Introduction to the special issue

Part 1: HIV/AIDS and the world of work

The salient reference for any focus on ‘HIV/AIDS and the world of work’ today is that 22.5 million people are living with the virus in sub-Saharan Africa — 66% of the global total (WHO, 2007). In 2007, the sub-region of southern Africa accounted for almost one-third (32%) of all new HIV infections and AIDS-related deaths (UNAIDS/WHO, 2008). Unlike other diseases, HIV/AIDS affects the most productive in the population, namely the labour force. Declining life expectancy and rising mortality rates illustrate patterns of premature illness and death for many African populations. Significantly, four decades of development achievements have been soundly reversed in just 10 years (Groenewald, Bradshaw, Dorrington & Bourne, 2005; Jamison, Feachem, Makgoba, Bos, Baingana, Hofman & Rogo, 2006).

Those of us in southern Africa live and work at the epicentre of the epidemic. Epidemics, observed the late Jonathan Mann, “are experienced as a shock to the status quo, and like all severe shocks, have the potential to reveal, or uncover...a deeper reality” (Mann, 1999, p. 164). It is this deeper reality that much of applied social science research on HIV/AIDS seeks to uncover. Yet research rooted in the world of work is also action-oriented. As a bald premise, it includes the notion that knowledge can inform and enhance behaviour and practice — that a given reality can be changed.

Even as HIV and AIDS began to cause untold effects on households, economies and social relationships, researchers based at universities and other research entities on the continent began to study its many dimensions. HIV/AIDS research that is focused on the world of work can be located within the larger body of literature on HIV and AIDS in Africa. It is a field of inquiry at the interface of the epidemic and working life. Research on HIV in the workplace in South Africa has been tightly focused on formal, private-sector institutions, and on assessing the risk to companies’ workforces and how this risk can be mitigated. However, these traditional approaches are gradually being supplemented by other, newer approaches.

Research on workplace issues is generally underpinned by a set of assumptions: that the world of work serves as the locus of economic activity upon which many aspects of individual and social development (and survival) depend; that workplaces are economic, social and cultural institutions; and, that while people discharge their various responsibilities at work, they live, have sex, raise children, are ill, and die elsewhere. A comprehensive understanding and account of HIV/AIDS and the world of work must therefore consider other factors beyond conventional workplace concerns. Of necessity, this requires transcending the boundaries of various disciplines, and surpassing the limitations of a single approach.

The authors featured in this special issue of AJAR comprise a subset of the group of 30 individuals who presented research at the 2nd Wits HIV/AIDS in the Workplace Research Symposium, at the University of the Witwatersrand, in Johannesburg, South Africa, on 29 and 30 May 2008. The authors appearing here represent a mix of established researchers and promising young academics. The dominant methodological approach of the papers is qualitative research, rooted in the social sciences, thus revealing a shift in the conventional reliance on quantitative methodologies to gather and analyse workplace-related data and trends. The findings of such applied social research not only tell us something about our places of work, but may serve as a microcosm of our ‘local world’ (Kleinman, 2004). Specifically, the research may inform us about the potential that exists for knowledge to stimulate change at an individual, an organisational, and a social level.

HIV/AIDS and the research it has stimulated have the potential to be transformative. That an epidemic could have ‘transformative capacities’ (Mann, 1999) is not surprising. An overarching question then is: What are the transformative possibilities of the HIV pandemic for the world of work? The papers featured in this special issue provide some insightful answers to this question, and represents a sampling of a growing knowledge base.

The contents of this issue

The second-economy papers by Marlise Richter and Joanna Vearey throw into sharp relief the challenges faced by marginalised and vulnerable citizens and non-citizens when accessing public health services in South Africa. Because of their foreigner status or sex-worker label, individuals may struggle to maintain a survivalist livelihood or to make a living wage. And, they may battle to access the health services to which they are entitled by virtue of the basic law in South Africa. The authors shed light on factors that impact the health and risk of HIV transmission for population groups operating in the ‘second economy’ in parts of Johannesburg and elsewhere on the continent. Richter and Vearey each put forward a set of policy recommendations, which, if applied, would clearly transform the working lives of sex workers and refugees or migrants by expanding their ability to access life-saving antiretroviral medication and securing, if not improving, their health and survivalist livelihoods.

The research by Anil Bhagwanjee, Inge Petersen, Olagoke Akintola & Gavin George, and by Alan Rothberg & Karen Van Huyssteen, seeks to understand users’ perceptions of company-provided HIV testing and treatment and related aspects
of disease management. The authors identify a range of barriers that impede the uptake of company services, including: perceived violations of confidentiality by health personnel; organisational factors, such as the visible group-nature of an HIV-testing campaign; individuals’ fear of an HIV-positive test result and fear of stigma and discrimination. The authors present a robust set of recommendations for change, such as on-site educational and awareness programmes for staff and management (to reduce HIV discrimination and stigmatisation), publicising the benefits and effectiveness of medical treatment to employees, support groups for HIV-positive employees, exploring opt-in and opt-out models of HIV-testing, and improved HIV counselling that also addresses traditional health beliefs.

Clive Evian documents HIV prevalence in a large South African manufacturing company, where prevalence across 12 business units increased by 18.5% between two surveys separated by a three-year period. At the same time, the national antenatal HIV prevalence survey among pregnant women demonstrated a 20.4% increase: from 24.5% prevalence in 2001 to 29.1% prevalence in 2006. Data from Evian’s surveys illustrate that HIV prevalence among contract employees is significantly higher than among permanent employees. The lesson therein? Peak HIV prevalence in the predominantly male workforce (30–39 age group) may impact significantly on the company’s pool of human resources while affecting the retention of key skills and experience. Such research on risk and prevalence thus provides a sound evidence base from which the manufacturing company can take active steps to manage HIV among its workforce.

Uchenna Amadi-Ihunwo’s research is concerned with the perceptions of educators and the meaning and interpretation that they attach to HIV/AIDS. Through the diverse types of understandings documented among a selection of public school managers in Gauteng Province, South Africa, she highlights the importance of acknowledging social constructs (especially culture and gender). Improved understanding of such constructs has the potential to fundamentally alter the acceptability and impact of education curricula by educators and learners alike.

Zuzanna Muskat-Gorska tackles issues surrounding the right to confidentiality of one’s HIV status and its intersection with gathering, sharing and profiling one’s personal health information. Tracing the legislation and developments concerning data protection, she underlines the growing importance of using social dialogue to address HIV-data confidentiality, ensuring that the privacy right of individuals is upheld, and creating an environment of trust between employers, employees, and health programme managers to the benefit of all involved.

The papers by Elizabeth Arend and Ronald Whelan, David Dickinson & Tessa Murray examine workplace HIV/AIDS programming, policy and practice. Arend discusses the health policy and wellness programme of a resource-constrained, faith-based NGO in South Africa’s extensive Khayelitsha township, isolating a number of organisational dynamics, their interplay with the social and cultural context, and the attendant impact on staff and organisational capacity. She calls for the cultural and social norms of employees to be taken into account. Arend recommends an employee-centred approach that focuses on strengthening trust and ownership among staff and management while integrating HIV/AIDS into wellness programmes based on a holistic model of health and wellbeing. Whelan et al. analyse a set of established codes and guidelines used by larger firms to manage HIV/AIDS in the workplace. They observe that the use of these documents by managers to inform practice is infrequent. Although companies may recognise specific interventions as examples of best practice, actual utilisation may falter due to a lack of visible benefits (mainly economic) for the company. The authors recommend tailored interventions that are specific to an organisation’s context while being cognisant of organisational imperatives. Such a shift might make the difference required to move towards improved outcomes and higher-quality interventions.

The papers by David Dickinson and by David Dickinson & Kgabea consider specific social agents at the frontline of HIV epidemics in Africa: traditional healers and peer educators. With up to 80% of Africa’s population consulting traditional healers, Dickinson describes the diverse and changeable beliefs of traditional healers with regard to HIV/AIDS, and he articulates tangible ways in which companies, allopathic doctors and traditional health practitioners could cooperate in workplace responses to HIV. Making use of opportunities for referral and compatibility could propel us past the limitations posed by the current (biomedical) model of HIV treatment and care. Dickinson & Kgatia describe the complexities, challenges, and constraints — the stresses — faced by workplace peer educators as they serve as important components of company HIV/AIDS programmes, particularly in regard to their embeddedness in their community. The authors discuss how to conceptualise the peer educator’s role and ways to better organise and support them. Ultimately, the research presented suggests that traditional healers as well as peer educators are social agents that can importantly advance workplace responses to the epidemic.

The papers by Marion Stevens and Courtenay Sprague push women’s sexual and reproductive health and rights out of the shadows and into the fore. Stevens demonstrates that sexual and reproductive health choices are woefully neglected in the realm of private- and public-health-sector HIV care and treatment. She calls for a comprehensive, integrated approach to women’s health that addresses common issues, such as depression and anxiety, violence against women, HIV-testing practices, and cervical cancer screening. Sprague’s research examines the potential role of workplace programmes to recognise women’s greater biological and social vulnerability to HIV — a driver of increased risk of HIV transmission among women of reproductive age. Sprague explores the possibility of introducing sex-specific interventions in the world of work that would address these realities. Both authors call for a paradigm shift that goes beyond ‘maternal health’ to embrace ‘women’s health’.


Limitations of the selection

The issue's concentration on South African-based companies and organisations comes with a set of inherent limitations. South Africa is an upper middle-income country with one of the most advanced economies on the continent — one characterised by a high level of infrastructure, including (relatively speaking) in its universities. It is also a specific country context that is not necessarily commensurate with others on the continent. Also, the knowledge-base of South African workplace research may not be widely disseminated beyond South Africa. This speaks to the difficulties of internationalising research that is produced by African scholars, to the weakness of African universities in overcoming barriers to see the work of their academics published in journals or books, and to the strength and dominance of northern universities.

Although still slender, the growing knowledge-base evinces the degree to which HIV/AIDS has changed the face of workplaces in southern Africa. Can these changes become transformative on an individual, organisational and social level? The research published here signifies that change of a deeper order is possible. We are, as Mann (1999, p. 171) noted, “called upon, again and again, to transcend our inherited patterns of thought or response to others.” It is our responsibility as HIV/AIDS researchers to question our assumptions, to be reflexive, to recognise and transcend our own limitations in relation to the epidemic. Mann (1999, p. 171) points out: “Shaken perhaps by the way AIDS draws back the curtain to remind us...of the terrible injustice of early death; forced to see how we all fear abandonment and isolation...these all bring us back to our own true selves.” Accordingly, we must continue to ask: What are the transformative possibilities of the HIV pandemic for our workplaces, and our local worlds?

Part 2: Research on HIV/AIDS and the world of work

It is useful to reflect on the still small knowledge-base: given the importance of HIV and AIDS and the world of work, why has there been relatively little research undertaken? The 2nd Wits HIV/AIDS in the Workplace Research Symposium did include a noteworthy number of researchers active in this field. However, the symposium’s set of 30 papers, many focusing on the well-trodden areas of HIV risk and treatment, barely tap all possible research agendas.

The content of the symposium’s presentations was overseen by a steering committee3 comprising HIV/AIDS managers from several large South African companies, as well as individuals from NGOs, government and academia. In discussing the call for papers, it strongly emerged from the steering committees’ conversations that — important as HIV prevalence surveys and treatment programmes are — other research is more pressing. The committee agreed that rigorous applied social research is sorely needed, especially studies that address the challenges facing companies in preventing new HIV infections and the possibilities of engaging with communities in a strategic and meaningful way. These became core themes of the symposium. Both issues form part of the canon of best-practice responses to HIV and AIDS, while both lead away from the confident province of companies as a site of biomedical-centred evaluation and response (and the methodological certainties that this provides).

Another direction decided on by the steering committee was to call for the presentation of research that was based outside the formal economy, to draw attention to atypical workplaces and the informal economy. Given the sheer size of the informal economy across Africa, the committee members agreed that researchers’ historical focus on large companies should be broadened. It is worth noting that the effort of the steering committee to expand or shift the research agenda on HIV/AIDS and the world of work has had a limited effect: the largest share of papers submitted for the symposium dealt with HIV risk and treatment at large companies. Even so, the research is of considerable value and it is clear that much remains to be investigated in these areas.

For all its advantages, using the workplace as a site to research various responses to HIV and AIDS is undoubtedly a complex endeavour. In the formal sector, the emphasis has been unsurprisingly on research that will produce clear-cut results, rapidly. Expanding the longstanding focus from biomedical to social research — and still meeting those expectations — is difficult. In addition, applied social research can generate discomfort. Workplaces are sites of social tension as well as economic production. For example, the role of migrant labour systems as one factor in the spread of HIV is generally accepted but largely unstudied. Yet research that focuses on HIV prevention, for example, cannot but raise this sensitive issue. In short, the workplace can be an important site of diverse responses to the epidemic but it is a site in which it is not easy to openly conduct research. The need to balance competing needs and fears while maintaining research rigour frequently arises. The topic does keep researchers grounded and nimble, forcing them to balance the findings of workplace studies with practical recommendations. Ultimately, if such research is to be of broader value, it needs to be placed in the public domain instead of resting with company representatives as private, commissioned research. Those who contributed papers to the symposium have had to rise to this brief, mostly without experienced mentors to guide them. Perhaps the work presented here will inspire new researchers to come into this emerging field of study, although it still lacks a clear academic home. Given its interdisciplinary and changeable nature, research on HIV/AIDS and the world of work may prove attractive.

Access to research sites is often easier outside of formal-sector companies. For instance, Amadi-Ihunwo’s exploration into public schools in Gauteng Province, South Africa, provides an example of open-minded investigation at an education workplace. It makes an important (if difficult) point that managers’ understanding of HIV/AIDS and of the experiences of
people living with HIV is informed as much (if not more) by cultural beliefs than by their knowledge of biomedical aspects of infection and care. While organisations and companies are often afraid of breaches in confidentiality should they open up their workplaces to researchers, not doing so prolongs ignorance about what makes an HIV epidemic so pernicious, while impeding holistic and effective responses.

What next? A research agenda for HIV/AIDS and the world of work

Despite considerable steps forward, to which this publication contributes, there remains much to be done. The interdisciplinary field of HIV/AIDS and the world of work remains not only under-researched, but also ill-defined. Clearly, the world of work constitutes something more than large, formal-sector workplaces. However, informal workplaces are not necessarily better venues from which to respond to the epidemic. Perhaps it is best to simply use (or reform) legislation as a vehicle for mobilising greater change. If applied social research is to be conducted within institutions (even remaining within formal-sector workplaces), the boundaries that delineate where an HIV/AIDS programme begins and ends are not clear. As suggested in this issue, this raises questions about who companies are willing to work with, and on what basis, if they are to move beyond conventional medical approaches to HIV testing and treatment, and which are the contexts or environments that especially call for targeted or customised sets of interventions, and which can also address genuine organisational realities, including financial imperatives?

Irrespective of the outcome of debates on the boundaries of research on HIV/AIDS and the world of work, it is almost certain that large, formal-sector workplaces will remain at the core of research endeavours (as, indeed, much remains to be explored), though it would be satisfying to see public-sector institutions more often under research scrutiny than is currently the case.

A list of issues that would benefit from research concerning HIV/AIDS and the world of work would be very long. Moreover, in the absence of an increase in the number of capable researchers such a list would remain aspirational rather than provide a cogent programme of action. If the workplace is a useful place in which to locate responses to HIV and AIDS, as we believe it surely is, then we need to invest in developing researchers who not only have research skills but who also have an ability to navigate the difficulties of rigorous, applied social research while negotiating the concerns of various stakeholders.

We suggest that inquiries into ways in which workplaces can contribute to a long-term solution to the HIV epidemic will have to extend beyond a concern for company employees as well as look beyond occupational health practitioners as the primary agents of change. This will not be easy; it will require HIV/AIDS researchers with a wide range of skills and a commitment to long-term projects, and it will require political will from workplace HIV/AIDS programme managers and company leaders.

Notes

1 The approach, dating back (at least) to Brink & Clausen’s (1987) article on HIV infection rates among mine workers, has been taken up and reinforced by strong occupational-health-practitioner structures within a number of industries, particularly mining.

2 The symposium’s programme and presentations are available at: www.wbs.ac.za/?q=node/295.

3 The symposium’s steering committee was as follows:
   Alexis Apostolellis, Head: HIV Management Solutions;
   David Dickinson (Co-chair), Associate Professor: HIV/AIDS in the Workplace, Wits Business School, University of the Witwatersrand;
   Gillian Gresak, Group HIV/AIDS Manager, Anglo Platinum;
   Pumla Ntlabati, Sasol HIV/AIDS Response Programme (SHARP), Health & Welfare Specialist;
   Kate Philip, Head of the Second Economy Strategy Project, hosted by Trade and Industry Strategy Projects;
   Dora Anne (Dan) Pretorius, Attorney/Trainer, AIDS Law Project;
   Courtenay Sprague (Co-chair), Lecturer: HIV/AIDS, Wits Business School, University of the Witwatersrand; and,
   Marion Stevens, Project Manager, Health Systems Trust.

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References


