relatively low, with over 50 percent of workers with six years or less of formal education. Over 90 percent of workers are

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married or have a permanent partner, and almost half (47 percent) of workers reported more than one sexual partner over the 12 months prior to the survey. On average, the respondents have been working for ESKOM for 19 years. Forty-four percent of workers reported that they sleep away from home at the worksite more than five days per month.

Almost 40 percent (n = 138) of the female survey respondents indicated that they are the wife or permanent partner of the ESKOM employee, and a further 44 percent (n = 154) are girlfriends. The rest of the respondents are daughters (5 percent), sisters (6 percent), and nieces (5 percent). The mean age of these women is 33 years. The majority (72 percent) have had six years or less of formal education. The majority (69 percent) of female respondents are unemployed. Those with jobs are employed in a variety of sectors including domestic work, retail/sales, self-employment, and secretarial work.

Key Findings

ESKOM workers fear stigma more than discrimination in the workplace.

ESKOM workers expressed more concern about stigma from their colleagues in the workplace than discrimination by their employers. A minority of the workers (23 percent) are worried that they would be fired if the company learns that they are HIV-positive. This is compared to their sexual partners and other female family members, where 55 percent (n = 60) of female respondents with their own jobs reported that they fear being fired if their employer learned that they were HIV-positive. Furthermore, the great majority of male respondents know (96 percent) that ESKOM is involved with HIV-related activities and are satisfied (91 percent) with the HIV/AIDS education offered by the company.

However, many workers expressed concern that if their co-workers and managers knew that they had HIV/AIDS, they would be isolated, avoided, and ridiculed. As one 42-year-old worker stated, his co-workers would "...refuse to share things with me. Perhaps if we eat together they would not like me to eat from the same bowl."

The main manifestation of stigma is social isolation and ridicule.

The questionnaire explored different manifestations of stigma. Respondents were asked to supply examples of "bad treatment" faced by people living with HIV/AIDS. Male respondents reported examples of social isolation (73 percent), rumors and gossip (49 percent), ejection from the home (33 percent), rejection from the community (22 percent), and verbal abuse (18 percent). Female respondents reported social isolation (65 percent), rejection (44 percent), rumors and gossip (40 percent), and verbal abuse (27 percent).

Respondents overwhelmingly agree that a key manifestation of stigma is the social isolation and ridicule that people with HIV/AIDS or people suspected of having HIV/AIDS experience. As one worker stated, "There are those who will tell you face to face that you are no longer needed in their friendship, those who will just isolate you." According to a 26-year-old sexual partner of one of the workers, "People make jokes about HIV-positive people and point fingers at them.... There are so many with AIDS and so much gossip too."

Almost all survey respondents (>90 percent) either agreed or strongly agreed with the statement, "If I had AIDS, people would call me names and gossip about me." Furthermore, almost nine-

tenths of the workers and about 95 percent of female family members reported that others would avoid them if they were known to have HIV/AIDS.

PLHA are negatively judged and blamed for their illness.

While fearing HIV-related stigma and discrimination, many respondents themselves express-ed stigmatizing attitudes and supported discriminatory behaviors directed toward PLHA. As one worker stated, "The community laughed about [this woman having AIDS] because the person was not well behaved...the person was sleeping around, had many boyfriends."

Close to half of the male respondents (46 percent) and 37 percent of female respondents strongly agreed or agreed that HIV/AIDS is a punishment for bad behavior. Thirty-one percent of males and 27 percent of female respondents stated that people with HIV/AIDS should not be allowed to work. About half of male (56 percent) and female (48 percent) survey respondents agreed that people with HIV/AIDS should not be allowed to sell food.

Concerns about casual contact with PLHA are minimal.

Few survey respondents expressed concern about casual contact with PLHA. About 80 percent of the men and 88 percent of the female respondents stated that they would be comfortable shaking hands with a colleague or person whom they knew to have HIV/AIDS. Three-quarters (78 percent) of the men and 85 percent of female survey respondents are comfortable sharing their work tools with PLHA. About 64 percent of males and 71 percent of females are comfortable with the idea of eating from the same plate as PLHA. A similar number (75 percent) of the males and 78 percent of female survey respondents are comfortable sharing a toilet with PLHA.

This finding is particularly relevant because stigma is most commonly measured by exploring concerns about casual contact with people with HIV/AIDS, such as fears of sharing toilets or food. As described above, other important dimensions of stigma emerged from this study. These include blame directed toward people with HIV/AIDS for contracting their illness, concerns about being socially isolated and ridiculed, and support for discriminatory behaviors.

Women fear stigma more than men.

Most female survey respondents (58 percent) and a substantial proportion (37 percent) of males perceive more stigma directed toward female PLHA than male. One male worker stated, "This disease is associated with misbehavior. People would think the woman was sleeping around. They never blame a man. However, we are responsible for this. We have brought this thing home."

Over one half (56 percent) of the female respondents, but only 36 percent of the male respondents, agreed with the statement, "If you tell your regular partner that you have AIDS, he/she will leave you."

Stigma by association affects many groups.

Stigma by association, often called secondary stigma, is an important issue as well. About one-third of male and female respondents (32 percent and 35 percent, respectively) agreed with the

statement, "If I sit near someone with AIDS, others will think that I have AIDS too." HIV/AIDS program staff such as social workers and peer educators reported that they too sometimes experience stigma because of their work with PLHA.

Stigma is associated with underuse of workplace VCT and other HIV/AIDS activities.

The study also explored whether and how much stigma inhibits workers' use of HIV/AIDS services, particularly VCT. During the exploratory phase, health care providers at the workplace indicated that counselors visiting the various work sites had previously counseled on a number of topics but are now exclusively associated with HIV/AIDS-related counseling, and for that reason many workers are reluctant to be seen going to the counselor. HIV/AIDS program staff also stated that VCT at the workplace is not being utilized by workers because of fears of HIV-related stigma and discrimination. In the baseline survey, a lack of utilization of HIV testing services is significantly associated with stigmatizing attitudes toward PLHA, such as agreement with the statement that HIV/AIDS is a punishment for bad behavior and that PLHA should not be allowed to work (chi-square: $p < .05$). Not getting an HIV test is also associated with a desire to keep a positive HIV status secret until one is sick and has "no choice" (chi-square: $p < .05$).

Conclusion

HIV/AIDS-related stigma and discrimination can seriously affect the workplace. This study found that non-discriminatory workplace HIV/AIDS policies can make workers feel relatively secure that they will not be fired from their jobs. Equally important, however, is to address social isolation and ridicule when developing stigma-reduction activities.

Possible activities to promote workplace stigma-reduction include training for managers, peer educators, and counselors, and devising strategies to address secondary stigma. The commonly reported interaction between workplace and community-based stigma calls for a coordinated response, such as offering workers and their family members a choice of using VCT services in either the community or workplace. Because gender differences are also important, couple counseling should be emphasized to reduce blame directed at women. Respondents expressed both fear of stigma and discrimination, as well as discriminatory attitudes toward PLHA, so stigma-reduction activities should address both perspectives. Finally, the current measures for stigma should be expanded to incorporate the many issues that emerged in this research.

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For more information about this study please contact Robert Stewart (robdra@iafrica.com).

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Research Update