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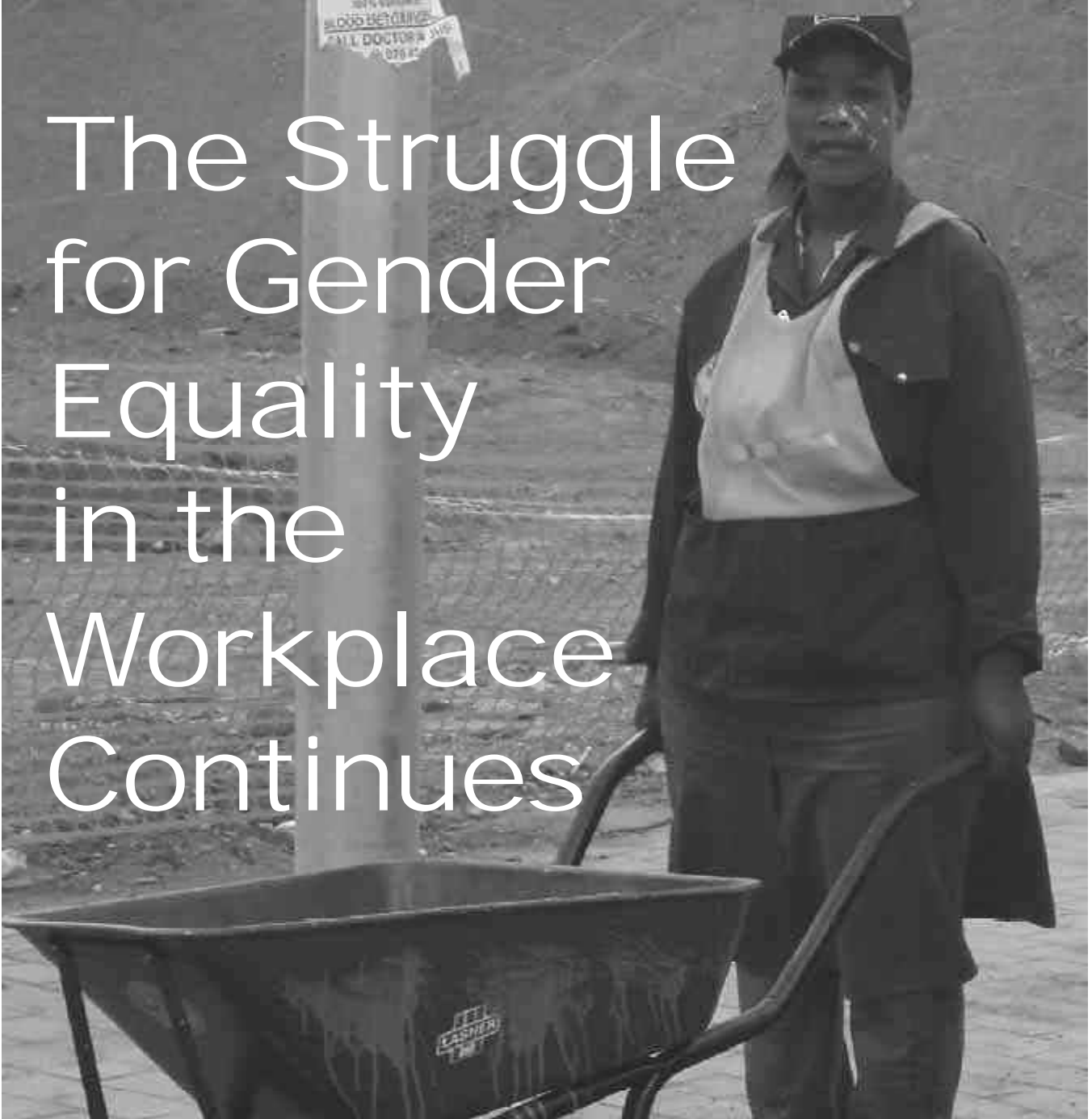
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The Struggle for Gender Equality in the Workplace Continues



In the past 10 years a number of opportunities for women to participate in the economic and political fields have been opened up. There is an increase in the professional, managerial and parliamentary positions held by women. What is striking though is the gap between the process of formal empowerment when compared with the worsening economic position of the majority of women. Black African women have less income, are more likely to be unemployed, less likely to be educated and the least likely to have access to facilities and services than any other group. Nearly half of all employed African women earn less than R500-00 per month.

In the workplace it is women who are the most vulnerable to precarious forms of employment,

deterioration in security and safety, deterioration in the quality of employment, increased intensity of work, instability and insecurity of income especially when on maternity leave and a reduction in all forms of social security. Women are also experiencing increased cases of violence and sexual harassment, increased health and safety risks and increased disregard for the family responsibilities women have.

For women, life in South Africa today feels increasingly stressful. Millions of women experience an increased pressure to juggle family and community responsibilities in an environment where women have little access to resources and where the forms of employment available continue to entrench the marginalization of women in the

economy. All of this is in a context of a Constitution protecting women's rights to freedom and security and where provision is made for special treatment and opportunities for people who have been discriminated against in the past.

In the past few years legislation aimed at addressing the inequalities of the past have been put into place. The Employment Equity Act attempts to address the imbalances of the past and create fair treatment for both sexes and the Basic Conditions of Employment Act's primary purpose is to enforce basic conditions of employment in South Africa.

With such important legislation in place it is necessary to understand why the conditions for women have not improved and in many cases deteriorated over the past few years. In 2006 the Labour Research Service conducted a research project investigating the conditions of women in low wage employment. This study focused on whether legislation like the Employment Equity Act and Basic Conditions of Employment Act has

improved the conditions of women in the workplace and whether the Collective Bargaining process has become gender sensitive. Our investigation started from the premise that access to paid employment and equality in employment can promote a sense of individual and collective autonomy and foster women's independence. A growth in self esteem, autonomy and independence has the potential to provide women with some protection and stimulate resistance against other forms of marginalisation and abuse in society more generally.

For women in waged employment job insecurity is the biggest threat they face. The use of casual and contract labour and outsourcing to unregulated workplaces is on the increase and more and more women are moving into this kind of employment. Many employers are deliberately using these methods to avoid organisation,

undermine collective bargaining processes and informalise labour relations. The BCEA provides little protection for these vulnerable workers as the Act only applies to employees who work more than 24 hours a month for an employer and this is likely to exclude disproportionately high numbers of women workers.

One of the biggest threats to job security is falling pregnant. Maternity impoverishes and disempowers. South Africa is one of the few countries in the world where the employer is under no obligation to pay the employee during maternity leave. The employer's only obligation is to reserve the women's position in the company. A woman may, if she has contributed to the Unemployment Insurance Fund (UIF) for more than four months, claim from the fund. The Act states that the scale of benefits may vary between a maximum rate of 60% of remuneration for lower income contributors and a lower rate for higher income contributors.

For women the problem is that the longer maternity leave they take the more dire are the financial implications. Most women are worse off for having children. The women hardest hit are those in the informal sector, unemployed women, women who work for small businesses and women who do seasonal work. More often than not these women are completely reliant on their partners for financial support during maternity. This creates a situation where most women return to work as soon as possible after giving birth, placing women under enormous strain which can affect their health and their relationship with their children.

For employed prospective mothers the burden continues. The BCEA makes no provision for time off for antenatal and postnatal care and this is left to the discretion of the employer. For women afraid of losing their jobs by taking of time from work, pregnancy can pose serious reproductive health implications. The existing legislation also makes no provision for state implemented child care and very few workplaces have child care facilities. The daily concern of not being sure that your child is being properly cared for leaves women distracted and often depressed while at work.

The unequal gendered role of parenting is further entrenched when the child is born. The BCEA makes provision for 3 days of family responsibility leave. This leave cannot accrue and must be

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taken each annual leave cycle. In many workplaces this is the only parental leave available to men and needs to cover all forms of family responsibility including illness and death. The law therefore states that a father needs only 3 days to care for his newly born child and the rest of the responsibility rests with the mother.

For women the workplace is often a very unhappy place. Working late hours, worrying about family responsibilities and never feeling secure about your job is the experience of millions of South African women. The increase in precarious forms of labour has seen many more women work late into the night with the constant fear of not knowing whether she will arrive home safely. The BCEA states that it is the responsibility of the employer to provide safe transport to and from the workplace but this is often flouted by employers leaving women workers extremely vulnerable.

Education and training, these have become the buzzwords for improved job security. For organized labour the enactment of the Skills Development Act and the Employment Equity Act was a turning point in developing a system that would recognise the skills and experience that workers have already acquired and provide workers with access to education and training. For women the recognition of existing skills and availability of new skills was to mean improved opportunities and benefits. Unfortunately many companies continue to view skills development requirements as merely a new tax. Levy paying participation rates are around 65.5%, with only 10.4% of levy paying firms participating in the levy grant system for skills training. Training tends to be used for upgrading the skills base of existing employees in their current occupations and workplaces, or for routine or technical requirements and is generally not seen as part

of promoting equity and creating gender equality in the workplace.

Job insecurity is a serious threat for women living with Aids. Frequently women with HIV/Aids have to care for themselves, their children and other family members who may also be living with HIV/Aids. For this women need time off from work and financial and emotional support. While the Employment Equity Act prevents discrimination against anyone living with HIV/Aids no provision for education, care, support or treatment is made in the BCEA. This means that companies are left to develop their own responses. Even with the existence of a Code of Good Practice on HIV/Aids business has been slow to respond with many large companies investing in the creation of policies without any real implementation plans.

From our initial study it would seem that workplaces are generally not gender sensitive places. The lack of job security, the physical, emotional and psychological demands placed on women, and the ongoing discrimination all bear testimony to the lack of gender sensitivity and in most cases patriarchal nature of the workplace.

As we move into 2008 we need to take cognizance of the following challenges we are faced with as women. The creation of a supportive legislative environment which would guarantee quality working conditions for women, gender-sensitive labour-market policies, training and skills development for women and girls, appropriate social security and social protection, adequate arrangements for workers with family responsibilities, and measures to improve mobilisation of women to articulate their concerns and elevate their representation and participation at decision-making levels of work-related groupings.



The views of working women

“My life at
home, at work
and in the
union”

Some of the views of women
workers participating in part of a
LRS research project
investigating the conditions of
women workers.

Our specific needs as women?

- I want to be treated with respect not like a child or minor. I deserve to be respected.
- To recognize myself first. I want to understand and know that I exist. If I know that I exist; everybody will know that and no one will take advantage of me.
- I need to get rid of the baggage on my shoulders. I carry everyone on top of myself and I can no longer carry myself.
- I want to like myself. I need time to rest and socialize with my friends. Need more money to spoil myself without any guilt. Want to be given some time for myself because being a mother is an endless job.
- I want my voice to be heard in the community and at home.
- I want to exercise my freedom of choice.
- To be treated like a person and to socialize with other women.
- I used to be free and went shopping by myself but I felt that I was self-centered and selfish. I have now given myself to my partner and have scattered myself into so many small pieces that I now need to put myself together again. I need my self esteem, self-worth and self value back.

Our lives in the workplace

- Women are treated like pre-school children. The boss does not want us to talk to each other and even though I am a leader I feel invisible.
- Men earn more money than women
- Jobs that are done by women are valued less and if a man did the job before the name of job changes when it is given to a woman.
- Women are not promoted
- The company does not consider my needs as a woman
- No separate toilets or change rooms for us as women especially if we are a small minority in the company. This creates problems for us as we have no privacy.
- No female condoms, only male condoms are distributed. Even in companies where the majority of the staff are female.
- When a woman is pregnant we mobilize as women to give her lighter work. The company does not recognize this and makes no plans to change her work
- The company forces pregnant women to work in very dangerous conditions e.g. with chemicals

Our lives in the union

- We have a fear of speaking in a male dominated space.
- The Union does not provide childcare so this limits our participation as women
- There are no women organizers and this is a problem because men sometimes do not understand the problems that women face
- Women abuse is everywhere even in the union and we are not treated like human beings.



The primary purpose of the BCEA is to regulate and enforce basic conditions of employment in South Africa.

The Act sets out:

- Working time i.e. how many hours per day, overtime, Sunday and public holiday work, meal breaks, rest allocations
- Remuneration i.e. payment for normal work hours, overtime, Sunday and public holidays
- Annual, sick, maternity and family responsibility leave
- Notice periods
- Contracts

What does the BCEA say about maternity leave?

What you need to tell the employer when going on maternity leave?

An employee must notify an employer in writing, unless the employee is unable to do so, of the date on which the employee intends to:

i) commence maternity leave; and ii) return to work after maternity leave. Notification must be given: i) at least four weeks before the employee intends to commence maternity leave; or ii) if it is not reasonably practicable to do so, as soon as is reasonably practicable.

What payment can you expect to receive when on maternity leave?

BCEA does not provide for maternity leave payment. The payment of maternity benefits will be determined by the Minister subject to the provisions of the Unemployment Insurance Act, 1966 (Act No. 30 of 1966).

Every employee has the right to four consecutive months of unpaid maternity leave and maternity leave is considered a core right that can not be varied by a bargaining council agreement. An employee who has a miscarriage during the third trimester of pregnancy or bears a stillborn child is entitled to maternity leave for six weeks after the miscarriage or stillbirth, whether or not the employee had commenced maternity leave at the time of the miscarriage or stillbirth.

When can you go on maternity leave and how do you qualify?

An employee may commence maternity leave: i) at any time from four weeks before the expected date of birth, unless otherwise agreed; or ii) on a date from which a medical practitioner or a midwife certifies that it is necessary for the employee's health or that of her unborn child. No employee

may work for six weeks after the birth of her child, unless a medical practitioner or midwife certifies that she is fit to do so.

Who is excluded from taking maternity leave?

The Act explicitly states that provisions of leave do not apply to employees who work less than 24 hours a month for an employee.

As a mother nursing a baby what kind of support can you expect to receive from the company?

BCEA Code of Good Practice contains guidelines on the Protection of pregnant and breast feeding mothers. It is aimed at providing support for breast feeding/relieving breaks. Two 30 minute breaks can be taken twice a day for breast feeding or expressing milk every day for the first 6 months of the child's life.

What kind of protection can you expect in the workplace during and after the pregnancy?

No employer may require or permit a pregnant employee or an employee who is nursing her child to perform work that is hazardous to her health or the health of her child. During an employee's pregnancy, and for a period of six months after the birth of her child, her employer must offer her suitable, alternative employment on terms and conditions that are no less favourable than her ordinary terms and conditions of employment, if the employee is required to perform night work or her work poses a danger to her health or safety or that of her child and it is practicable for the employer to do so.

What are the limitations of the BCEA for women on maternity leave?

South Africa is one of the few countries in the world where the employer is under no obligation to pay the employee during maternity leave. The employer's only obligation is to reserve the women's position in the company. A woman may, if she has contributed to the Unemployment Insurance Fund (UIF) for more than four months, claim from the fund. Depending on her salary, she may claim between 30% and 60% depending on what she earns.

Security for pregnant women in the workplace is

a right seriously undermined by the BCEA. Without the provision of full pay and benefits women are seriously disadvantaged when going on maternity leave. Ironically, without full pay and benefits, longer maternity leave can entrench this disadvantage.

What does the BCEA say about Family Responsibility Leave?

An employer must grant an employee, during each annual leave cycle, at the request of the employee, three days' paid leave. An employer must pay an employee for a day's family responsibility leave the wage the employee would ordinarily have received for work on that day and on the employee's usual pay day. An employee may take family responsibility leave in respect of the whole or a part of a day. Before paying an employee for leave in terms of this section, an employer may require reasonable proof of an event for which the leave was required. An employee is entitled to Family Responsibility Leave when the employee's child is born, when the employee's child is sick, or in the event of the death of the employee's spouse or life partner; or the employee's parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling. Same sex partners and fathers of new born babies are entitled to three days leave. An employee's unused entitlement to leave in terms of this section lapses at the end of the annual leave cycle in which it accrues. A collective agreement may vary the number of days and the circumstances under which leave is to be granted in terms of this section.

Who qualifies for Family Responsibility Leave?

This section applies to an employee who has been in employment with an employer for longer than four months; and who works for at least four days a week for that employer.

How adequate is the existing Family Responsibility Leave provisions?

Family Responsibility Leave takes into account the life of the worker outside of the workplace and needs to address the difficulties women have in juggling the numerous responsibilities they are faced with in the home and workplace.



Parental leave, which Family Responsibility Leave intersects with, is directly linked to the question of child care. Given the disproportionate amount of child care work undertaken by women access to childcare can give substance to the right of women to participate freely in the economy. Without access to child care this right is somewhat hollow. The BCEA makes no reference to the question of access to child care facilities reinforcing the role of women as unpaid care givers.

The provisions in the BCEA also does not assist in shifting the gendered nature of parenting or redistributing this unpaid labour as in effect paternity leave amounts to 3 only days.

At a time when many women workers are faced with caring for family members who are living with Aids, Family Responsibility Leave makes no provision for time off for care and only focuses on birth and death.

In effect while Family Responsibility is a broader category of leave allowing for wider access by employees, it is consequently also a more compressed leave category and it may be argued that this conflation of leave types has resulted in

a net reduction in the amount of leave an employee may access.

What issues are not covered in the BCEA?

The BCEA makes not mention of antenatal and postnatal care, maternity benefits, compassionate leave, flexible working hours, HIV/ Aids and the provision of anti-retrovirals and child care all essential to creating a gender sensitive work environment.

fair payment

while on maternity leave

do we have sufficient protection?

Since its formation in 1919 the International Labour Organisation has accorded maternity protection of women at work a central place in the organization. In 1919 the first Maternity Protection Convention was adopted. The convention laid out basic principles of maternity protection - the right to leave, the right to cash and medical benefits and the right to job security, as well as the right to nursing breaks during working hours. This Convention has been improved upon by the Maternity Protection Convention (No 183 and Recommendation 191) adopted in 2000 that attempts to take into account how women's employment patterns have changed over the past years.

maternity Protection Convention, 2000 (No 183)¹

The following articles highlight the Convention's greatest gains:

Art. 2.1: *"This Convention applies to all employed women, including those in atypical forms of dependent work":* (all women sharing an employment relationship with an employer, including oral contracts; therefore, self-employed women and other independent women are not included, nor, in many cases, are women working for a family enterprise; "atypical" refers to part-time work, seasonal work, etc.);

Art. 4.1: *"A woman to whom this Convention applies shall be entitled to a period of maternity leave of not less than 14 weeks"* (instead of 12 in as in previous convention 103).



Art. 4.4: *"Maternity leave shall include a period of six weeks compulsory leave after childbirth";*

Art. 6.3: *"Where, under national law or practice, cash benefits paid with respect to leave are based on previous earnings, the amount of such benefits shall not be less than two-thirds of the woman's previous earnings";*

Art. 8.2: *"A woman is guaranteed the right to return to the same position or an equivalent position at the same rate at the end of her maternity leave";*

Art. 10.1: *“A woman shall be provided with the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child”.*

Art. 10.2: *“These breaks or the reduction of daily hours of work shall be counted as working time and remunerated accordingly”.*

South Africa is a signatory to the ILO Conventions and as such certain obligations arise. A key obligation is to ensure that women are not discriminated against because they are pregnant. That cash benefits paid when women are on maternity leave are not less than 2/3 of previous earnings and that women can maintain themselves and their children with a suitable standard of living and in a proper condition of health.

The law in South Africa states that a woman may, if she has contributed to the Unemployment Insurance Fund (UIF) for more than four months, claim from the fund. Depending on her salary, she may claim between 30% and 60% . In South Africa it would seem that we are not fulfilling our mandate as signatories to the ILO. We also need to assess whether the existing legislation is promoting the equality that the Constitution promises.

For unions the existing legislation can act as a ceiling when negotiating for improved conditions for women workers on maternity leave. Companies are under no obligation to supplement the UIF payments. In a survey of 61 Bargaining Council Agreements, 421 enterprise level agreements and 7 sectoral determinations done by the LRS, it was important to note that the majority provide no payments over and above the UIF. Only about 4.9% of the Bargaining Council Agreements and 3% of enterprise level agreements provide an average of between 25% and 33% of payment towards maternity leave. It is important to note that only a fraction i.e. 4,9% of Bargaining Council Agreements and 1.8% of enterprise level agreements surveyed make provision for maternity benefits that include maintaining full bonuses, pension and provident funds while the employee is on maternity leave.

Maternity in South Africa impoverishes and disempowers women. Most women are worse off for having children. The women hardest hit are those in the informal sector, unemployed women, women who work for small businesses and women who do seasonal work. More often than not these women are completely reliant on their partners for financial support during maternity. This creates a situation where most women return to work as soon as possible after giving birth, placing women under enormous strain that can affect their health and the relationship with their children.

(Footnotes)

www.ibfan.org/english/news/briefing/ratify_ilo00.html



Photo: father and child by Nicky Eisleley

SACCAWU model proposal on **parental rights** for working **women and men.**

The SACCAWU Parental Rights model agreement is an example of a set of general principles. These general principles are important in assisting to contextualise demands and arguing for the extension of rights over time without having to continuously re-motivate demands. The Model Agreement can also be reshaped as the context changes.

1. General Principles

- 1.1. The parties commit themselves to the elimination of discrimination based on sex and gender. Discriminatory practices will be removed and sexist ideology counteracted.
- 1.2. The objectives of this Agreement are to ensure that working women are not unfairly discriminated against and

prejudiced on the grounds of pregnancy, women and men in waged work are able to participate fully in family life and children are given the necessary care.

- 1.3. The parties acknowledge the equal right of women and men to hold a job and at the same time lead a full family life.
- 1.4. The Company agrees that it has a social responsibility towards the support and healthy maintenance of parents and their children.
- 1.5. The parties acknowledge that the family presently carries the major expense of child-rearing and that household labour is unpaid. The Company benefits from

- this and therefore agrees to contribute directly towards the reproduction of the workforce.
- 1.6. Childcare is a social responsibility and the parties commit themselves to strive for socially provided infant and educare facilities.
 - 1.7. Childcare responsibilities in the household should be shared between women and men. The parties commit themselves to promote these values.
 - 1.8. The parties acknowledge the right of parents to decide freely and responsibly on the number and spacing of their children.
2. Scope
This agreement shall be applicable to all employees.
 3. Job Security
 - 3.1. No employee will be dismissed, retrenched or disciplined on the grounds of pregnancy, or any other reason connected with pregnancy.
 - 3.2. The Company shall not exclude from employment any applicant on the grounds of pregnancy.
 4. Parental Leave
Parents shall be entitled to paid and unpaid maternity and paternity leave, taken as follows:
 - 4.1. Maternity Leave
Mothers shall be entitled to twelve (12) months paid leave at 100% of salary.

Mothers shall be entitled to an additional twelve (12) months unpaid leave.
 - 4.2. Paternity Leave
Fathers shall be entitled to three (3) months paid leave at 100% of salary.

Fathers shall be entitled to an additional twelve (12) months unpaid leave.
 - 4.3. Shared parental leave
If both parents work for the Company, the parental leave shall be as follows:
Maternity Leave: twelve (12) months at 100% of salary.
 - 4.4. Adoptions
Adoptive or foster parents shall be entitled to the same leave provisions as in 4.1., 4.2. and 4.3. less one (1) month paid leave for mothers.
For a child to be considered adopted it is not necessary that the child be legally adopted.
 - 4.5. All leave provisions in 4.1., 4.2, 4.3, and 4.4., may be taken until the child is (six) 6 years old.
 - 4.6. Stillbirths
In the event of a still birth, six (6) months paid leave may be taken by the employee.
Subject to a medical practitioner's recommendation, further Unpaid leave may be taken.
 - 4.7. Miscarriages and Abortions
In the event of a miscarriage or abortion, three (3) months paid leave may be taken by the employee .
Subject to a medical practitioner's recommendation, further unpaid leave may be taken.
 - 4.8. A pregnant woman with a physically demanding job shall be transferred. If the company is unable to assign her to another job, she is entitled to an extra two (2) months paid leave
 - 4.9. It shall be the employee's choice as to when to start parental leave but the period of one (1) month before confinement and two (2) months after must be taken in respect of female employees.
 5. Social Security
 - 5.1. The Pension/Provident Fund and Medical Aid contributions will be administered as usual and the parents contribution will be paid by the company.
 - 5.2. Repayment of loans shall be frozen until



- the employee return to work. No interest shall accrue on such loans.
- 5.3. Employees on Parental Leave will qualify for staff discounts and R600.00's worth of baby goods.
6. Right to return to work
- 6.1 Parents going off on Parental leave shall not resign from the Company and service will be regarded as continuous.
- 6.2. Parents taking parental leave shall be guaranteed the right to work up to a period of 24 months after the birth/adoption/fostering of the child.
- 6.3. The employee shall be placed in the same establishment, and in a same or similar position on returning to work.
- 6.4. The employee shall receive a wage not less than that received before taking leave, and shall be entitled to any increase awarded during the leave period, including full bonuses.
7. Ante-natal and post-natal care
- 7.1. All parents shall have the right to a day off to attend ante-natal clinics and classes once per month without loss of pay for the first six (6) months of pregnancy. Thereafter a day off shall be given each week.
- 7.2. Adoptive parents should have reasonable time off for interviews and counselling.
- 7.3. Should a parent not exercise the right to full leave following the birth of a child, he or she may on returning to work:
- 7.3.1. choose to do part-part time work until the child is twenty four (24) months old.
- 7.3.2. take one day off per month to attend post natal clinics, without loss of pay until the child is eighteen (18) months old.
- 7.4. Should problems arise with the health of the employee while at work due to pregnancy or child birth, or should problems arise with the health or care of a child, the employee shall be entitled to fifteen (15) additional days paid leave in the first year. Further unpaid leave shall be granted for one (1) year.
- 7.5. The above entitlements shall not be deducted from the paid sick leave entitlement.
- 7.6. Employees have the right to attend clinics and medical practitioners of their own choice.
- 7.7. Nursing mothers who have returned to work shall have tea breaks extended by thirty (30) minutes to breast-feed their infants.
- 7.8. The Company commits itself to the investigation and establishment of workplace-linked breast-feeding facilities.
8. Pre-school Childcare
- 8.1. The parties agree to participate in developing childcare facilities for children up to pre-school age.
- 8.2. Employees shall be entitled to 20 days paid childcare leave per year for children up to pre-school age.
- 8.3. The Company undertakes to pay fifty percent (50 %) of employee's childcare costs.
9. Career Break
- 9.1. Employees may take a career break to involve themselves more fully in family life.
- 9.2. Career breaks shall be taken under the following circumstances:

- 9.2.1. Six months notice should be given to the company of intention to take a career break.
 - 9.2.2. Up to five (5) years unpaid leave may be taken by the employee.
 - 9.2.3. The leave may be interlinked with parental leave as provided for in this agreement.
 - 9.2.4. Employees taking a career break will be guaranteed the right to a job of the same or similar status on returning to work.
10. Health and Safety
- 10.1. Where health and safety considerations make it undesirable for a pregnant woman to do a particular job, she will be offered suitable alternative employment on terms and conditions no less favourable. Failing this, clause 4.8. will apply:
 - 10.2. Work falling under the provision of clause 10.1. covers all jobs entailing physical, toxic or mechanical risks and stressful work situations, and shall include the following:
 - 10.2.1. any hard labour involving heavy weight-lifting or pushing or pulling, undue and unaccustomed physical strains, including prolonged standing. If a load lifted before a pregnancy required near maximum effort, it should be reduced by 25% during pregnancy.
 - 10.2.2. work requiring a good sense of balance or involving a strained posture e.g. climbing ladders.
 - 10.2.3. work with heavy and/or vibrating machines e.g. floor buffing machines.
 - 10.2.4. in conditions in which there is inadequate protection against slips or falls.
 - 10.2.5. under conditions of excessive heat or cold and poor ventilation such as cold rooms and warehouses.
 - 10.2.6. jobs that expose women to the effect of harmful chemical products e.g. pool, garden, cleaning chemicals, radiation e.g. prolonged exposure to visual display units, or other harmful substances such as dusts, gasses or vapours e.g. from hot wire machines for cutting plastic.
 - 10.3. Potentially harmful work and substances shall be identified by the health and safety representatives. Where there are no such representatives, then by the shop stewards with the assistance of qualified outside experts of their choice.
- 10.4. Pregnant women and parents with infants under the age of one shall not be required to do overtime or night work.
 - 10.5. The working hours of pregnant and nursing women shall be planned so as to ensure adequate rest periods.
 - 10.6. The Company shall provide the use of a quiet room with a bed for use by pregnant women during work breaks, or if they feel unwell during the working day.
 - 10.7. Any factors that might cause loss of appetite or excessive or chronic fatigue should be avoided e.g. extreme changes in daily routine or frequent changes of shift.
 - 10.8. Adequate seating shall be provided. Seats must be wide enough for good support, and must have back rests.
 - 10.9. Pregnant women may arrive at work 60 minutes later than other staff, and leave 60 minutes earlier to avoid congestion at the workplace.
 - 10.10. Suitable uniforms shall be provided to accommodate pregnant women.
 - 10.11. The Company shall provide meals that meets the dietary requirements of pregnant women.
 - 10.12. On request, the Company shall provide free check-ups on matters related to reproductive health e.g. cervical cancer, AIDS and infertility.
 - 10.13. The Company shall provide contraceptive advice for all employees, administered by qualified personnel approved by the Union.
 - 10.14. The Company shall provide regular health and safety education sessions on reproductive health without loss of pay, in consultation with the Union.

2010 What is in it for women?

For the Construction Industry the lead up to 2010 is an exciting time. The South African Government has committed almost 30 billion in infrastructure development and the promise of increased job creation.

Historically the construction industry is a male-dominated sector at all levels of employment, culture and work environment. The majority of workers are unskilled or semi-skilled and on short-term employment. Construction sites are not permanent workplaces and there are constant changes in work locations. Workers are often forced to work long hours, far away from home and under extremely harsh conditions. From the societal construct of the women's multiple social and reproductive roles in their homes and families, these factors impact negatively on the entry of women into the construction industry.

On the 23 January 2007 at the World Social

activists launched a world-wide campaign to promote decent work in world football, focusing initially on the construction sector, in the build up to the 2010 World Cup in South Africa. Under the banner of the Decent Work, Decent Life campaign, the organisations issued a Memorandum to the organisers of the World Cup, FIFA, calling for workers' rights to be respected in all the industries associated with the world's most popular game.

"The organisers of the 2010 World Cup, FIFA and the companies which will benefit from the estimated 2.4 billion euros (\$3.1b US) of investment in infrastructure owe it to football fans world-wide to ensure that their game is not tainted by labour rights violations and that instead all those who contribute to the success of this event do so under decent working conditions", Anita Normark, the General Secretary of Building Workers' International (BWI)



What are decent working conditions for women? In South Africa Trade Unions have traditionally struggled to organize workers in the construction sector. Consequently the sector has one of the lowest trade union membership levels in the country. It has been difficult to get an accurate indication of the number of women in the sector, but organizers in the construction sector agree that women represent a very small percentage of the workforce. Of the two key unions organizing in the sector, 10% of the NUM¹ total membership of 28,000 and 6% of the BCAWU² total membership of 16, 000 are women.³



Calling for increased participation of women in the construction sector can ring hollow if it is to merely increase numbers. For employers recruiting more women can be used as a means to intensify levels of exploitation and vulnerability in line with an international trend to devalue the work that women do. In the labour market social perceptions and norms define gender roles. Women are defined as helpers and not breadwinners. Women it is argued should be grateful that they are able to enter the public space as workers as their primary role should be caregivers in the private space. Work that women do is therefore devalued because it is women who are doing the work and this becomes the justification for cheaper wages and increased vulnerability entrenching poverty and social exclusion.

An increase in the quantity of work for women in the construction sector does not automatically mean decent work for women. Decent work needs to promote opportunities for women in conditions of freedom, equality, security and human dignity.

Decent work is inseparable from the promotion of gender equity.

As 2010 approaches our demands for Decent Work needs to promote an agenda for gender equity. This would for example include some of the following:

- A living wage that ensures equal pay for men and women
- Health and safety measures that take into account the sexual and reproductive health needs of women in the context of the construction sector e.g. the number of women's toilets on site. Women workers are also more prone to suffer from stress, chronic fatigue, and other psycho-social and health effects because of their dual reproductive and economic roles. This is important to take into account as part of counter acting the dangerous and highly stressful nature of present day construction work.
- Quality, permanent jobs that break down gender stereotypes and occupational segregation and allow women to enter traditional male jobs. Participation in the labour force is not only a means of earning a living and economic independence, but an integral part of women's self-perception and sense of identity.
- Provision of child care and other services to workers with family responsibilities. Generally women more than men, are constrained by family and household responsibilities.
- The provision of pre-employment and on-the-job training and retraining in vocational and technical skills to increase the number of skilled and trained women in the construction sector
- A union agenda that questions and develops alternatives to the masculine, patriarchal nature of the construction sector. A sector that is largely built by men for men.

(Footnotes)

¹ NUM – National Union of Mineworkers

² BCAWU – Building, Construction and Allied Workers Union

³ Building and Wood Workers International (BWI) Gender Study – The Status of Gender in the Construction Sector

Building and Wood Workers International (BWI) Gender Policy

BWI is a Global Union federation safeguarding more than 12 million members from 350 trade unions in 135 countries worldwide in the building, building materials, wood, forestry and allied industries. 20% of the membership at global level are women. The National Union of Mineworkers (NUM) and the Building Construction and Allied Workers Union (BCAWU) are affiliates of BWI. Women make up 8% of the total average membership for both unions and a dismal 1/5 of representation on leadership structures. Both NUM and BCAWU are attempting to address women's membership and equitable participation in trade union structures.

A key goal of BWI is to promote women's social justice and gradually eradicate the social exclusion of women in the world of work through gender equity.

In December 2005 the BWI committed itself to addressing the anomalies of the sexual division of labour in the workplace by adopting a Gender Equity Policy. This development follows in the footsteps of the Affirmative Action Policy adopted in 1993. The main focus is to achieve gender equity and gender mainstreaming in all sectors of the Federation and its affiliates by supporting and promoting women's full and equitable participation in the labour force in all trade union activities in the sector. The BWI has constitutional structures at both regional and global levels.

In translating the gender policy into action the federation has concentrated on the following:

- The creative organizing and vigorous participation of women workers in trade unions
- Developing regional and global strategies and programmes for organizing women in all its sectors
- Negotiating gender sensitive Collective Bargaining Agreements at all levels
- Ensuring that affiliates concentrate on taking up the gender agenda in the workplace and trade unions.
- In November 2003 BWI adopted a no tolerance policy on sexual harassment.

Adapted from BWI: "The Status of Gender in the Construction Sector" a gender study



Extracts from Cosatu National Gender Conference Draft Resolutions

1-3 August 2006



The National Gender Conference therefore resolves:

Conference re-affirms the resolutions of the previous Gender Conference, and further commits the National Gender Coordinator, NGC and NGCC to drive implementation and ongoing monitoring of all resolutions.

1. On Collective bargaining

- 1.1. Ensure participation of women workers in all collective bargaining teams
- 1.2. Ensure research and collection of gendered bargaining demands from women workers
- 1.3. Involvement of gender structures and gender coordinators in developing

collective bargaining strategies to ensure mainstreaming of gender

- 1.4. Development of monitoring mechanisms to assess progress in winning gender-based bargaining demands
- 1.5. Promotion of awareness on engendering collective bargaining, and the specific issues facing women in workplaces

2. On Women's Leadership in Trade unions

- 2.1. Conference supports the 50% quota for representation of women in decision making structures of COSATU at all levels
- 2.2. Affiliates should develop quotas at their discretion (either 50/50 or proportional

- to their membership)
- 2.3. Implement resolutions on capacity building, supporting women, mentorship, removal of barriers to women's participation, sexual harassment, appropriate timing of meetings, providing transport, childcare etc
 - 2.4. Explore constitutional changes to reflect the above where necessary
3. On Gender Policy
 - 3.1. NGC should monitor drafting and adopting of affiliate gender policies
 - 3.2. Gender structures should play a role in policy formulation
 - 3.3. Office Bearers assigned to gender should be held accountable to play their expected roles
 - 3.4. Election of Gender Coordinating Committee at all levels with terms of office running at the same time as other office bearers and nominated at the first NGC, RGC and LGC after the congresses
 - 3.5. Review deployment strategy of NGCC based on learning curve, exposure, visibility and capacity building
 - 3.6. Gender Unit to be located strategically as a separate departments, funded and allocated resources in the same way as other departments as guided by the COSATU Gender Policy
 - 3.7. NGC and COSATU should ensure that we develop an effective communication strategy to publicise our gender work in broader society and to promote women leaders
 - 3.8. NGCC to engage NALEDI to re-establish a research programme on gender, unions and work
 4. On Gender Mainstreaming
 - 4.1. Gender to be an agenda item in constitutional structures
 - 4.2. Gender Coordinators to attend all constitutional meetings
 5. On HIV/AIDS
 - 5.1. Develop strategies to improve workers rights, by:
 - Placing HIV/AIDS on the collective bargaining agenda
 - Negotiating HIV/AIDS, Health and Safety and workplace agreements
 - Ensure effective implementation and monitoring of legislation
 - Fighting cases of discrimination
 - 5.2. Promote preventative strategies, such as:
 - Continuous education and awareness to address the stigma attached to HIV/AIDS
 - Campaign on *Knowing Your Status* as a priority – our leaders to lead by example
 - Challenge the patriarchal and conservative attitudes in our society towards sexuality
 - 5.3. Promote strategies to improve treatment and care, such as:
 - Voluntary care givers to be compensated
 - Extend access to treatment
 - Improve public health facilities and system
 - Expand public sector capacity rather than cutting back costs, outsourcing and privatising
 - Registration of herbal and traditional healers to ensure regulation and compliance
 - Job creation and elimination of poverty
 - Challenge exorbitant costs of medication and high profits of pharmaceuticals,
 - Campaign for the acceleration of the development of the vaccine, as it will be the most empowering strategy for women in the prevention of HIV
 - In the long-term we should encourage government to put resources into finding a cure for HIV/AIDS
 6. On job security and job creation
 - 6.1. Form cooperatives for unemployed workers
 - 6.2. Develop policies and legislation that discourages casualisation
 - 6.3. Deepen the campaign against casualisation through vigorous participation in institutions of social dialogue to develop legislation to

- regulate and counter casualisation and outsourcing in order to sustain the legislative gains for decent jobs and job security
- 6.4. Embark on a campaign to intensify recruitment of casual workers in order to improve their pay, working conditions and negotiate for permanent employment
 - 6.5. Ensure that recruitment programmes involve women and are gender-balanced
 - 6.6. Existing job creation fund to benefit unemployed especially women
 - 6.7. Recognition of skills and promotion of RPL
7. On Gender based violence
- 7.1. Intensify workplace campaigns on gender based violence to raise awareness, develop policies and ensure that employers provide assistance and support through providing time-off amongst others
 - 7.2. Establish Employee Assistance Programmes (EAPs) at all workplaces and monitor existing programmes
 - 7.3. Call for more stringent and appropriate sentences for offenders, whilst also ensuring more effective rehabilitation programmes which promote the understanding that gender-based violence is a product of the patriarchal relations in our society, which dehumanises men and disempowers women
- 7.4. COSATU and its affiliates to utilise and give support to SHEP as a provider for preventative strategy and handling of cases of sexual harassment and
- 7.5. Work on the development of policy or guidelines that takes into account the amended NEDLAC Code of good practice on the handling of SH
8. On the Progressive Women's Movement
- 8.1. The Progressive Women's movement must be issue-based and organic movement and therefore should not be a formal organisation with a constitution
 - 8.2. The coordinating structures of the PWM should be representative of various organisations and sectors
 - 8.3. The PWM should create space for the voices of working class women in particular, given their current marginalisation
 - 8.4. The PWM should address the language barrier to ensure equal participation of all women.



- 8.5. The programme of the PWM should focus on the following:
- Job creation for women
 - Promotion of cooperatives (amongst other job creation measures)
 - Advancement of legislation that prohibits casualisation
 - Ensuring participation of working class women and representation of their concerns in all government structures and forums of society
9. On the Women's National Coalition
- 9.1. As resolved in the previous Conference, the WNC must be disbanded within 6 months as it has concluded its mandate
10. On the establishment of a development fund
- 10.1. The conference supports the establishment of a development fund for women proposed in the framework of the Presidential Working Group for Women, such a fund should redress the imbalances of the past through redistribution, job creation, access to basic services and by affording economic and educational opportunities to women, especially in vulnerable sectors & rural areas
11. On Social Grants and the Basic Income Grant (BIG)
- 11.1. Campaign and engage government to develop programmes to ensure that orphans and children are able to access the grant
- 11.2. To intensify the BIG campaign for every household to receive a Basic Income Grant
12. On Sex Workers
- 12.1. Fight for the decriminalisation of sex work in the various categories that it exists, including street, self-employed and escort agencies
- 12.2. Engage government to educate sex workers about health and safety and HIV/AIDS, as well employing community workers to distribute condoms
- 12.3. Encourage the unionisation of sex workers
13. On Domestic Workers
- 13.1. Ensure that the interests of domestic workers are advanced by the federation and that the federation provides solidarity and support to SADSAWU in its efforts to build a home for domestic workers
- 13.2. COSATU must ensure that the domestic workers union is able to be part of the federation as an affiliate, and that COSATU undertakes to develop ways of addressing their specific situation in terms of the dynamics of the sector and the financial sustainability of a domestic worker union to facilitate their affiliation
14. On Gay and Lesbian Workers
- 14.1. There is a need to give concrete effect to the Gender Policy which calls on COSATU to firstly, add its weight and voice to combat discrimination in the workplace on the basis of sexual orientation, and secondly, create a conducive environment within the federation for the participation of gay and lesbian union members
- 14.2. To facilitate this the NGC should gather information on discrimination experienced by gay and lesbian workers in the workplace and trade unions
- 14.3. Work with NGOs and organisations that advance the struggle against discrimination on the basis of sexual discrimination
15. Constitutional Amendments
- 15.1. Include non-sexism and the struggle for gender equality as one of COSATU's core principles
- 15.2. Include the quota in the constitution as a mechanism for increasing women's representation in decision-making structures in the federation.

FEDUSA

Equity Forum

FEDUSA has an Equity Forum whose purpose it sees as encouraging affiliated unions to take steps to overcome the barriers to female participation through making women more visible and active in all aspects of union life, as members, activists, and leaders

One of the main focus areas for the Equity Forum has been the realisation of gender equality in the workplace. Equality between women and men is recognized as both a human rights issue and a precondition for sustainable people-centred development.

What the Equity Forum stands for:

- The Equity Forum stands for freedom, dignity and equality in the workplace.
- For the development of men and women in South Africa
- For transparency, fair labour practices and upward mobility for all.

The Main Objectives of the Equity Forum are to:

- Strive to eliminate discriminatory practices and to ensure equality in the workplace
- Empower members by educating and training them in relation to their rights
- Recognise the contribution of women in the workplace
- Educate employees and employers concerning all gender issues
- Raise awareness and eradicate sexual harassment in the workplace
- Join the fight against child labour
- Raise awareness and educate members on HIV/AIDS and related issues as well as its effects in the workplace.

www.fedusa.org.za



photo from ILRIG Building Women's Leadership Programme

Taking Up the Challenge of HIV and AIDS in the workplace

The AIDS epidemic in South Africa is one of the most severe in the world yet the response from two major sectors of society, business and organised labour has been at best uneven and at worse non existent.

In December 2000 the “Code of Good Practice on HIV and Aids and key Aspects of Employment”, was launched after negotiations at NEDLAC. The Code acts as a guide for employers, employees

and their organisations in managing HIV and Aids policies in the workplace. LRS research findings indicate that there is an uneven awareness of the Code especially when comparing big companies with small and medium sized companies. From a preliminary study of literature and interviews with workers it can be argued that even in many of the bigger companies who have used the Code to develop HIV and Aids policies, these policies are often just filed away and brought out when

the company needs to prove it's social responsibility. There is also the "cut and paste phenomenon" where companies develop "paper policies" that are not the result of any kind of consultative process. Many medium and small companies claim to face severe resource constraints and therefore do not prioritise dealing with HIV and Aids. Generally it would seem that the Code has not resulted in the increased implementation of HIV and Aids policies in the workplace.¹

From the Trade Unions the response to the HIV and Aids epidemic has been uneven. All the key federations have policies in place but there is little evidence of systematic programmes or practical strategies. The difficulties of implementing ongoing programmes it is argued is as a result of the lack of dedicated financial and human resources for HIV and Aids and that in many instances HIV and Aids coordinators hold multiple responsibilities for example they are also responsible for gender, health and safety etc.² While these are key obstacles in the implementation of HIV and Aids programmes it alone does not explain why HIV and Aids has not become central to the collective bargaining processes. The problem of resources cannot also be used to explain why even in cases where large companies provide access to treatment the uptake of services in some instances is low for e.g. in Anglo American nearly 30% of those who started on ART are no longer being treated.³ It would seem that the stigma surrounding HIV and Aids is still very prevalent. In an interview with a SACCAWU shopsteward and peer educator she had this to say:

*My biggest problem is definitely the stigma. Everyone is still to scared to speak about HIV and Aids and I spend a great deal of time trying to convince them that HIV and Aids is like any other illness e.g. TB or diabetes.*⁴

In the process of conducting a LRS research project into HIV and Aids and Collective Bargaining we have encountered a number of brave, concerned individuals who are playing a key role in getting Aids to be taken seriously in the workplace. These individuals are sometimes union members, sometimes individual workers who have been trained in the workplace or in the community as peer educators and sometimes

workers living with Aids or directly affected by the epidemic. The majority of these individuals are women who have relatively limited power in the company and whose interventions are hampered by a lack of resources or limited capacity. These individuals are important as agents for change but we need to recognise that responses driven in this way are generally weak and fragmented as it is not part of a collective and organisational strategic enhancement.⁵

(Footnotes)

¹ Vass, J – Policy versus Reality: A preliminary Assessment of the SA Code of Good Practice on HIV/Aids and Key Aspects of Employment

² *ibid*

³ Connolly P and Rosen S – "Treatment of HIV/Aids at South Africa's Largest Employers: Myth and Reality"

⁴ Interview with SACCAWU shopsteward on 11 July 2007

⁵ CPH- HIV/Aids in the workplace symposium 2004

What is the Code of Good Practice on HIV/AIDS and Employment?

The Code's primary objective is to set out guidelines for employers and trade unions to implement so as to ensure individuals with HIV infection are not unfairly discriminated against in the workplace. This includes provisions regarding:

- creating a non-discriminatory work environment
- dealing with HIV testing, confidentiality and disclosure
- providing equitable employee benefits
- dealing with dismissals; and
- managing grievance procedures

Its secondary objective is to provide guidelines for employers, employees and trade unions on how to manage HIV and AIDS within the workplace:

- creating a safe working environment for all employers and employees
- developing procedures to manage occupational incidents and claims for compensation
- introducing measures to prevent the spread of HIV
- developing strategies to assess and reduce the impact of the epidemic upon the workplace
- supporting those individuals who are infected or affected by HIV/AIDS so that they may continue to work

productively for as long as possible

Application and Scope

- 4.1. All employers and employees, and their respective organisations are encouraged to use this Code to develop, implement and refine their HIV and AIDS policies and programmes to suit the needs of their workplaces.
- 4.2. For the purposes of this code, the term "workplace" should be interpreted more broadly than the definition given in the Labour Relations Act, Act 66 of 1995, Section 213, to include the working environment of, amongst others, persons not necessarily in an employer-employee relationship, those working in the informal sector and the self-employed.
- 4.3. This Code however does not impose any legal obligation in addition to those in the Employment Equity Act and Labour Relations Act, or in any other legislation referred to in the Code. Failure to observe it does not, by itself, render an employer liable in any proceedings, except where the Code refers to obligations set out in law.
- 4.4. The Code should be read in conjunction with other codes of good practice that may be issued by the Minister of Labour.



Making the NSP work for LABOUR

The latest development in the Government response to the HIV/Aids epidemic is the adoption in March 2007 of the *HIV/AIDS and STD Strategic Plan for South Africa 2007-2011* (NSP) and it has been welcomed by many sectors of civil society as a turning point in the fight against HIV and AIDS. The NSP has the ambitious goals of halving the rate of HIV infections by 2011 as well as treating and providing care and support for 80 percent of those already living with HIV and AIDS. According to the South African National AIDS Council (SANAC) Law and Human Rights Sector working committee,

..the development, finalisation and adoption of the NSP can ensure the end of a period of confusion, conflict and recrimination regarding HIV/AIDS policy. It marks the beginning of a new chapter of national consensus in respect of the objectives of HIV prevention and treatment programmes as well as the strategies, policies and laws that are required to reach these objectives. If fully and robustly implemented, the NSP will provide an opportunity for the country to strengthen its ethical, social and legal fabric and to draw significant additional public and private sector funding to meeting the needs of the poor and vulnerable.

For the NSP to become a reality and not just good ideas on paper, all sectors of society need to ensure

its effective implementation, monitoring, evaluation and improvement. Organised labour in South Africa can play an essential role in this process but there are a number of challenges facing labour. A key challenge is making HIV and Aids part of the lifeblood of the union movement i.e. part of collective bargaining. In this way strengthening the power of labour in the workplace and assisting organised labour build and extend relations with other sectors of society. Labour can help to turn what is often viewed as an individual behavioural issue into a political and rights based issue. A human rights issue that deals directly with gender-based violence and sexual, social, economic and political inequalities. Assisting organised labour in this quest is the overall objective of a LRS research project aimed at strengthening the role of organised labour in making the National Strategic HIV and Aids Plan work

Sources

Department for Health (2007) *HIV/AIDS & STD Strategic Plan for South Africa 2007-2011*

Johnson, Krista (2004) "The Politics of AIDS Policy Development and Implementation in Postapartheid South Africa", *Africa Today*, Vol.51, No.2, Winter 2004

SANAC Law and Human Rights Sector Working Group: Press Statement, 2nd May 2007

Interview with **Amanda Mkizwane**

SACCAWU shopsteward and peer educator

Profile

I am a shopsteward for SACCAWU at Pick 'n Pay in the Daveyton Mall. I coordinate a group of 7 shop stewards at the store and I am part of the SACCAWU national gender committee. I have waged many personal battles against gender discrimination. I have been trained as a peer educator. My work also involves counseling and I often assist workers with problems they experience in their private lives. I see my role as assisting in both the private and work lives of workers. I also assist workers with accessing grants, birth certificates and ID books by referring them to the relevant authorities.

Conditions at my workplace

At the store I work there has been ongoing HIV and Aids training since 2003. In 2003 there was a crash course for 6 months where 2 groups of workers were trained every week. There are also ongoing awareness activities. Practical measures are in place for e.g. the shop stewards ensure that there is a regular supply of condoms in the male change rooms.

The shopstewards have initiated a mall committee bringing together SACCAWU shop stewards from all the stores in the mall. This mall committee is involved in the organizing of awareness raising activities. Customers are invited to participate in the activities.

As a Company Pick 'n Pay has its own doctors. Workers who are HIV positive can declare this to the peer educators who will refer them to the company doctor. The Company doctor can help the worker access ARVs. Pick 'n Pay has a HIV and Aids fund for the dependents of workers who have died.

Our relationship with the Community

The mall committee works with customers, local councilors, churches and community based HIV and Aids groups. Some of the activities have included a focus on Valentine's Day where the slogan "love me safe" forms part of the HIV and Aids and STI's awareness campaign.

The role that management can play

From my experience sympathetic management can play a key role in assisting to address HIV and Aids in the workplace. For example a sympathetic store manager will allow a worker to clock in and then to attend the clinic without he/she having to use of their leave time.

There is a problem though because if there is no formal agreement the decision on what to do will depend on the attitude of the store manager.

The relations between men and women

Men are willing and active participants in the training but no man has confided their HIV status to me. Women generally speak more freely about their status. There are men involved in the peer education and some of these men are interested because they have first aid training.

My biggest challenge

Definitely the stigma attached to the epidemic. My aim is to focus on removing the stigma and trying to get workers to see HIV and Aids like any other disease e.g. TB or diabetes.

My biggest achievement

That I am able to comfort people and make them look at HIV differently and see it like for e.g. the way people see TB.

Interview with **Andre Cleophas** NUM

shopsteward, HIV peer educator and counsellor

About Eskom HIV/AIDS policy and procedures

Eskom has had an HIV and AIDS policy since 1988. Within the company there is an AIDS committee that represents all stakeholders involved. The union is part of the process of reviewing the HIV and AIDS policy even though the union was not part of it's initial development. Earlier this year (2007) was the first time NUM representatives took part in the AIDS committee meetings as before only corporate representatives such as medical staff, wellness managers and HR advisors participated.

For new employees there is an induction programme which covers the basics on HIV and AIDS in the workplace, the Eskom HIV and AIDS policy is explained, available assistance is identified and employees are provided with a guide on where to look for further information. For managers there is a toolkit on how to understand and deal with confidentiality and disclosure of HIV and AIDS status.

For employees living with HIV and AIDS there is one support group that is confidential and restricted since people attending have not yet disclosed their status. Peer educators and other people can visit the group by invitation only. This support group is a step on the way to disclosure and a means to address issues of stigma. Then there is another support group for those who have voluntarily disclosed their status and are willing to talk openly about issues regarding HIV and AIDS.

Testing procedures

When VCT was first introduced, very few came to be tested. Then incentives, including thermo cups, were introduced and there were queues to the clinics. The incentives do make people come to get tested, but I think it is the wrong method and can have devastating results. The workers come for the wrong reasons and it does not translate into behaviour change. If a person who came for the thermo cup gets a positive test result, then there is a great chance that person will not come back for proper treatment.

Treatment programmes

Eskom emphasises that people should disclose their status so that they can be put on a treatment programme and start with addressing issues of fitness and diet to keep healthy before joining the ART programme. It is then a personal responsibility with counselling support to stay on the programme in order to gain benefits. If an employee is sick on a regular basis a doctor's certificate is to be presented to the HR department, who in turn issues a letter to the medical centre, where a company doctor conducts an assessment on whether the person is eligible to join an HIV/AIDS related medical aid programme.

To join an ARV treatment programme the employees must disclose their HIV and AIDS status, but it is only in the Telemed medical aid scheme that there is a clause mentioning confidentiality. In both the Prosano and Bonitas medical schemes, there is no mentioning of confidentiality and this is very problematic. People must trust that there is

confidentiality involved in the process, otherwise they would not get tested or join the programmes. So far I have not heard of any cases within Eskom regarding breaches in confidentiality.

The effectiveness of the HIV and AIDS policy

People are still dying from HIV and AIDS related illnesses within Eskom. With all the knowledge, training and meetings, the number of infected is still increasing. The stigma out in the community is the main problem. People who test positive are afraid of what will happen to them and their families. They deny the test result and do not return for follow up treatment, but if they would come back, the disease can be managed. Stigma must be addressed.

Personal involvement

I chose to become involved to try to make a difference, and to understand why the numbers of infections are still growing and why there is no cure. I am a peer educator, but I am also a part of the Eskom community outreach programme and visit community projects from time to time.

Union involvement

Structures to deal with HIV/AIDS are desperately needed in general. The structures must be close to the workers. If many workers go for testing, more workers will follow suit. To get rid of the stigma attached, there is a need for openness and dialogue. The peer educator programmes are based on discussion and debate.

Although Eskom's HIV and AIDS policy was developed without union involvement, NUM now sits on the AIDS committee and if there are issues to deal with, the representatives take them back to the union for discussion. Since there is already a good policy at work, the strategy of NUM is to enhance it rather than present a new one. The reason behind this relationship is that the higher level of education of the workforce, the easier it is to implement a policy and the Eskom workforce is highly skilled. It is also a question of protecting the workers since the policy both protects the employees and the company. If there is distrust of management however, then the union should take over since the level of trust is of important.



Responses to HIV/AIDS

Case Studies of Three Trade Unions

THE MINING SECTOR AND THE ANGLOGOLD AND LABOUR AGREEMENT ON HIV/AIDS

- The mining sector is characterized by vulnerability to HIV and AIDS due to the working and living conditions imposed on the mineworkers.
- The perceived distant risk of contracting HIV appears faint when compared to the daily odds of being killed in the mine, thus making prevention an even more difficult task.
- In 2002, AngloGold signed an extensive agreement with its five labour organisations (NUM, MWU-S, NETU, SAEWA, UASA) which covers aspects of prevention, non-discrimination, confidentiality and disclosure, benefits, along with care and support.
- The AngloGold and labour policy agreement has materialised into a full scale HIV and AIDS programme which has an overall aim “to prevent the spread of infection, to care for those infected or affected by the disease and to provide support to both employees and communities”.
- The key aspect of the AngloGold prevention programme is voluntary counselling and testing (VCT) which is provided free of charge to both workers and their partners.
- The prevention programme also focuses on awareness, education, peer education, condom distribution, STI management and community involvement.
- In regard to treatment, a wellness programme was introduced at AngloGold in 1999 providing nutritional and lifestyle counselling, education and psychological support. It was extended in 2003 to include antiretroviral therapy (ART).
- By the end of 2003, out of the 534 that had started treatment 484 patients were still on the programme, but on the whole, according to the *2003 Report to Society*, “patients that are on treatment return to work and show clinical

improvement as evidenced by recovering CD4 counts and diminishing viral loads”.

- In 2004, an additional 315 employees were enrolled in the ART programme, followed by 630 new patients in 2005 and 617 in 2006. The cumulative number of employees maintained on ART in 2006 was 1,467 which represent about five percent of the entire workforce at AngloGold in South Africa.
- According to the AngloGold 2006 Report to Society, 66 % of the patients who were enrolled into the ART programme remained on treatment. The reasons cited for those who did not follow through the programme are for about one third non-adherence to treatment, another third left the company either through retrenchment, resignation or retirement, and for the remaining third it was a variety of reasons including death.
- The provision of ART has according to a study conducted by AngloGold had positive cost benefits for the company, including a decline in deaths in service, hospital admissions, medical absenteeism and thus a decrease in the number of shifts lost

- In terms of care and support, there has been an increasing trend of home-based care and the support of local care and support structures

Source: AngloGold Report to Society 2003-2006 (www.anglogold.com)

THE TRANSPORT SECTOR AND THE 'TRUCKING AGAINST AIDS' PROJECT

- The workers in the transport sector often live in an environment of social exclusion, separated from their familiar social structures, shared norms and values, faced with long working hours, delays at border crossings, harassment by authorities and inadequate rest and entertainment facilities and are thus more likely to engage in risky sexual behaviour.
- The 'Trucking Against AIDS' project was launched in 1999 under the banner of the National Bargaining Council for the Road Freight Industry and is an example of a wide ranging partnership between the Department of Health, transport companies, the Swedish International Development Agency (SIDA), industry suppliers, Road Freight Employers



Association (RFEA) and trade unions including SATAWU.

- It is a targeted industry initiative focusing mainly on truck drivers and commercial sex workers by emphasising the importance of partnership, accessibility and convenience of services.
- The key aim of the project is to reduce the spread of HIV/AIDS in the road freight industry and to provide assistance to people who are already infected by the disease.
- Services are free of charge and the project is based on establishing wellness centres along main trucking, particularly at transit areas or border posts where truck drivers spend hours resting or waiting.
- These roadside wellness centres consists of two unites hosted in converted shipping containers in order to be appropriate for the mobile nature of the project.
- One unit forms the clinic in which truck drivers as well as commercial sex workers are treated for sexually transmitted diseases, offered voluntary counselling and testing, offered condoms and information about HIV/AIDS, these clinics are open during hours suitable for truck drivers to increase accessibility.
- The other unit functions as a classroom where education is given to truck drivers and where peer-educators are trained in basic information on HIV/AIDS and opportunistic infections, prevention, care and support, as well as violence against women.
- Since the first centre opened in 2000, over 200,000 truck drivers and 'women at risk' have visited the centres, around 75,000 patients have been treated and approximately one million condoms have been distributed each year.
- The road ahead entails expansion of the 'Trucking Against AIDS' project to a wider audience and also to include the provision of ARV treatment.

Source: Matthew, P; Watson B. (2006) *Trucking*

against AIDS: a unique and sustainable response to HIV/AIDS by the South African road freight industry, Presentation given at the XVI International AIDS Conference in Toronto, Canada, 13–18 August 2006.

THE CLOTHING AND TEXTILE SECTOR AND THE SACTWU AIDS PROJECT

- Women constitute a large majority of the workers in the clothing and textile sector, and many are between the ages of 20 to 30 years old, which is the age range at highest risk of contracting HIV and AIDS thus making the sector particularly vulnerable to the disease.
- The majority of the workers are additionally blue collar workers in an industry which is generally considered to be one of the lowest paying in South Africa and this socio-economic aspect makes the sector further vulnerable to HIV and AIDS.
- The SACTWU AIDS Project was launched in 1998 and the first phase of the project was to develop and implement an HIV/AIDS policy, followed by a comprehensive HIV and AIDS programme.
- A policy was adopted in 2000 which acts as a framework for the SACTWU AIDS programme and focuses on education and awareness programmes, VCT, treatment, home-based care, collective bargaining, and community partnerships.
- The SACTWU AIDS programme centres around three main focal points; prevention, clinical and wellness management, along with care and support.
- The prevention programme is divided into two sections, one focusing on awareness campaigns and the other on training programmes. The awareness campaigns range from small initiatives like distributing caps and t-shirts with the SACTWU AIDS Project logo to organising large-scale events on World AIDS Day and Women's Day.
- A variety of training programmes are offered, including management training, shop steward

training and train the trainer programmes, as well as training for peer counselling and home based care. A training programme with a slightly different approach is the drama club where four retrenched factory workers have been trained to become actors and use theatre to deliver messages regarding HIV and AIDS.

- The clinical and wellness management programme emphasises the significance of positive living in regard to HIV and AIDS and it concentrates on VCT and STI management.
- The voluntary counselling and testing programme was initiated in 2002, it exists in five different locations and extends to all members and their dependents. Its aim is to “freeze the epidemic” by informing the patients testing negative about the importance of protection to avoid HIV/AIDS.
- In respect to management of sexually transmitted infections, the SACTWU AIDS Project has had a public-private partnership in KwaZulu Natal since 1999 with the local health authorities where free provision of STI treatment is given to SACTWU members.
- In 2003, a social programme was initiated to offer psychosocial support in the form of individual and group counselling to workers and their dependents as well as provide skills development opportunities to build capacity for workers to supplement their income and to explore their creativity ranging from nutritional programmes to teaching baking skills.
- A home-based care partnership was launched in 2003 as a joint pilot project with a Belgian trade union to establish a network of 50 home-based carers in KwaZulu Natal and begin a partnership with a hospice care facility where workers are allowed to “die with dignity”.

Source: SACTWU AIDS Project (www.sactwuaidproject.org.za)