Knowledge, attitude and practices of employers should they discover that their domestic worker is HIV positive: Cashan, Rustenburg

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ABSTRACT

Background: **Infection with human immunodeficiency virus (HIV) is an epidemic that has become the leading cause of morbidity and mortality in South Africa. HIV/AIDS threatens productivity, profitability and the welfare of employees and their families. Some employers insist on knowing the HIV status of their domestic workers, and there have been reports of discrimination and unfair dismissal when they are found to be infected.**

Methods: **This qualitative study describes the knowledge, attitudes and practices of employers towards HIV-positive domestic workers in Rustenburg. In-depth interviews and a focus group discussion were conducted with 10 purposefully selected participants, all employers of domestic workers.**

Results: **It was found that employers had reasonable knowledge about HIV and AIDS and positive views on accepting and accommodating an HIV-positive domestic worker. While they would not consider dismissal on the basis of HIV status, they were not aware of legal aspects related to HIV-positive domestic workers or how to offer support. They were also not aware of universal precautions to use to prevent HIV transmission.**

Conclusion: **There is a need to provide more information to employers to ensure that HIV-positive domestic workers are reasonably accommodated in their work and have access to appropriate services.**

Keywords: **KAP study, employers, HIV/AIDS, female domestic workers**

INTRODUCTION

Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV and AIDS) constitute a major public health problem affecting the health of millions globally.[1] HIV/AIDS threatens the livelihood of many workers and those who depend on them (families, communities and businesses), thus weakening national economies.[1,2]

UNAIDS reports that more than 36.9 million people are living with HIV/AIDS worldwide, and that nine out of every 10 are adults in their productive and reproductive prime.[3,4] Approximately 69% of the people living with HIV infection are in sub-Saharan Africa.[4]

Malawi and Mozambique are similar to South Africa (SA), with domestic workers being amongst the most vulnerable of all employees.[5,6] Access to health services may also be difficult and limited, since a day taken off from work for treatment may result in loss of income. If their employers find out about their HIV status, domestic workers are at risk of dismissal, reduction in salary, and/or discrimination.[7]

In SA 55% of people with HIV/AIDS are women.[8] The peak age for HIV infection in women is 25-29 years, while for men it is 30-35 years.[8,9] This implies that HIV/AIDS is a problem among workers, and will therefore influence the work environment and the economy. This will impact on absenteeism, productivity, and production costs, with loss of skills, reduced performance and deaths of experienced employees.[10]

Associated with HIV/AIDS are psychological issues, including workplace discrimination, stigma and increased stress.[1,2] Although HIV/AIDS affects both sexes, women are more vulnerable due to biological, epidemiological, cultural and economic pressures.[5] Women are often less likely to negotiate safer sex due to perceived lower status, economic dependence, and fear of violence. Women who are HIV-infected are more likely to be rejected, expelled from the family home, and denied treatment, care and basic human rights.[11]

There are 1 to 1.5 million domestic workers in SA, and this is the largest sector of employment for black women in this country.[6] Although one of the largest workforces, domestic workers are among the most marginalised. They are vulnerable due to their low levels of education, lack of power at work, and lack of access to healthcare services.[5] Although the Department of Labour has provided a legal framework for the employment of domestic workers,[12] in reality, many are employed under informal or verbal agreements, and cannot claim benefits through the labour and employment laws.[5] Various items of legislation address employers' responsibilities towards employees with HIV infection. In SA, legislation forbids pre-employment discrimination

by HIV testing, unless the tests are approved by the Labour Court.[7,12] Many employers fear that, if their domestic workers are infected with HIV, this might place their families at risk. Some believe that HIV can be transmitted through day-to-day activities, such as cooking, washing dishes, sharing the same toilets or handling the children.[2]

Workplace issues related to HIV/AIDS include dealing with healthcare benefits, training of replacement staff, and loss of skills and knowledge among employees.[2] Studies have found that the majority of employers of domestic workers in Singapore understand that HIV cannot be spread through casual contact, while 90% of employers are also aware that HIV transmission cannot occur when sharing forks, plates and drinking glasses.[13] Employers should have a basic knowledge and understanding of HIV/AIDS to assist them in the development of policies in an informed and balanced way.[6] However, in Beijing, Hong Kong, and Chicago in the United States of America, employers were concerned about the contagiousness of the disease,[14] and were worried about becoming infected. In all three cities, fears resulted from lack of knowledge about how HIV is spread. One employer stated: *"From what I understand, it can be passed through blood and saliva. What if this guy is drinking water? Maybe he goes in the refrigerator and drinks out of a bottle and puts it back and the next guy comes in"*.[15] Although most households do not have formal policies, these should be discussed and drawn up before problems arise. The Department of Labour has drawn up draft policies that can used as templates for employers of domestic workers.[12]

HIV and AIDS-related discrimination is so widespread that it affects productivity in the workplace. Employees who are HIV-positive may decide not to access care, treatment or counselling services, or other entitlements for fear of being ostracised.[15]

A study of domestic workers in KwaZulu-Natal found that they feared that they would be dismissed if their employers found out that they were HIV positive.[16] They further expressed concern that, if their colleagues and managers knew their status, they would be isolated, ridiculed and avoided. Also reported were examples of "bad treatment" faced by people living with HIV and AIDS (PLWHA), which included social isolation, ejection from the home, rejection by the community, and verbal abuse.[15] Another study reported that more than 80% of workers would be at ease shaking hands with, eating from the same plate as, and sharing the same tools with an individual infected with HIV.[16] To reduce stigma and discrimination, workplace programmes should include training for employers, peer educators and counsellors.[16,17]

South African law theoretically protects the rights of employees with HIV infection, but the reality is that discrimination and denial still prevail in the workplace. In SA, legislation focuses on non-discrimination, confidentiality and working in a safe environment.[12,15] In terms of the Labour Relations Act, dismissal on the grounds of an employee's HIV-positive status is not permissible. Where the domestic worker is incapable of doing her work anymore, labour procedures need to be followed.[18] This means that adequate notice and termination of services be discussed,[12] and benefits

from the pension fund and unemployment insurance fund secured. The Occupational Health and Safety Act states that employers need to ensure safety measures and are obliged to create a safe working environment. Universal precautions have to be adopted by all employers to reduce the risk of HIV infection.[19] A health worker may not test a domestic worker on the instructions of a second person (employer); he/she must obtain the domestic worker's informed consent, otherwise the health worker can face disciplinary and legal action.[2,20,21] No matter what the HIV status of the employer or employee, it is the responsibility of the employer to make sure that training of the domestic worker in first-aid and safety precautions is conducted. A first-aid box should be in the house, containing rubber gloves, plasters and bandages so that these can be used if anyone, including the domestic worker, has a cut or injury.

The fact that many domestic workers have migrated from rural areas or from other countries is in itself a risk factor for HIV infection. Dinat and Perberd[5] state that, in SA, domestic workers have no problem in accessing health services, yet their knowledge about HIV/AIDS is very low. Some indicated that they had never used a condom, and others that they had no idea that treatment was available.[5] Eloff et al.[7] found that limited knowledge regarding HIV and AIDS forms an integral part of the experience of the female domestic worker who is HIV positive in SA. Domestic workers rarely had discussions with their employers about HIV/AIDS. According to the participants in that study, their employers did not arrange any source of information or support for their employees.[7] In addition, it was revealed that employers sometimes resorted to unfair labour practices in terms of the workers' job obligations and disclosure of their HIV status, which included immediate dismissal or a reduction in salary because employers withdrew certain responsibilities, like cooking and child care.[20,21]

Table 1. Sociodemographic details of participants

Participant	Age (years)	Gender	Marital status	Highest level of education	No. of children	Length of employment of domestic worker (years)
A*	46	F	M	Secondary school	3	3–5
B*	34	F	M	Diploma	2	8
C*	48	F	M	Postgrad. Degree	None	3–5
D*	36	M	M	Degree	2	3–5
E*	39	F	M	Secondary school	2	5
F	44	F	M	Diploma	2	3–5
G	48	F	M	Postgrad. Degree	3	5
H	49	F	M	Degree	3	5
I	38	F	M	Degree	2	0.5
J	39	F	D	Degree	1	8

*Participants in the focus group discussoin

Loss of income results in limited access to a nutritious diet, increased risk of opportunistic diseases, and inadequate financial resources to care for the family.[7]

There is a lack of published information about domestic workers' employers' knowledge, attitudes and practices about the possibility of having an HIV-infected domestic worker in SA. This study aimed to assess the knowledge of employers about HIV and AIDS, and to investigate their attitudes and practices towards female HIV positive domestic workers. The objectives of our study were to assess employers' reaction should they find out their domestic worker is infected with HIV.

METHODS

A qualitative study using the phenomenological approach was carried out, which allowed the researchers to study selected issues in detail. A phenomenological inquiry[22] (study to describe the meaning of the lived experiences for selected individuals) can be utilised to describe the meaning of the lived experiences. In this study, it was on employers' perspectives towards domestic workers who are HIV positive. It focused on the aspects of meaning, experience and understanding of what people think and how they feel.[23] These experiences are called lived experiences.[24]

The study population comprised employers living in a security village, Cashun, in Rustenburg, which has 60 households. Purposive sampling was used, which is based on subjects being representative of the topic being studied, and particularly well informed about the question at hand.[23,24]

We chose non-resident domestic workers, since the interviews were conducted in the evenings at the participants' homes. Ten employers participated in this study, based on a balance of obtaining sufficient original data and manageability of the analysis.[25] One focus group discussion (FGD) with five of the participants, and another five individual interviews, were conducted, which generated six transcripts. We used two data collection methods to ensure triangulation where we could verify information obtained. The FGD allowed us the opportunity to gauge the strength of responses to each of the questions.

Criteria for inclusion in the study were English-speaking employers of domestic workers living in the Cashan area for at least six months, who had non-resident domestic workers who worked for them at least once a week. The presence of the domestic worker at the time of the interview could have affected the validity of answers.

The researchers used an interview guide which comprised six open-ended questions to encourage the respondents to answer the original question in more depth.[25] The questions covered employers, knowledge of HIV transmission, adaptations of the household tasks should the domestic worker be HIV infected, and the support that an HIV-infected domestic worker might require. The interview questions were:

1. Can you please tell me what you know about HIV and AIDS, and how it is transmitted?
2. If your female domestic worker disclosed her status to you, that she is HIV positive, what will be your attitude towards her?
3. Would you still allow your female domestic worker to continue to cook, handle your children and to clean the house, if she is HIV positive?
4. Have you ever had the opportunity of discussing issues surrounding HIV and AIDS with your domestic worker?
5. What precautions need to be taken if your domestic worker is HIV positive?
6. In what way may she need support and understanding?

The same set of questions was used for the FGD and the individual interviews. A range of prompts and reflections were included to encourage the participants to expand and clarify their responses. The individual interviews were conducted in the participants' homes and lasted 35 to 45 minutes. Field notes were taken and the interviews were audio recorded.

The FGD began with the researcher giving some information about the research and the frame of reference. Participants were encouraged to discuss the issues freely to ensure content-rich qualitative data from the natural flow of the discussion. The discussion was interactive with fairly equal levels of contribution from all participants, and took approximately 50 minutes. Field notes were taken and the discussion was audio recorded.

Data analysis

Analysis of the data was done using coding and thematic

analysis: an inductive approach.[25] All transcripts were colour-coded and manually sorted using a cut and paste technique.[20] The transcripts were all checked, read and coded by another researcher as a peer-checking process.[21] There were no discrepancies in the coding between the two researchers.

Trustworthiness

The techniques used to ensure credibility were taking the transcriptions and codes back to participants after the verbatim transcriptions were typed, and confirming whether themes and feedback from participants were recorded accurately (doing member checks), as well as reliability checks, where another researcher reviewed the coding from the transcripts, audio tapes and field notes, and consensus was reached on final categories and themes. Trustworthiness included cross-checking the validity of the findings using an external researcher and cross-checking the two interview methods to confirm findings.

Ethical considerations

Written informed consent was obtained. All participants were assured that the information gathered would be used solely for the purposes of research. The protocol was approved by the Ethics Committee of the University of Pretoria (Ref. S51/2009).

RESULTS

Demographic details of the participants are presented in Table 1. The ages of the participants ranged from 34 to 49 years and only one was male. All participants were educated, only one had no children, and the length of employment varied from six months to eight years.

Individual interviews

Four themes emerged from the individual interviews: knowledge and perceptions of HIV/AIDS, attitudes towards the domestic worker, adaptations of work tasks, and support for the domestic worker. Each theme had subcategories (Table 2).

Summary of themes

The participants had a reasonable knowledge of the various ways in which HIV is transmitted and also emphasised that one cannot just look at someone and know that the person is infected. They also indicated that it is important for a person to know her status, to inform children about blood spills, cuts and open wounds, and to not have contact with blood since it is a way in which HIV is transmitted. However, some indicated that they would not let the domestic worker bath their child, which suggests some fear beyond this 'knowledge'. Although some of them mentioned that, as the disease progresses, one is likely to detect that a person has

Table 2. Themes from individual interviews

Theme	Subcategories	Quotes
Knowledge and perceptions of HIV/AIDS	Knowledge on transmission (through blood products, sexual, viral, bodily fluids)	*"It is a viral disease, which is passed through sexual contact, blood transfusion. It is a blood disease and it is a chronic disease so that if one suffers from it, they have to be on chronic medication."*
	Not through acts of affection (hugging or kissing)	*"In the initial stage it is very difficult to identify, yes at a later stage, you can clearly see."*
	Perception on blood test (important to know one's status)	*"I don't think you can look at somebody and say he has HIV, you can only tell from a blood test."* *"If you know your status, you know what to take, to control it and to live longer, so it is good to know your status."*
Attitudes towards the domestic worker	Children not to ostracise her	*"I will have a plan of action for example if I am busy with my kids and her nose starts to bleed, I would explain beforehand to my domestic worker and my kids as to what to do in such circumstances. I will have explained the use of gloves, and I will not allow my kids to ostracise my domestic worker."*
	Stigma	*"It would be unfair to dismiss a person because of the HIV; there is a stigma already about HIV so dismissing that person they will go quicker than they were supposed to."*
	Domestic worker not dismissed	*"I don't think it will change, I would more than likely just put certain things into place. No … I wouldn't fire her."*
	Positive acceptance	*"… would assist the domestic worker with more information about the disease, and have a positive attitude towards her."*
Adaptations of work tasks	Universal precautions	*"In terms of hygiene I mean if someone has open sores, not to get in contact with, since we know that it is not transmitted through touching … personal hygiene, no blood contact."*
	Not allowed to come to work with an open wound	*"Health of my family is my priority. I am not sure about what precautions to take."*
	Permitted to continue to do the house chores	*" … no problem in allowing her to clean the house, but not bathing my children"*
	Allowed to do the cleaning, but not to bath the children or cook (fear)	*"When they have this HIV thing, the skin becomes delicate; they get cuts, wounds on the skin. So I wouldn't want her to do my cooking for me, if she gets a cut, the blood will flow into my food."*
Support for the domestic worker	Support (emotional, spiritual financial, physical)	*"I think she needs support emotionally… a lot of support"*
	Counselling sessions	*"Encourage them by being strong, don't let yourself down … God is there to give them the strength to hold on ... Be kind like you always have been to them not to change your attitude towards now she has HIV, you look at them differently."*
	Support groups	*"… encourage her to go for counselling"* *"… to join a support group to better understand the disease"*

HIV infection, it seems that they did not know the difference between HIV infection and AIDS.

The participants were generally very confident in discussing the issue of disclosure, and expressed that they would assist their domestic workers and positively accept the situation. One participant was very adamant about the issue of an "open wound'' and would never allow the domestic worker to come to work with it.

Although some of the participants were willing to allow their domestic workers to continue with the work, one stated that she would not allow her domestic worker to bath her children or do the cooking. She would only be allowed to do washing and ironing. This suggests that there is a dissonance between knowledge and fear-based discrimination. All the participants stated that they would gladly assist their domestic worker should she be HIV positive. Various types of support were mentioned.

Focus group discussion

As shown in Table 1 (those indicated with an asterisk), four female participants were involved in the FGD.

The same four themes emerged from the FGDs as from the individual interviews. Again, these themes had subcategories (Table 3).

The dissonance between knowledge and fear-based discrimination seemed to also be apparent from the FGD. Employers implied they would be afraid to leave their HIV-infected domestic workers alone at home as they may "use our toothbrushes". This fear-based discrimination impacts on the trust and the responsibilities of the domestic workers.

All of the employers in the FGD mentioned various ways in which they would support their domestic worker. These included empowering her with knowledge so that she can understand the disease to draw strength from other people's testimonies, and encouraging and assuring her that people with HIV can live a positive and productive life. Some of the participants were willing to support their domestic workers financially. Government support was also mentioned by an employer. Employers agreed that, through counselling, domestic workers would understand the disease better and would be able to handle issues around HIV/AIDS.

DISCUSSION

Knowledge and perceptions of HIV and AIDS

Employers in the individual interviews were reasonably informed about HIV and AIDS. They knew that it is a chronic viral disease which is spread sexually, and through the use of infected needles, blood transfusion and bodily fluids. They did not mention transmission through breastfeeding, or the sharing of razor blades and toothbrushes.

Employers in the FGD mentioned transmission through breastfeeding, shaving blades, sexual transmission and sharing toothbrushes, and through cuts or ulcers in the mouth. These modes of transmission are in line with the published evidence.[26] Only one participant knew that the virus can pass through breast milk,[26] and described how a domestic worker who was HIV positive breastfed her employer's baby, resulting in the baby being infected.

Employers from the individual interviews knew that one cannot tell by looking at someone whether they are HIV infected, and that confirmation is by means of a blood test. Diagnosis is most accurate with an HIV test. [27]

Some of the individual interviewees mentioned that, in the

Table 3. Findings from FGD

Themes	Categories	*Quotation*
Knowledge and perceptions of HIV and AIDS	Transmission	*"A family had a baby; both parents were HIV negative… The doctor asked in whose care the child was. They said they had a helper, so he had the helper tested and she was found to be positive. The helper said that well, what used to happen was, whenever the baby was crying, she breastfed the child not realising, … She thought, she was doing the right thing, and when the baby was crying uncontrollably, she would give the child the breast and the child would stop crying. So, she said she was doing things from a good faith, not knowing that...In this instance there was ignorance on her part, so to avoid such, we need to educate our helpers, it is important."*
	Healthy lifestyle	*"I think another thing is eating healthy food. For them to remain healthy they have to be on regular medication."*
Attitude towards the domestic worker	Fear	*"… being driven by fear, when she wants to bathe your children you will say don't worry, don't worry, so I think counselling is important."*
	No dismissals	*"… we cannot chase her just because she is HIV positive."*
	Stigma	*"When a person is identified as having been HIV, although this issue of stigma was happening in the past, it is also happening in the present situation, whereby the person is rejected and they withdraw from that person. There is this stigma that if a person has HIV then the person is labelled as having been promiscuous is like that… HIV was brought on… brought it upon himself. And the other stigma is where people feel that you know you cannot use the same cup, cutlery or the same things that person has, I might get it."*
Adaptation of work tasks	A need to inform the domestic worker of hygienic practices.	*"Hygiene…. Because if we leave them in the house, they can use our tooth brushes, we never check."*
Support for domestic worker	Counselling	*"Counselling session for both parties would alleviate any fears."*
	Support (emotional, spiritual, financial, physical) Family support	*"Family support is important; that person's family to support her all the way."* *"… when you are HIV positive, it is not like you are dying, HIV is manageable."*

initial stages of HIV infection, it is difficult to identify people who are infected but, as the disease progresses, it becomes easier to identify people who have AIDS. This deterioration in the progress from HIV infection to AIDS is due to the weakening immune system.[16,26]

One individual interviewee would not allow her domestic worker to do the cooking and handle her children because she feared that if she cut herself while cooking, the blood would flow into the food. This is a result of a lack of understanding of the mode of transmission, and is where education and awareness need to be intensified.

Employers from both groups mentioned healthy living options such as eating a healthy diet and hygienic practices. They also mentioned the use of chronic medication and how this could enhance the lives of infected domestic workers. The literature confirms that healthy living options and adherence to chronic long term anti-retro viral therapy improve survival and quality of life. As the medical management of HIV disease continues to improve, living with HIV/AIDS is becoming a chronic stressor that resembles other chronic life-threatening illnesses in relation to psychological functioning. Moreover, the psychological stressors that accompany a life-threatening illness of unknown course place serious biopsychosocial burdens on patients that can adversely affect health outcomes. Depression among adults living with HIV is well-documented and depressive symptoms predict an increased risk of developing AIDS. Adherence to anti-viral treatment (ART) is important because less than very high medication compliance can facilitate the development of drug-resistant HIV strains.[28,29] Moreover, there is evidence suggesting that less than very high adherence to ART can lead to treatment failure. High adherence rates are associated with increased likelihood of survival. Thus, healthy living strategies and adherence to medication decrease distress and enhance positive effects that are necessary for improved health outcomes.[28]

Attitudes towards the domestic worker

Employers from the individual interviews expressed that if they knew their domestic worker was HIV positive, their attitude towards her would not change; they would be caring and compassionate.

Some employers mentioned the issue of stigma. Stigma and discrimination are largely due to lack of knowledge, which leads to fear and anxiety about HIV/AIDS. HIV/AIDS is widely stigmatised because of its link with behaviours that are seen as socially unacceptable.[15] PLWHA can be rejected by family and friends, and subject to human rights abuses, many have been thrown out of homes and jobs. This may result in domestic workers being too scared of being open about their status, forcing the disease underground.[15] Employers reported that they would not dismiss their domestic worker if she was infected with HIV.

Most employers would opt for counselling sessions for the employer and the employee, to deal with it effectively in the home environment. The participants generally displayed a deep sense of compassion towards the HIV-infected employee; however, there was also verbal and non-verbal expression of fear of infection of the employers' family members. Other researchers have also found that employers would welcome support and counselling which they report would help them to feel more confident,[30] and help them with their fear and anxiety. Fear was a response seen in some of our respondents. Other qualitative studies have reported this fear as a common first reaction. With more information and counselling, other employers have overcome this initial reaction.

Adaptation of work tasks

In accordance with the Labour Relations Act, an employee with HIV/AIDS may not be dismissed because she is HIV positive. Where there are convincing reasons related to her capacity to continue working and fair procedures have been followed, her services may be terminated.[31] Domestic workers should be allowed to work for as long as they can cope with their job responsibilities.[21,33] The participants from both groups were not aware of the specific legislation regarding the rights of domestic workers.

Some of the FGD participants mentioned that they would still allow their female domestic worker to continue with the household chores, unless her condition deteriorated. They mentioned that HIV infection should be seen as a chronic condition like diabetes. This is encouraging if it occurs in reality as anger and fear contribute to the development of discrimination. Studies have found a significant number of respondents who want people living with HIV to be clearly identifiable and to be excluded from contact in work. Reports of stigma are pervasive, extending even to the health professions. In 2001, the Health Professions Council of SA did not act against 28 doctors who breached patient confidentiality. The patients were mostly domestic workers whose employers had been told of their diagnosis, many of whom were subsequently dismissed. If some level of general acceptance and support can be obtained for the HIV positive individual, this can facilitate better results. For example, if the infected domestic worker can take her medication without fear and a need to hide, this will help adherence. Also, emotional support will help her with stress and depression which will, in turn, improve her immunity.[34] In our study, most of the employers seemed to be willing to work with their domestic workers and manage HIV infection as any other chronic condition.

In the individual interviews, some of the participants mentioned that nothing should change and that the domestic worker should be allowed to continue with her normal work. However, one of the participants mentioned that, although she would still allow her to do washing and cleaning, she would not allow her to bath her children or to cook. This reveals that there is a lack of understanding of the disease.

Although one cannot get HIV from using the same toilets, touching, hugging, or cooking, there are still some misconceptions surrounding this disease.[26] Hence, adequate information and education about HIV/AIDS in the workplace will help promote healthy attitudes towards infected domestic workers, and create better understanding and acceptance, thus minimising and possibly avoiding problems.[16]

Although none of the participants specifically mentioned universal precautions to prevent the transmission of HIV infection, some did suggest that safety and hygienic practices be maintained in the home. The Occupational Health and Safety Act expects that employers create a safe workplace

environment. This includes hand washing, covering of skin lesions on one's hands until healed, a clean and safe environment, the use of rubber gloves when handling surfaces soiled with blood or body fluids, and the availability of a first-aid box.[27]

It is vital to inform the domestic worker that if she has any open cuts or wounds, she must cover them. The domestic worker must also be reminded of the fact that the employer and her family may be infected with HIV, and therefore she also has to use protection.[16,26]

None of the participants mentioned opportunistic infections, such as diarrhoea and tuberculosis. Adherence to medication was mentioned in the FGD, yet no mention was made of the associated side-effects.[16,26] This information must also be conveyed in the counselling sessions.

Some FGD participants mentioned that it was necessary to make the children aware of HIV and AIDS. An individual interviewee mentioned that she would not allow her children to ostracise her domestic worker, and that information would be given to both the domestic worker and the children so that both parties could protect themselves. There is no published information on how children in a household with an HIV-infected domestic worker should be involved in sharing knowledge and taking precautions in the home environment. However, stigma needs to be reduced as it causes stress and depression and affects adherence, leading to a deterioration in the infected person's immunity.[15,28] It was encouraging to note that respondents considered the effect their children would have on the domestic worker should she be HIV-infected, and that they would take measures to ensure that their children acted in a kind, caring, knowledgeable and non-judgmental manner.

Support for the domestic worker

Participants suggested that PLWHA need a lot of emotional, spiritual, psychological, social, physical and clinical support. Van Dyk from SA supports the notion that PLWHA benefit from these support structures.[26] Employers proposed that infected domestic workers should be encouraged to join support groups. They could get spiritual support through a prayer group, and counselling sessions would help reduce isolation and promote acceptance. Participants stated that they would also support the domestic worker financially, ensure that she had nutritious meals, and educate her with the necessary information so that she would be able to manage herself effectively. This response is commendable as the literature shows that all forms of support, healthy living conditions and avoidance of stigma and labelling lead to a better outcome and quality of life for the HIV-infected domestic worker.[28]

The employers had a reasonable knowledge and understanding of HIV and its mode of transmission, and fair knowledge of the progression of the disease from HIV to AIDS. There is a paucity of information about employers' views about employing HIV-infected domestic workers. Studies from other employment sectors show employers had medium to high information levels about HIV/AIDS and showed sensitivity towards the right for treatment and protection of the human rights of people infected with HIV.[35] In a previous South African study of employers, almost a quarter felt that HIV/AIDS discrimination still exists in the workplace, confirming that HIV/AIDS is still a pandemic surrounded by obliviousness, prejudice, stigma and discrimination.[36] A small number (13%) of respondents in that study believed that HIV infection is a cause for termination. Evidence from Tanzania shows that employers recognise that HIV/AIDS puts their workers and their families at peril.[37] The impact of HIV/AIDS on the affected parties may affect job satisfaction and performance, stress, and relationships of the employee with fellow workers. Meanwhile, companies fail to harness the full potential of their employees by providing information, medical care, health insurance and training related to HIV/AIDS to employees suffering from illnesses related to HIV.[36,37]

Study participants expressed that they have a good, long-term relationship with their domestic worker and that, if she was infected with HIV, they would continue with a compassionate relationship. The long duration of the relationship of the domestic worker and her employer (median of five years) is a possible confounder which might result in more compassion towards HIV-infected domestic workers.

Limitations of the study

This study is limited to the population in a security complex in Rustenburg. The results of this qualitative study are not generalisable to all employers of domestic workers.

Conclusion and recommendations

Employers were fairly well-informed about the transmission of HIV; however, there was some apprehension about the extent to which the domestic workers could carry out their full range of chores. It appears that these employers would be willing to support the HIV positive domestic worker and allow her to continue with most but not all household chores.

Although the employers were not familiar with the legal aspects of HIV/AIDS and the issue of dismissal, they expressed that they would not dismiss their HIV-infected domestic worker.

The employers were unfamiliar with universal precautionary measures for use in the home environment as control measures to prevent the spread of the disease.

Adequate information and education about HIV/AIDS in the workplace will help promote healthy attitudes towards infected people and create better understanding and acceptance of people infected with HIV, thus minimising and possibly avoiding potential problems such as stigma and unfair dismissal. However, this might be difficult in the context of a household without a formal organisational structure. This can be overcome by discussing HIV/AIDS with the domestic worker and drawing up a contract. Domestic workers' templates of contracts can be downloaded from the Department of Labour website.[12]

Universal precautions should be practised, whether the HIV status of the individual who is injured is known or not. The importance of hand washing should be emphasised, and bleach should be available and accessible for use at all times in case there is a spill of body fluids.[8,11] A first-aid box with items such as disposable gloves and plastic aprons should be provided by the employer and be accessible to the domestic worker.[8]

Domestic workers should be allowed to continue with their normal chores in the home, with acceptable remuneration

based on the proposed government wage levels. As and when the domestic worker experiences health problems, her work duties should be adapted to accommodate her health problems. Only if she cannot perform her duties, despite reasonable accommodation of her failing health, would it be acceptable to terminate her employment.

LESSONS LEARNED

1. Employers are fairly well informed about the transmission of HIV
2. There is a need for negotiation between the employer and employee for the most appropriate adaptation of work tasks
3. Employment of a domestic worker in a household environment needs to be viewed as employment similar to that in any formal industry, and health and safety measures must be equally applied
4. Employers of domestic workers in a household need to be familiar with the legal aspects of HIV/AIDS and the issue of dismissal

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