

*Full Length Research Paper*

# The perceptions of employees towards working with HIV/AIDS infected and affected co-workers: A case of food services industry in Eastern Cape, South Africa

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Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), remains a major blow to the prosperity of many companies. Studies have shown that employees suffering from the disease are prone to stigma and discrimination. It is however imperative for the management to come up with intervention measures that can accommodate infected employees, so that they can feel part of the workforce. Given the increased quality and length of life of persons living with HIV/AIDS (PLWHA), many organisations are faced with the challenge of accommodating PLWHAs. Focus was on the perceptions of employees towards working with HIV/AIDS infected co-workers at Fedics food services in eastern Cape. The study was done to shed light on the willingness of employees to work with HIV/AIDS colleagues, whether or not they exist in the organisation. Using quantitative research, self administered questionnaires were distributed to a sample of 50 respondents drawn using random probability sampling procedure. Descriptive data analysis was used to establish employee perceptions on HIV/AIDS and the Chi-square was used to determine the levels of significance of each response. The results showed that employees at Fedics food services were willing to work with HIV/AIDS infected co-workers. Explanations of these results were linked to an effective awareness programme and HIV/AIDS policy of the company, as data depicted a significance level or P-value of less than 5% ( $P < 0.05$ ). However, some significant differences existed among different groups of employees. Therefore, this implies that the management should keep on providing HIV/AIDS awareness programmes, in order to create an environment that is accommodative to infected and affected employees.

**Key words:** HIV/AIDS, PLWAs, perception, stigma and discrimination.

## INTRODUCTION

Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) has taken a terrible human toll, laying claim to millions of lives, inflicting pain and grief, causing fear and uncertainty both in the workplace and the society at large. According to Natrass (2004), HIV/AIDS has a negative impact on the organizational spending, especially considering the

increased costs on medical aid benefits, funeral costs and deaths benefits. Furthermore, organizations have to pay large sums of money in recruiting and training new workers if skilled workers are to be replaced (Natrass, 2004). Besides that, a lot of revenue is lost due to increase in absenteeism, higher labour turnover and loss of production. Every sector of the industry has felt the impact of the epidemic. Mineworkers were among the first group of workers recognized to be vulnerable to HIV infection, due to their high levels of mobility, the tendency to have more than one sexual partner, often including sex workers (Juma, 2001). However, recently, the infection rates among other workers, such as educators and health professionals have risen alarmingly. Unions have individually and collectively sought workplace testing, counseling and treatment programmes, and have fought

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**Abbreviations:** HIV/AIDS, Human immunodeficiency virus/acquired immune deficiency syndrome; PLWHAs, persons living with HIV/AIDS; PLWAs, people living with AIDS; ART, antiretroviral treatment; SAS, statistics and data analysis.

for the legal rights of infected and affected workers. They are also very concerned about the working conditions of health care workers. (AIDS Foundation South Africa, 2005)

Low morality among the employees, fear and death due to HIV/AIDS may lead to suspicion and lack of tolerance of colleagues infected by the disease. Working with people with HIV/AIDS can be one of the most challenging experiences of one's career (Gant et al., 1998). Kauffman and Lindauer (2004) argue that there is a strong individual stigma associated with being HIV positive and this appears to have carried over into many organisations. It remains controversial whether those affected by the disease are still treated with the same dignity as those who are not infected. This question lies on the issue of workers perceptions on their co workers who are infected with the pandemic.

Odendaal et al. (2001) defined perception as a process by which individuals organise their sensory impressions in order to give meaning to their environment. This follows that the perceptions of employees towards infected core workers determines the type of climate that is likely to prevail in the organization. The perception of employees towards infected core workers should not be under-estimated considering that those infected are suffering enough, either physically and mentally and yet again challenged by the judgment of others, the very people who are their colleagues.

### **Problem statement**

HIV/AIDS has caused untold physical and emotional suffering amongst employees in many organizations. Kalichman (2001) as quoted by Skinner and Mcfane (2004) argues that people with HIV/AIDS feel isolated, guilty, dirty and full of shame. As far as past research on HIV/AIDS is concerned, little has been done to uncover the perceptions of employees towards working with infected workers in the workplace. Other researchers like Poggenpoel, (2006) [University of Western Cape, Unpublished] and Cloete (2004) [Unisa, Unpublished] focused on policies of managing HIV /AIDS in the workplace and support programs for the infected workers. The research at hand seeks 'to investigate the perceptions of employees towards working with HIV/AIDS infected co-workers at a selected foods services organisation at University of Fort Hare in Eastern Cape.

### **Objectives of the study**

1. To identify employee perceptions towards working with HIV/AIDS infected co-workers.
2. To determine any differences in employee perceptions towards working with HIV/AIDS infected co-workers among different employees.

3. To assist and recommend managers on suitable wellness programmes they can adopt and implement.

### **Hypothesis**

H<sub>1</sub>: Employees have negative perceptions towards working with HIV/AIDS infected co-workers.

H<sub>2</sub>: The perceptions of employees towards working with infected co-workers are the same.

### **Significance of the study**

The study of the perceptions of employees towards HIV/AIDS infected co-workers is of paramount importance as it contributes to the theoretical models of stigma discrimination in the workplace. Employees' perceptions towards HIV/AIDS infected colleagues should be the starting point for developing policies aimed at reducing discrimination and stigmatisation in the work place. Furthermore, the perceptions of workers towards HIV/AIDS infected colleagues also helps the management to come up with ways of accommodating infected employees so that they feel part of the team regardless of their status and also to remember that being HIV/AIDS positive does not mean one is incapable of performing well. Understanding the perceptions of employees towards infected co-workers helps the employees to create an atmosphere of respect and dignity in the organisation. The management must remember that it is the perception of employees that results in certain favorable or unfavorable behaviors thus; in order to get rid of those behaviours the management must understand the perceptions of their employees.

### **THEORETICAL FRAMEWORK**

This research was guided by the theory of social identity. Social identity theory considers how people use social constructs to judge or label someone who is different or disfavored. Societies, or large groups within societies, evaluate people to determine if they fit the social norms. Social identity is a concept which was first written about by Goffman (1963). The term spoiled collective identity was also coined by Goffman to describe people who were stigmatized and whose identity as a whole was brought into question. Individuals who are not stigmatized are also judged by society. People with certain illness are often judged by their behaviors, but this does not reflect their whole being. With spoiled collective identity, the stigmatised person is reduced in the minds of others from a whole and normal person to a tainted, discounted one. This theory is important to this research since the perceptions of the employees towards their co-workers who are infected is dependent upon their social

construction about what it means when one is HIV/AIDS positive in the workplace. The judgments or perception of employees towards their colleague or colleagues infected by HIV/AIDS determines how those infected are going to be treated by others, thus giving them an identity in the organisation.

With the advent of more advanced treatments and therapies, people living with AIDS (PLWAs) are experiencing significant improvements in physical and mental health, making many of their return to work goals more realistic. Yet, PLWHAs often experience stigma and discrimination because of their status. Being infected with HIV/AIDS can make even the most enjoyable profession and job tasks challenging. Persons with HIV/AIDS can become overwhelmed and distressed by their condition.

### **The general perception of people towards PLWHAs**

Odendaal et al. (2001) deduced that the perception of employees towards HIV/AIDS infected co-workers can determine the climate that is likely to prevail in the organization. If employees have negative perceptions towards their infected co-workers then it means that the social bond that tightens the informal group is likely to be loosened thereby reducing morale among employees. Positive perceptions may result in infected employees feeling part of the team and accommodated thus thereby reducing stress.

In a study done by Ogden and Nyblade (2005) as cited by Parker and Birdsall (2005), perceptions of morality were linked to promiscuity, moral transgression, choosing to engage in 'bad' behavior, and punishment from God. This is contrasted with social values to do with what is considered normative, appropriate or 'good' behavior. Perceptions of relative guilt or innocence in relation to HIV infection were also referred to-for example, babies who were infected maternally, or health workers who were infected with HIV during the course of their work were seen as 'innocent victims', whereas people who were infected through sexual intercourse were perceived as being 'guilty' as a product of having brought the disease upon themselves.

A study undertaken by the Human Research Council (2006) showed that respondents showed some degree of negative attitudes and perceptions about marrying a person with HIV/AIDS. Sadly, some care givers who are supposed to show concern to HIV/AIDS positive people are reportedly to have negative attitudes towards them.

According to Cole and Slocumb (1999), some nurses manifest negative attitudes towards patients suffering from HIV/AIDS. These negative attitudes may often be amplified by nurses' perception of how the patient contracted HIV – making a distinction between those patients who are 'innocent' victims (such as those who contracted the disease through blood transfusions or birth) and 'deserving' victims (those who contracted the

disease as a result of their lack of social responsibility, such as intravenous drug users and those who do not practice safe sexual intercourse). However in a research done in Kenya by Juma (2001) it was found that pupils had positive attitudes towards their fellow pupils who had been affected with HIV/AIDS. With regard to the statement that 'HIV/AIDS victims should be shunned or avoided,' 32.2% said 'yes', 51.7% said no and 16.1% were 'not sure'.

In a study done by Norman et al. (2006) in Jamaica, the results indicate that significant proportions of persons still hold less sympathetic attitudes toward various groups of PLWHAs. Less than half of the students were sympathetic to homosexual male or female prostitutes living with HIV/AIDS; however, the majority of them reported sympathetic feelings towards heterosexual males and non-prostitute females living with the disease. It was found that when illness was believed to be the result of 'immoral behavior', HIV/AIDS may reinforce pre-existing sexual stigmas. This can result in blaming members of these marginalized groups for their own disease and, as such, decreases the level of sympathy expressed for them.

In an study done in Hong Kong by Lau and Wong (2001) it was found that perception of the response of the colleagues of an HIV-positive employee gives a portrait of fear and misunderstanding (panic, resignation and deterioration of work performance, etc.). The absence of significant changes suggests that social acceptance and understanding of people living with HIV/AIDS remain low over the past few years despite all efforts and social interventions that have been taking place. Such negative speculations were totally ungrounded. It is a manifestation of the frequent misconceptions about the functional capacities of the HIV-positive workers, as well as misconceptions related to the mode of HIV transmission.

In the face of fear, people are likely to isolate those with the virus and to avoid personal contact with them, whether at work, at home, at school, or whatever. Friends may be dropped and families split up. People who have HIV may be blamed for acquiring it. They maybe be blamed on immoral or irresponsible and so be rejected they may conceal personal fears of having the virus to themselves, and guilt at perhaps having got it through and extra-marital affair, a causal sexual relationship or through prostitution (Chibaya, 2000).

In a study done by Kahn (2002) respondents that were HIV/AIDS positive acknowledged that their colleagues did not want to eat with them, use the same toilets, or even using the same cups and plates. Resultantly they felt angry and stressed.

### **Stigma and discrimination**

Stigma develops out of an initial, universally held

motivation to avoid danger, followed by an (often exaggerated) perception of characteristics that promote threat, accompanied by a social sharing of these perceptions with others. Moreover, stigmas exist primarily in the minds of stigmatisers and stigmatised individuals as cultural social constructions, rather than as universally stigmatised physical features (Stangor and Crandall, 2000).

There are 3 dimensions of stigma that probe attitudinal responses to PLWHAs, based on the psychological functions they perform. These are symbolic stigma (that is, a negative assessment of character); instrumental stigma (that is, fear of infection); and resource based stigma (that is, opinions that PLWHAs should not gain preferential access to scarce social resources).

According to Kahn (2002), stigma is defined as 'the holding of derogatory social attitudes or beliefs, the expression of negative effect, or the display of hostile or discriminatory behavior towards members of a group on account of their membership in that group. Stigma is that part of identity that has to do with prejudice – the setting apart of individuals or groups through the attachment of heightened negative perceptions and values. For example, you might look down upon people who have very little education and treat them differently because of the way you feel about them. In the case of HIV/AIDS, stigmatisation refers to individuals or families being singled out and treated negatively as a result of their actual or perceived HIV status. HIV/AIDS-related stigma is widespread in Southern Africa and occurs in a range of contexts including family, community, schools, faith based communities and the workplace. People can also stigmatize themselves, isolating and punishing themselves as a result of the self-hatred, shame and blame they feel as a result of having contracted HIV.

Stigma reveals itself in words, images, popular thinking and discussion; the social relations that exist within families, communities and institutions; laws and policies; our own attitudes and prejudice, avoidance, isolation, hostility and violence (Hunt et al., 2003).

On the other hand, discrimination involves a person acting on a pre-existing stigma, which results in the isolation or unfair treatment of either themselves or others. It is useful to distinguish between stigma and discrimination. Stigma is largely related to ideas about others, whilst discrimination involves some form of direct enactment of stigma which may be verbal or physical, and which is likely to be hurtful or harmful to the person to whom it is addressed. Many authors, however, refer to stigma as encompassing both ideas and action (Link and Phelan, 2002).

In a study done by Key and DeNoon (1997), two-thirds of the employees thought that working beside an HIV-positive employee would make coworkers feel 'uncomfortable.' An HIV-positive employee is therefore likely to feel rejected by his or her co-workers. Stigma also introduces a desire not to know one's own status,

thus delaying testing and accessing treatment. At an individual level stigma undermines the person's identity and capacity to cope with the disease. Fear of discrimination limits the possibility of disclosure even to potential important sources of support such as family and friends.

Stigma is a process that may occur at the individual level, but it is also influenced by social processes related to assumptions, stereotypes, and generalisations and labeling of people as falling into a particular category on the basis of association. Stigma also involves the social expression of negative attitudes and beliefs that contribute to processes of rejection, isolation, marginalization and harm of others (Reece, 2005). A research done by Steward et al. (2002) reported that employees expressed concern regarding HIV/AIDS stigma from colleagues and co-workers. Some workers believed that they would lose their jobs if the company were aware of their HIV status.

Data from a recent national survey in Jamaica revealed that while the vast majority of respondents held accurate beliefs concerning the lack of risk associated with casual contact and sharing food, many did not believe that HIV-infected teachers should be allowed to teach, nor were they willing to purchase food from an HIV infected shopkeeper (Ministry of Health, 2000). Anticipation of negative responses from employers and fellow employees can also result in people with mental illness withdrawing from or limiting their social or occupational functioning (Alexander and Link, 2003). According to Alexander and Link (2003), once people have been labeled mentally ill, they are more likely to be underemployed and to earn less.

Ogden and Nyblade (2005), as cited by Parker and Birdsall (2005), found out that the enactment of stigma through discriminatory practices included physical isolation (for example, separating eating utensils and living quarters); social isolation (for example, isolation from social events, loss of social networks, and diminished standing as a productive member of the community); verbal discrimination and abuse (for example, gossip, taunting, blaming and labeling); and institutional discrimination (for example, loss of employment, customers, housing, financial opportunity/protection, poorer health care, refusal of services, fear-based representation). Researchers note that although, physical violence is rare, practices of discrimination as a whole coalesce in the form of an undercurrent of structural violence against PLWAs.

Many people who are HIV/AIDS positive encounter discriminatory treatment at work, leading them to seek new career opportunities or to withdraw from their careers altogether. For most people however completely separating from work is not financially feasible. In addition, many people find a sense of meaning, purpose and dignity in their work and that enables them to live effectively.

Natgrass (2004) as cited in a research by Morris (2000) which was done in Kwazulu Natal Sugar mill found that in the two years prior to the men taking retirement (on grounds of ill-health), an average of 27.7 days were lost in each year. Of these, 11.7 days were accounted for by sick leave, 5.4 days by hospitalization, and 10.6 days by visits to the clinic (assuming that each visit to the clinic during work hours resulted in half a day lost). The Human Sciences Research Council (2006) also indicated in its study that the British International Company in South Africa had 21 employees who were infected by the pandemic and about 21 deaths were HIV/AIDS related.

## Measures to curb problems associated with HIV/AIDS in organisations

### *HIVAIDS policy*

Workplace policies set standards of behavior for both management and employees of organizations and provide a guide for decision making in day-to-day business affairs. Workplace policies addressing HIV/AIDS set to be standard of management response to employees with HIV/AIDS. Although, workplace HIV/AIDS policies have rarely been examined empirically, one study by Morris (2000) of South African workplaces found the presence of workplace HIV policies to be a significant predictor of the breadth and quality of workplace HIV education and prevention programs. Some of the workplace intervention programs include, voluntary testing, antiretroviral treatment (ART), stigma and discrimination, education and awareness.

## MATERIALS AND METHODS

### Research participants

In the research at hand, the population constituted of all 68 employees from one Fedics food outlet at University of Fort Hare. Using a simple random sampling technique, 50 respondents were drawn to participate in the research. Amongst the selected, 42% of the respondents were male and 58% were female.

### Measuring instruments

A self – administered questionnaire was employed to collect data from the respondents. The questionnaire employed in this study consisted of 16 items, which were used to determine perceptions of employees towards working with HIV/AIDS infected and affected co-workers. The questionnaire comprised of three sections; that is, section A, B and C. Questions in section A focused on the demographic information of the respondents namely, gender, age, and educational background. Section B had 11 questions on employees' perceptions towards working with HIV/AIDS coworkers. The majority of the questions in the questionnaire were closed ended response questions which increased chances of participation by the respondents. The final section of the questionnaire focused on whether the respondents were aware of awareness programmes at their company with one open ended question that called for

employees' opinions. The response categories ranged from strongly agrees to strongly disagree in a five point likert scale.

### Research procedure

The employment of a probability sampling method enabled the researcher to choose the members of the sample through a random process. Then a simple random sampling technique was used to select the respondents in which a table of random numbers was used to choose the sample of 50 non-managerial employees. 50 questionnaires were distributed to the respondents who made up the sample of the study. The selected employees were requested to fill the questionnaires and this did not require much assistance from the researcher because the employees were literate and understood the questions without difficulty.

### Statistical analysis

Data analysis is the conversion of meaningless data into valuable information that can be easily understood, it involves the reduction of accumulated data to a manageable size, developing summaries, looking for patterns and applying statistical techniques. It also includes the interpretation of research findings in the light of the research questions and determines if the results are consistent with the research hypotheses and theory. Editing, coding and processing of data forms the integral part of data analysis. The collected data was analysed using the Chi-square test which was achieved by using the statistics and data analysis (SAS) system of statistical analysis. Data was analysed using simple descriptive statistics. Tables and graphs were also drawn to depict the statistical information.

## RESULTS

The research findings were analysed paying particular attention to the research objectives, hypothesis and the research questionnaire. Tables and graphs were employed in this analysis. Descriptive statistics such as tables, pie charts and bar charts were used to aid the analysis of data because they are effective way of depicting relations and trends. The following sections examine the analysis and interpretation of data obtained from the respondents through the questionnaire and the explanation of their relation to the research hypotheses. Statistical inference was used in testing the research hypothesis of which the perceptions of employees towards working with infected co-workers were put under test.

*H<sub>1</sub>: Employees at Fedics food services have negative perceptions towards working with HIV/AIDS infected co-workers*

The statistical method which was used to test the hypothesis is the Chi-Square method and a 5% level of significance was used. It is method which tests the significant differences in responses of respondents to come out with a more objective conclusion from the results. The results which were obtained are shown in Table 1.

**Table 1.** Employees' perceptions towards working with HIV/AIDS infected co-workers.

Statement	Chi-square	df	Pr>chi-square
Sharing food with an HIV/AIDS infected co-workers increases chances of being infected.	5.2903	4	0.0158
If an HIV/AIDS infected employee gets injured others should avoid contact with him/her.	4.2364	3	0.0434
Employees who got HIV/AIDS through drugs and sex got what they deserve.	3.6774	4	0.1514
Employees who are HIV/AIDS positive are unproductive.	7.2258	4	0.1244
The names of HIV/AIDS employees should be publicized so that others can avoid contact with them.	8.5161	4	0.0744
HIV/AIDS positive employees should be given same benefits as those who are not infected.	4.9677	4	0.0906
HIV/AIDS infected employees should not be employed if they get serious	6.2581	4	0.0807

Average probability chi-square value (p-value), 0.186.

The researcher selected 7 questions which were linked to the hypothesis in question. The results showed that 2 out of 7 questions supported the hypothesis and five rejected the hypothesis. Basing on the above results, the majority of the questions shows that the hypothesis under test should be rejected since their significance level were above 0.05 ( $p < 0.186$ ).

### Possible explanation

Positive perceptions of employees towards working with HIV/AIDS infected co-workers could be as result of the company's effective HIV/AIDS policy. Data as calculated by the chi-square method shows that there is a high significance level ( $p < 0.186$ ) on the employees' understanding of the HIV/AIDS policy and awareness programmes. Furthermore, results showed that about 66.7% of the employees were aware of the company's HIV/AIDS policy and the majority also acknowledged the existence of HIV/AIDS awareness programmes.

*H<sub>2</sub>: There is a significant difference in perceptions towards working with HIV/AIDS infected co-workers among different categories of employees at Fedics food services*

Test of association was employed to test hypotheses two, specifically to test relationships between variables. This test was used to see if there were some differences in perceptions among different groups. The respondents were categorised based on demographic characteristics namely gender, educational level and age. The reason was to test if these variables influence the employees' perceptions towards working with HIV/AIDS infected employees. Regarding to the statement that employees who got HIV/AIDS through drugs and sex got what they deserved, data showed that there is a significance difference between males and females towards such employees. Data shows a strong significant difference of 0.024, ( $p < 0.05$ ). From this revelation, it is therefore

shown that gender influences one's perception towards working with HIV/AIDS infected employee.

From the test of association regarding the statement that HIV/AIDS infected employees should not be employed if they become serious, data showed a significance difference of perceptions within different categories of ages thus, 0.04, ( $p < 0.05$ ). Data shows that there is a relationship between age and perceptions of employees towards working with HIV/AIDS positive employees. Data showed that there was no association between ones level of education and his/her perceptions towards working with HIV/AIDS infected employee ( $p = 0.11$ ;  $p > 0.05$ ).

Out of the three variables tested, two of them showed that employees' perceptions towards working with HIV/AIDS infected employees are not the same. Descriptive analysis showed that employees at Fedics food services have a positive perception towards working with HIV/AIDS infected coworkers. Explanations of these results were linked to an effective awareness programme and HIV/AIDS policy of the company as data depicted a significance level of less than 5% ( $p < 0.05$ ). However some significance differences existed among different groups of employees.

## DISCUSSION

Results which were obtained from data analysis indicated that most of the employees at Fedics food services do not have formal education. The summary of the results can be divided into three parts according to the structure of the questionnaire as follows:

### Section A

#### Demographic profile

The demographic data shows that more women than men participated in this research. The company's majority workforce constitute of young employees within the range of 25 to 34 years.

## Section B

### *Understanding of HIV/AIDS*

Results show that the majority of employees were aware of the ways in which HIV/AIDS is transmitted and that it does not have cure.

## Section C

### *Perception of employees towards working with HIV/AIDS infected coworkers*

The results shows that the majority of the employees did not see working with an HIV/AIDS infected co-worker as dangerous. The majority of the respondents agreed that when an HIV/AIDS infected co-worker becomes serious he/she must not be employed. Respondents generally disagreed that sharing food with HIV/AIDS infected co-worker increases chances of being infected. Most of the respondents agreed that HIV/AIDS employees should be given the same benefits as those given to their colleagues who are not infected.

## Section D

### *AIDS awareness programmes*

The majority of the employees acknowledged that the company conducts HIV/AIDS awareness programmes stating that they were aware of the company's HIV/AIDS policy.

## MANAGERIAL IMPLICATIONS

Most of the employees were aware of the ways in which AIDS is transmitted. This means that the management is trying to equip the employees with the knowledge of the pandemic through awareness programmes. This implies that the management must keep on providing necessary programmes, so as to keep the employees up to date about the disease. The majority of the employees were not sure on whether it is proper to publicise the names of HIV/AIDS positive employees or not. The management should assure employees confidentiality of the results of HIV-positive employees unless or otherwise they are given consent to publicise by the infected persons. The majority showed less sympathy to co-workers who contact the pandemic through drugs and sex. The management can make use of a full time peer educator who is readily available and who can teach the employees on what it means when one is HIV-positive. Overall, the management should keep on providing necessary knowledge about the pandemic through awareness programmes and an effective HIV/AIDS policy.

In the face of fear, people are likely to isolate those with the virus and to avoid personal contact with them, whether at work, at home or at school. Friends may be dropped and families split up. People who have HIV may be blamed for acquiring it on immoral or irresponsible behaviour and so be rejected, they may conceal personal fears of having the virus oneself, and guilt at perhaps having got it through and extra-marital affairs, a causal sexual relationship or through prostitution. Fear, ignorance and an inability to accept people who are different are the main reasons for the widespread prejudice and stigma experienced by people living with HIV/AIDS. Therefore, it would be beneficial for businesses to prepare to manage employees with HIV/AIDS in an ethical, legal, and effective manner even before they become aware of the presence of an employee with HIV/AIDS.

## Limitations and future research directions

Due to unavailability of big companies in Alice, the research was conducted in a small company with few employees. The fact that most of the respondents had no formal education, the researchers faced a problem of reading their suggestions on how to accommodate HIV/AIDS positive employees. An interpreter was used to help some of the respondents to answer the questions. Future research may be targeted to a larger population so as to obtain results that are more definitive of the employees' perceptions. Future research can also focus on how management perceives employing an HIV/AIDS infected employee.

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