

We are all familiar with the idea that HIV/AIDS is a stigmatised disease and that people with HIV/AIDS face discrimination. **David Dickinson** takes a closer look at HIV/AIDS stigma and discrimination, highlights their impact in the workplace, and makes some suggestions as to how they can be addressed.



The stigma and discrimination associated with HIV/AIDS is so prevalent that UNAIDS regards it as one of the greatest barriers to combating the disease around the world. Not surprisingly, guides to workplace responses to HIV/AIDS stress the importance of reducing the stigma. But in reality this important element of a workplace response to HIV/AIDS is easier to talk about than to achieve. Even where workplace HIV/AIDS programmes are in place stigma often remains strong and discrimination, while hidden, continues.

WHAT IS STIGMA?

Goffman argues that someone who is stigmatised has - in the eyes of other people - a 'spoiled identity': there is something about the person that is discrediting and, as a result, they are treated with less respect than other people. Thus stigmatisation is, at its root, a process of de-humanising a person. If we understand stigma in this way then it is clear that HIV/AIDS is only one of many reasons why people are stigmatised. In South Africa one of the most common causes of stigmatisation is race with people discredited on the basis of their skin colour. Later in this article we will see how different forms of stigmatisation - such as HIV/AIDS and race - overlap with serious consequences in the workplace.

WHAT IS DISCRIMINATION?

Discrimination is when we treat people differently. Usually, however, we are concerned about discrimination in which somebody is unfairly treated. Such discrimination in the workplace can be open or hidden. It can take the form of unfair dismissal or the much more subtle overlooking of an individual for training or promotion. Discrimination can come from

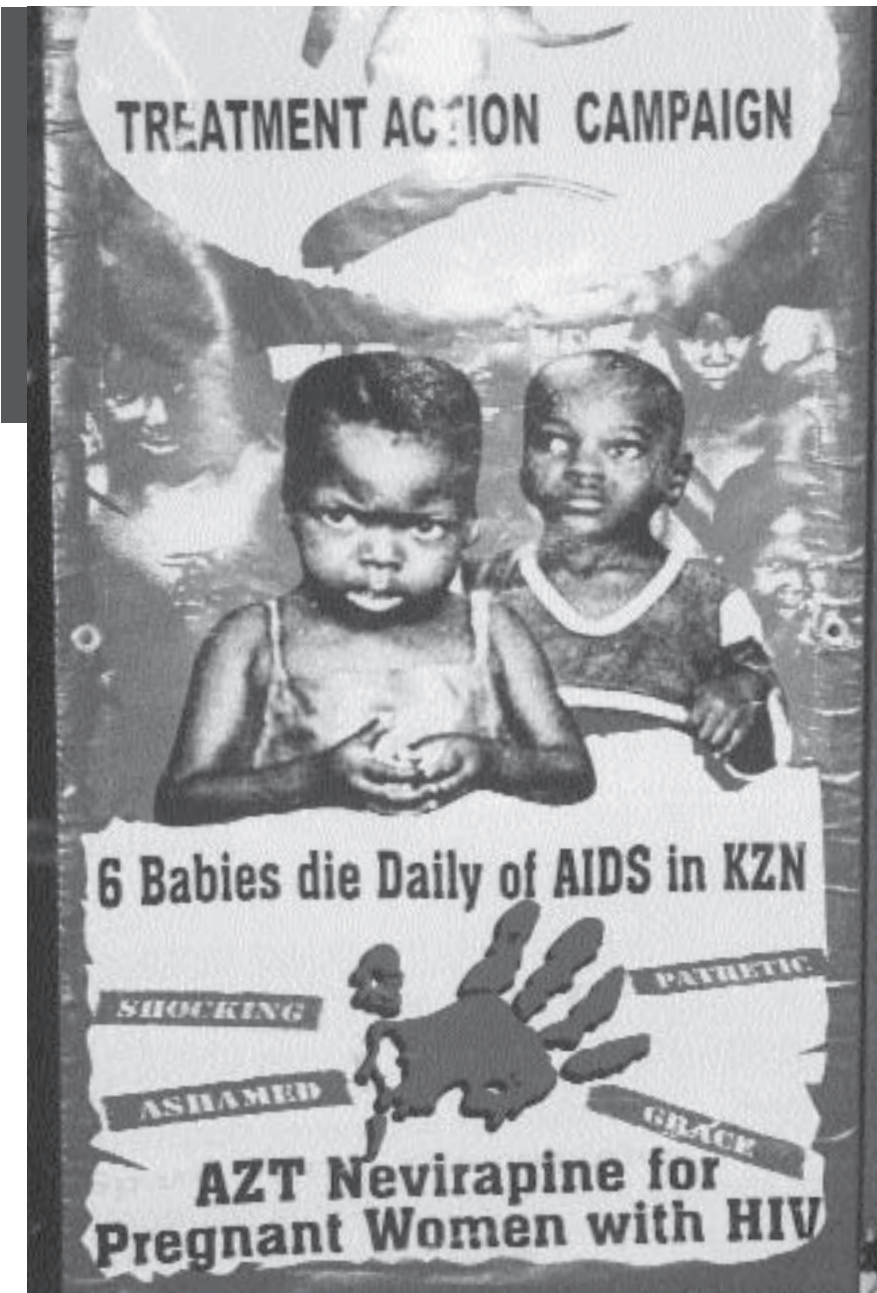
fellow employees as well as managers and supervisors if, for example, workers refuse to work alongside somebody. However, it is managers and supervisors that have the greatest power to discriminate against people because of the authority they hold over others.

THE RELATIONSHIP BETWEEN STIGMA AND DISCRIMINATION

There is a close relationship between stigma and discrimination. If we stigmatise somebody, then this provides a justification to discriminate against them. And by discriminating against somebody we further increase the stigma since, as a result of our discriminatory action, they are further discredited. Not surprisingly then, individuals often seek to hide or deny something that is stigmatising. We know this is often the case with HIV/AIDS where people fearing stigmatisation and discrimination, avoid finding out if they are HIV positive, go into denial if they are told they are positive, and hide their positive status from others. We also know from studies that only a small percentage of workers who have HIV know their status and even less have taken available steps to remain healthy and access treatment.

Fear of catching HIV/AIDS - often based on inaccurate information - is an important contribution to de-humanising of people through stigmatisation. Thus, in a company where I researched the response to HIV/AIDS a black worker recounted how after a fall when she cut her hand and bled badly the white first-aider was afraid to come near her. Despite having a first aid kit with gloves the first-aider stood at a distance and threw toilet paper for her to clear up the blood.

Stigma also creates a climate in which discrimination is difficult to tackle. With a few exceptions, HIV-positive employees



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HIV/AIDS

environment in which rumours flourish and where people fear even to look ill.

Such is the strength of HIV/AIDS stigma that people, such as peer educators, who are contributing to workplace responses to the disease are frequently assumed to be HIV positive. A number of workplace peer educators have reported how others treat them differently because their enthusiasm to do something about the disease is taken to mean that they are themselves infected.

Finally, stigma can be extended to whole groups of people who share some common feature, such as race, where this is assumed to be connected in some way with HIV/AIDS. This important issue is discussed in the next section.

THE IMPLICATIONS OF HIV/AIDS STIGMA

To fully understand the implications of HIV/AIDS stigma we need to realise that the process of stigmatisation involves the *stigmatiser* (the person who believes that somebody who is HIV positive has a spoiled identity) and the *stigmatised* (the person whose identity is understood to be spoiled because they are HIV positive - or who is believed to be positive).

The stigmatiser presents an obvious problem in that, on the basis of their stigmatising views, they may discriminate against people who they know or believe are HIV positive. Additionally, however, where HIV/AIDS stigma is linked to other characteristics, such as race, the stigmatiser is able to distance him or herself from the disease in a process we call 'othering.' In the example earlier the first aider was stigmatising the worker with the cut hand in two ways. First, through fear and ignorance she was dehumanising the worker by standing at a distance, rather than putting on gloves and treating the accident like any other.

have not challenged discrimination. This is not surprising since this would mean revealing in open court or tribunal that they are HIV positive. Thus, stigma undermines the power of the law to challenge discrimination against people with HIV.

WHO IS STIGMATISED IN THE WORKPLACE?

People who are known to be HIV positive in a company face stigma and discrimination from fellow workers, supervisors and managers. But this is not always the case:

being open about one's HIV-positive status can, in the right environment, reduce discrimination because the issue is now out in the open and the actions of others can be challenged.

However, stigma extends well beyond those few people who have been brave enough to be open about their HIV status in South African workplaces to those who are *thought* to be HIV positive. Thus, people look for signs of HIV/AIDS such as weight loss or skin rashes and, making assumptions, behave as though the person were HIV positive. This creates an

Second, she was dehumanising the worker by seeing her as likely to be HIV positive because she was black. In a country such as South Africa where there remain deep divisions between groups in society, it is easy to link older stigmatising features to new concerns such as HIV/AIDS.

Othering may, however, put the stigmatiser at risk. If a white person believes that HIV/AIDS is a black person's disease they will not regard themselves to be at risk and may fail to take precautions, such as practicing safe sex. In this way while we may well see the stigmatiser as the problem when it comes to responding to HIV/AIDS in the workplace, the stigmatiser may also be a danger to himself or herself in that their attitudes hide the true nature of the risk of HIV/AIDS.

The stigmatised person is, of course, the primary victim of stigmatisation: in addition to having to deal with HIV and AIDS, stigma adds additional hardship - ultimately that of been de-humanised. As we have already seen, in attempting to avoid this process of de-humanisation, the disease is driven underground making it less likely that appropriate treatment will be accessed.

THE IMPACT ON THE WORKPLACE

Stigma and discrimination around HIV/AIDS impacts on the workplace in a number of ways including:

- It lowers workforce moral. An environment in which people are afraid of gossip and where fingers are pointed towards those suspected of being HIV positive is unlikely to be a well functioning workplace.
- The effectiveness of the workplace HIV/AIDS programme is undermined. Stigma and discrimination prevent people from being open about their status and accessing the treatment and care that they need. A less effective workplace programme wastes resources and raises the costs of HIV/AIDS to the company in terms of absenteeism and the loss of employees and their skills.
- Within the South African context, HIV/AIDS is becoming an issue on which the workplace is being re-radicalised. This is in part as a result of othering by

white managers who link the stigma of disease to racial attitudes about blacks. As a result they are less concerned about HIV/AIDS and do not support those attempting to organise workplace responses to the epidemic.

RESPONDING TO HIV/AIDS STIGMA AND DISCRIMINATION IN THE WORKPLACE

Given the costs of HIV/AIDS stigma and discrimination to individuals, relationships and companies it is important to combat these interlinked processes. The easiest approach is zero tolerance to discrimination. This has the full backing of the law since, in line with the South African Constitution, the Employment Equity Act specifically prohibits discrimination on the basis of a person's HIV status.

Tackling discrimination through using the law is important, but, as we have seen, people are not always willing to openly confront HIV-based discrimination for fear of stigmatisation. Because of this, it is important to also directly tackle stigma in the workplace. Some actions that can be taken to tackle stigma are:

- Specifically include a statement in the company HIV/AIDS policy promoting an environment in which HIV/AIDS is not stigmatised. More importantly distribute this policy to *every* employee and draw their attention to the fact that stigma is not tolerated in the company since it is a form of de-humanisation.
- Ensure that senior management and trade union leadership publicly back the company's HIV/AIDS programme. This powerfully demonstrates that HIV/AIDS is everybody's concern, not just the concern of some people within the company.
- Educate *everybody* in the company about HIV/AIDS. Irrespective of who might be at risk of infection, everybody is a potential stigmatiser. A key group in this regard, who are often overlooked, are supervisors. Because they are directly responsible for large numbers of employees they have many opportunities to discriminate.
- Reduce fear of the disease. People

should have accurate knowledge on how the disease is actually transmitted and how that transmission can be prevented. It is also important that people understand that HIV is not a death sentence, but that with a healthy lifestyle and treatment they can live long and productive lives.

- Openly deal with the issue of stigma around HIV/AIDS. Draw peoples' attention to their own behaviour in regards not only to HIV/AIDS but also race, gender and other divisions in society. Point out the implications of this kind of behaviour for individuals, families, the workplace and society.

TACKLING STIGMA AND DISCRIMINATION

Stigma and the discrimination are important challenges to an effective workplace response to HIV/AIDS. As this article has illustrated, these interconnected processes have numerous negative effects on individuals and companies. The challenge that faces us is to reverse the vicious circle in which stigma justifies discrimination and discrimination increases stigma. If we start to do this we will increase the effectiveness of our workplace HIV/AIDS programmes and draw attention to the much wider processes of stigma and discrimination that prevail in South African society.

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