

ZIMBABWE CHAMBER OF INFORMAL ECONOMY ASSOCIATIONS



"THE CHAMBER THAT DELIVERS"

STUDY CIRCLE BASIC EDUCATION MANUAL FOR INFORMAL ECONOMY WORKERS

BOOK 2

Occupational Health and Safety, HIV & AIDS

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Foreword

ZCIEA is an umbrella organisation for informal workers and their associations that formed fifteen years ago through the Zimbabwe Congress of Trade Unions' initiative. Its goal is to protect the rights and advance the interests of all small and unregulated businesses and workers in Zimbabwe as these are not covered under the existing labour laws. One of its key functions in advancing the interests of the members is developing capacity through education and training.

A research by Labour and Economic Development Research Institute of Zimbabwe on Decent Work in the Informal Economy confirmed the following.

1. It is now widely accepted that the informal economy involves income generating activities that fall outside the purview of state regulation. The International Labour Organisation defines the informal economy as "... all economic activities by workers and economic units that are – in law or in practice – not covered or insufficiently covered by formal arrangements" (ILO 2002). Most workers enter into this economy not by free choice but out of frustration of lack of job opportunities after being retrenched or graduating from high school or college.
2. Informal economy thrives in the context of high unemployment, underemployment, poverty, gender inequality and precarious work. In such circumstances, the informal economy also plays a significant role in income-generation due to the relative ease of entry and low requirements of education, skills, technology and capital. Most people enter the informal economy by necessity rather than by choice, as a means of survival.
3. This sector is characterised by:
 - ✓ easy entry, meaning anyone who wishes to join the sector can find some sort of work which will result in cash earnings;
 - ✓ lack of stable employer-employee relationships;
 - ✓ small scale of operations, and
 - ✓ Minimum skills gained outside of a formal education.

ZCIEA has therefore planned education for all its members in the informal economy to empower them with knowledge and skills that assist them to effectively address the challenges and gaps in this sector.

This basic informal economy workers education manual is designed in a simple manner for convenient learning. The method is in a study circle group which means members need to organise themselves into small groups of between 5 and 10 people. Each group should have a leader who will lead the discussion and this can be done in rotation where one can lead discussion of a topic. This is a popular approach just like in the shona tradition of "padare" where specific issue is discussed to find solution or way forward.

The organisation has trained Study Circle Leaders from the territories who will assist in coordination and organising of groups in Chapters and Zones. It is expected that this low cost and membership centred approach will open opportunities to all members of ZCIEA to acquire basic knowledge of their sector and be able to contribute to the improvement of the labour standards and conditions of work.

The manual is in eight chapters which cover information necessary for elementary knowledge that will enable participants to appreciate their important role in building the organisation, resources and contributing to national development.

These chapters include:

1. Informal Economy Organisation;
2. Occupational Health, Safety and HIV & AIDS;
3. Mobilising and building Capital Resource;
4. Good Leadership qualities and skills;
5. Economic Literacy and Decent Work Agenda;
6. Laws Affecting Informal Economy;
7. Gender Issues in the Informal Economy;
8. Climate Change and the Informal Economy Climate Change and the Informal Economy.

Participants who complete all the eight chapters will be awarded a certificate of completion and thus qualifies to be enrolled in further education and training courses such as Negotiators, Organisers, Educators, Researchers, etc.

Through this effort, our objective is to build a formidable and strong membership organisation that champions the workers agenda from grassroots to national level.

Wisborn Malaya

SECRETARY GENERAL

Acknowledgments

The ZCIEA Informal Economy Study Circle Education is a programme that was designed after consultation with the members on their needs in their organisation. Consultations done with membership indicated a number of needs and among these was the need for knowledge of the organisation, rights, work skills, legislation, policies and other information that assist the informal workers to efficiently operate.

In respect of its membership rights and to address the identified needs, the organisation established the education and training programme that targets the rank and file membership. As the ZCIEA slogans outline “the Chamber that Delivers – Nothing for Us without Us”, the chamber has the responsibility of empowering the membership with knowledge and skills to be able to actively participate in and contribute towards recognition and respect of the informal economy and the workers’ rights.

In the process of developing this basic education material whose objective is to enlighten all members of ZCIEA and workers at large, the organisation and programme received support in various ways. Therefore acknowledgement is attributed to the members who participated in the consultation activities that were done in the territories, those who participated in the research by LEDRIZ, participants to the collective negotiations workshops. All the information provided from these activities assisted ZCIEA in identifying the education and awareness needs as well as the specific areas that shaped focus of this material.

We also acknowledge the research done by LEDRIZ on Informal Economy whose report informed the writers on the status of the informal economy, working conditions and the decent work standards.

Special gratitude is given to the writers of the Study Circle Manual Lucia Chinyamakobvu – ZCIEA Harare Territory Secretary, Ropa Chikoore - Midlands State University Student Intern, Dyke Munetsi – Chitungwiza Territory Youth Forum Chairperson, Agatha Chabwinja – ZCIEA Administration Secretary and Wisborn Malaya – ZCIEA Secretary General who were skilfully guided by Miriam Assumpta Chikamba – Trade Union and Community Organisation Development Mentor to put together all the information required and produced this manual.

Our most sincere gratitude is extended to the Fredrich Ebert Stiftung (FES Zimbabwe Country Office) for their unwavering support and faith in ZCIEA’s capability by technically and financially supporting the production of this education manual that will go a long way in empowering and liberating the informal economy workers in Zimbabwe.

We also thank the ZCIEA National Assembly, all structures and other supporters whose encouragement, motivation and initiatives contributed to the success of this informal economy workers basic education programme and material.

We wish all the informal workers and those who encounter with this material the best in transitioning the informal economy towards formalisation, respect of workers' rights and implementation of better labour standards.

ZCIEA – THE CHAMBER THAT DELIVERS

Lorraine Sibanda

PRESIDENT

ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
CDC	Center for Disease and Control Prevention
CNS	Central Nervous System
EMA	Environmental Management Authority
FACT	Family AIDS Community Trust
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immune Virus
ILO	International Labour Organisation
IT	Information Technology
MASO	Midlands AIDS Service Organisation
NAC	National AIDS Council
NSSA	National Social Security Authority
OPC	Open Platform Communications
PPE	Proper Protective Equipment
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Service International
PWD	People Living With Disabilities
STI	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
ZAN	Zimbabwe AIDS Network
ZAPSO	Zimbabwe AIDS Prevention and Support Organisation
ZCIEA	Zimbabwe Chamber of Informal Economy Associations

Chapter Two: Occupational Health and Safety & HIV & AIDS

1. Objectives of this chapter are:

1. Workers will be able to know and identify workplace hazards in informal economy operations.
2. Discuss strategies to manage and control the identified hazards.

2. INTRODUCTION

Occupational health and safety includes the mental, physical and social wellbeing of workers in all occupations. Poor working conditions especially in the informal economy have the potential to affect a worker's health and safety. Unhealthy or unsafe working conditions can be found anywhere, whether the workplace is indoors or outdoors. Poor working conditions can affect the environment workers live in. This means those workers, their families, other people in the community, and the physical environment around the workplace, can be exposed to hazards.

Informal economy workers in Zimbabwe are exposed to poor work environment, with little or no information and protection against hazards. However it is important to note that the National Social Security Authority (NSSA) is charged with the responsibility of safety and health at national, but workers in the informal economy are not regulated and are excluded from the services of NSSA.

3. DEFINITION OF TERMS

Hazard: is any condition in the workplace that can cause illness or injury, death or in any way damage the mental, physical and social wellbeing of workers

Risk is the possibility that harm (death, injury or illness) might occur when exposed to a hazard.

Risk control means taking action to eliminate health and safety risks so far as is reasonably practicable, and if that is not possible, minimising the risks so far as is reasonably practicable. Eliminating a hazard will also eliminate any risks associated with that hazard.

Ergonomic: is all about efforts to fit the job to the person and not the other way round

Safety: the proper handling of the substance or conduct of a task to remove its ability to cause injury or harm

Occupational, Safety, Health and Environment: is the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations

Work environment: this term describes the surrounding conditions in which a worker operates. The work environment can be composed of physical conditions, such as office temperature, or equipment, such as personal computers. It can also be related to factors such as work processes or procedures

4. TYPES OF OCCUPATIONAL HAZARDS

Biological Hazards: These include exposure to harm, disease associated with working with animals, people, and infectious plant materials. Workplaces with these kinds of hazards include, but not limited to, work in schools, day care facilities, colleges and universities, hospitals, laboratories, emergency response services, nursing homes and various outdoor occupations.

Types of things one may expose one to hazards include:

Blood and other body fluids, Fungi/mould, Bacteria and viruses, Plants, Insect bites, Animal and bird droppings.

Physical Hazards: Can be any factors within the environment that can harm the body without necessarily touching it.

These include: Radiation; including ionizing, non-ionizing (EMF's, microwaves, radio waves, etc.), High exposure to sunlight / ultraviolet rays, Temperature extremes – hot and cold, Constant loud noise.

Ergonomic Hazards: Occur when the type of work, body positions and working conditions put a strain on your body. These are the hardest to spot since one does not always immediately notice the strain on the body or the harm being posed. Short-term exposure may result in “sore muscles” the next day or in the days following the exposure, but long term exposure can result in serious long-term illness.



Ergonomic Hazards include: Improperly adjusted workstations and chairs, Frequent lifting, Poor posture, awkward movements especially if they are repetitive, Having to use too much force, especially if one has to do it frequently, Vibration.

Chemical Hazards: Are present when a worker is exposed to any chemical in the workplace in any form (solid, liquid or gas). Some are safer than others, but to some workers who are more sensitive to chemicals, even common solutions can cause illness, skin irritation, or breathing problems.

Beware of:

- Liquids like cleaning solutions, paints, acids, solvents – ESPECIALLY if chemicals are in an unlabelled container!
- Vapours and fumes that come from welding or exposure to solvents
- Gases like acetylene, propane, carbon monoxide and helium
- Flammable materials like gasoline, solvents, and explosive chemicals
- Pesticides

Work Organization Hazards: These are hazards that cause stress (short term effects) and strain (long term effects). These hazards are associated with workplace issues such as workload, lack of control or respect, etc.

Examples include: Workload demands, Workplace violence, Intensity or pace, Lack of Respect, Work Flexibility, Lack of control or say about things, Lack of social support and relations, Sexual harassment, victimisation.

5. SOURCE AND CAUSES OF HAZARDS

Hazards may arise from

- The workplace environment e.g. insufficient lighting
- Equipment or Plant e.g. a noisy engine which has not been insulated
- Substances e.g. explosive fumes building up in a storage area; and
- Work systems e.g. storage of files at high level causing retrieval hazards

Examples of work related hazards and risks are

a) Use of work equipment

- Inadequately guarded rotating or moving parts which can crush, clip, stab, knock, catch or pull
- Free movement of parts or material (falling, rolling, sliding, tipping, flying off, swinging, collapsing) which may result in a person being hit
- Machine and vehicle movements
- Danger of fire and explosion (e.g. from friction, pressure vessels)
- Trapping

b) Work practices and layout of premises



- Hazardous surfaces (sharp edges, corners, points, rough surfaces, protruding parts) and Working at heights.
- Tasks involving awkward movement/postures
- Limited space (e.g. having to work between fixed parts)
- Tripping and slipping (working in wet or other slippery surfaces etc.)
- Stability of workstation
- Impact of wearing personal protective equipment on other aspects of work
- Work techniques and methods
- Entry and working in confined spaces

c) Use of electricity

- Electrical switchgear
- Electrical installations, e.g. ring mains, lighting circuits
- Electrically-operated equipment, controls, insulation
- Use of portable electric tools
- Fire or explosion initiated by electrical energy
- Overhead electric lines

d) Exposure to substances or preparations hazardous to health and safety

- Inhalation, ingestion and skin absorption of material hazardous to health (including aerosols and particulates)
- Use of flammable and explosive materials
- Lack of oxygen (asphyxia)
- Presence of corrosive substances
- Reactive/unstable substances
- Presence of sensitizers

e) Exposure to physical agents

- Exposure to electromagnetic radiation (heat, light, x-ray, ionizing radiation), lasers, noise, ultrasounds, mechanical vibrations, hot substances/media, cold substances/media, presence of fluids under pressure (compressed air, steam, liquids)

f) Exposure to biological agents has the risk of:

- infection arising from handling and resulting in unintentional exposure to microorganisms, exo- and endo- toxins
- infection due to inadvertent exposure to micro-organisms (e.g. legio-nella dispersed from wet cooling towers)
- Presence of allergens

g) Environmental factors and working climate

Inadequate or inappropriate illumination
Inappropriate control of temperature/humidity/ventilation
Presence of pollutants

h) Interaction of workplace and human factors dependence on

- Safety system on need to receive and process information accurately
- knowledge and capabilities of staff
- on norms of behaviour
- good communication and proper instructions to tackle changing conditions
- Impact of reasonably foreseeable departures from safe working procedures
- Suitability of personal protective equipment
- motivation to work safely
- design of the work station to suit the worker

i) Psychological factors

- Severity of work (intensity, monotony)
- Workplace dimensions, e.g. claustrophobia , working alone
- Role ambiguity and/or conflicting roles
- Contribution to decision-making affecting work and task
- High demand of production where there is low control of work
- Lack of laid out standards for reactions in the event of emergencies

j) Work organization

- Conditions of work processes (e.g. continuous work without rest, continuous shift systems, continuous working at night).

- Lack of effective management systems and arrangements for organizing, planning, monitoring and controlling the health and safety processes.
- Absence of maintenance of equipment including safety equipment
- No proper arrangements for dealing with accidents and emergencies

k) Miscellaneous factors

- Dangers caused by other people e.g. violence to counter staff, staff-security guards, police and sports
- Working with animals – Animals do not think and may react unexpectedly to certain actions.
- Working in pressurized or under-pressurized atmospheres
- Severe weather conditions (extreme cold. Heat or droughts)
- Software exposure such as computers
- Working near or under water
- Variable workplaces that are not secured

6. EFFECTS OF HAZARDS ON WORKERS

- Hearing loss, Stress, Annoyance as a result of extreme noise
- Back disorders, Wide range of health conditions
- Heat stroke, Heat Syncope (fainting) in extreme hot situation
- Frostbite, Trench foot
- "Bends" or decompression sickness, joint pain, breathing or ear disorders.
- Disorders of the lungs, Mountain sickness (headaches, nausea, vomiting)
- Radiation sickness within hours or days after exposure to very high radiation levels or cancer after several years of low-level exposure.
- Skin Cancer, Eye damage, Retinal damage from poor lighting
- Heating of the body, Central Nervous System (CNS) effects
- Body injury, broken bones, permanent disability from falling

7. IMPACT OF WORK RELATED HAZARDS

- strain on public spending for increased costs on healthcare.
- Building or property loss due to factory fire or collapse of building
- Bodily injury, broken bones, permanent disability
- Death

8. MANAGEMENT AND CONTROL OF HAZARDS

This process is known as risk management and involves the following steps:

- **STEP 1: Identify hazards** – find out what could cause harm?
Identifying hazards in the workplace involves finding things and situations that could potentially cause harm to people.

STEP 2: Assess the risks and understand the nature of harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening?

A risk assessment helps one to determine:

- How severe a risk is?
- Whether any existing control measure is effective?
- What action one should take to control the risk?
- How urgently the action needs to be taken.

STEP 3:Control risks

Hazards can be controlled according to the following strategies below:

- **Controlled at the Source (engineering):** this is one of the best ways of controlling hazards, which is the total elimination or removal of the hazard from workplace
- **Controlled along the Path (administrative):** this means to minimize worker exposure to dangers, because the hazard may not be removed.
- **Controlled at the Worker (Protective Personal Equipment):** this is the last strategy through the provision of personal protective equipment (P.P.E)

9. Conclusion

Occupational safety, health and environment in the workplace is the key to creation of a safe and healthy work environment. Successful Occupational Safety and Health practices require collaboration and participation of all stakeholders Government, local authorities, employers and informal economy workers.

10. Exercise

1. Assess your work and identify the type of that are related to it.
2. What can you do to control and manage the hazards you identified?

11. ABOUT HIV & AIDS

11.1 INTRODUCTION

The HIV and AIDS pandemic, is one of the worst challenges to health, economic development and social progress facing the world today. It is life threatening, has social and economic consequences that need urgent attention. This confirms that HIV and AIDS is a serious issue for both workplace and organisational that requires combined efforts by all stakeholders government, Workers, Employers and Civic Organisation.

11.2. DEFINITION OF TERMS

HIV – Human Immunodeficiency Virus is a virus that attacks the immune system, which is our body's natural defence against illness. The virus destroys a type of

white blood cell in the immune system called a T-helper cell, and makes copies of it inside these cells. T-helper cells are also referred to as CD4 cells.

AIDS- Acquired Immuno-Deficiency Syndrome - AIDS is not a virus but a set of symptoms (or syndrome) caused by the HIV virus. A person is said to have AIDS when the immune system is too weak to fight off infection, and then develops certain defining symptoms and illnesses. It is the last stage of HIV, when left untreated will lead to death.

STIGMA: refers to associating and treating people living with HIV as out casts.

11.3. Basic facts about HIV

- HIV is transmitted from human to human
- There is effective antiretroviral treatment available so people with HIV can live a normal, healthy life.
- The earlier HIV is diagnosed, the sooner treatment can start – leading to better health and long term life.
- HIV is found in semen, blood, vaginal and anal fluids, and breast milk.
- HIV cannot be transmitted through sweat, saliva or urine.
- Using male condoms or female condoms during sex is the best way to prevent HIV and other sexually transmitted infections.
- If you inject drugs, always use a clean needle and syringe, and never share equipment.
- If you are pregnant and living with HIV, the virus in your blood could pass into your baby's body, or after giving birth through breastfeeding. Taking HIV treatment virtually eliminates this risk.
 - HIV is passed on from person to person if infected body fluids (such as blood, semen, vaginal or anal secretions and breast milk) get into your bloodstream.
The five main ways this can happen are:
 - unprotected sex
 - from mother to child during pregnancy, at childbirth or from breastfeeding
 - injecting drugs with a needle that has infected blood in it
 - infected blood donations or organ transplants
 - a healthcare worker who gets the blood of an infected patient inside their body

11.4. Basic facts about AIDS

- AIDS stands for acquired immune deficiency syndrome.
- AIDS is also referred to as advanced HIV infection or late-stage HIV.
- AIDS is a set of symptoms and illnesses that develop as a result of advanced HIV infection which has destroyed the immune system.
- Treatment for HIV means that more people are staying well, with fewer people developing AIDS.

There is currently no cure for HIV. However with the right treatment and support, people with HIV can live long and healthy lives. To do this, it is especially important to take treatment correctly and deal with any possible side-effects.

11.5. TRANSMISSION

HIV is spread mainly by:

- Having anal or vaginal sex with someone who has HIV without using a condom or taking medicines to prevent or treat HIV.
- For the HIV-negative partner, receptive anal sex (bottoming) is the highest-risk sexual behaviour, but you can also get HIV from assertive anal sex (topping).
- Either partner can get HIV through vaginal sex, though it is less risky for getting HIV than receptive anal sex.
- Sharing needles or syringes, rinse water, or other equipment (works) used to prepare drugs for injection with someone who has HIV. HIV can live in a used needle up to 42 days depending on temperature and other factors.

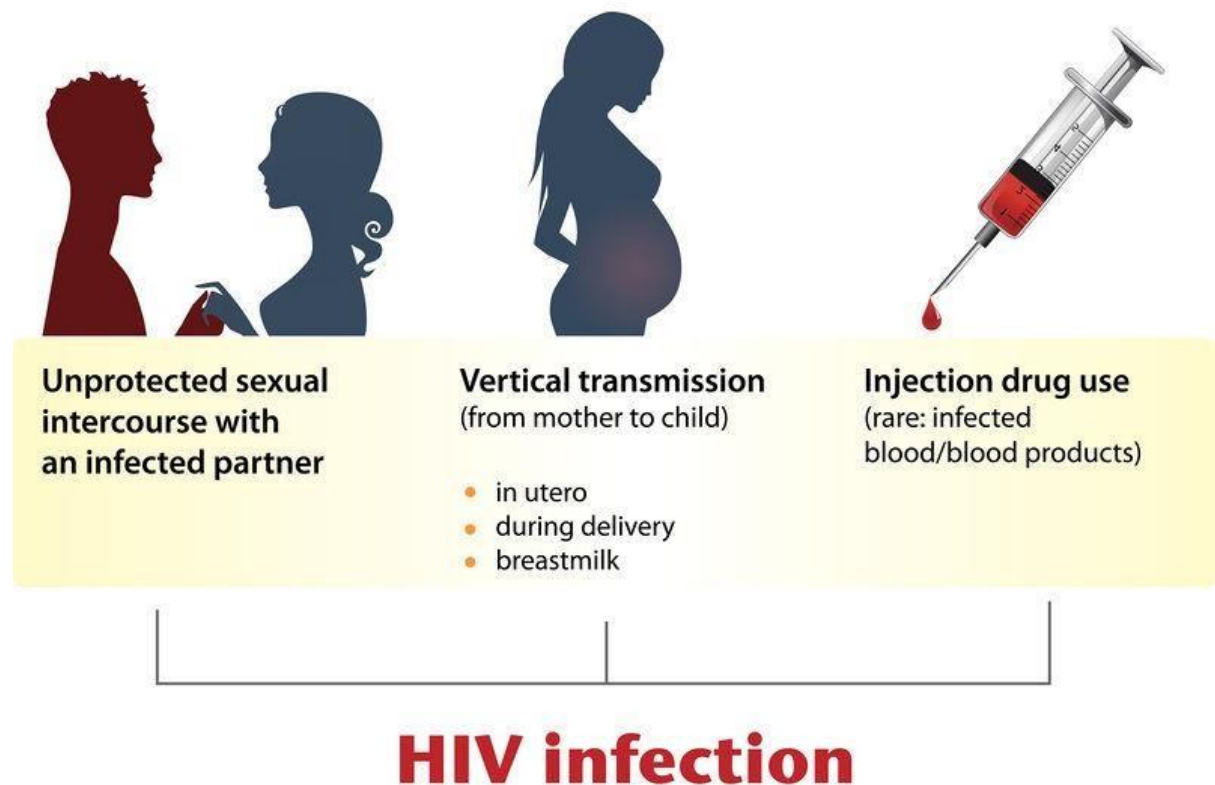
HIV may be spread by:

- From mother to child during pregnancy, birth, or breastfeeding. Although the risk can be high if a mother is living with HIV and not taking medicine, recommendations to test all pregnant women for HIV and start HIV treatment immediately have lowered the number of babies who are born with HIV.
- By being stuck with an HIV-contaminated needle or other sharp object. This is a risk mainly for health care workers.

In extremely rare cases, HIV has been transmitted by:

- Oral sex—putting the mouth on the penis (fellatio), vagina (cunnilingus), or anus (rimming). In general, there's little to no risk of getting HIV from oral sex. But transmission of HIV, though extremely rare, is theoretically possible if an HIV-positive man ejaculates in his partner's mouth during oral sex. To learn more about how to lower your risk, see Oral Sex and HIV Risk.
- Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. This was more common in the early years of HIV, but now the risk is extremely small because of rigorous testing of the US blood supply and donated organs and tissues.

- Eating food that has been pre-chewed by an HIV-infected person. The contamination occurs when infected blood from a caregiver's mouth mixes with food while chewing. The only known cases are among infants.
- Being bitten by a person with HIV. Each of the very small number of documented cases has involved severe trauma with extensive tissue damage and the presence of blood. There is no risk of transmission if the skin is not broken.
- Contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids.
- Deep, open-mouth kissing if both partners have sores or bleeding gums and blood from the HIV-positive partner gets into the bloodstream of the HIV-negative partner. HIV is not spread through saliva.



Unregulated conditions in the informal economy can make it easier for HIV to spread as people become more vulnerable to infection through high risk behaviour and work environments such as cross border trade and casual employment.

The impact of HIV/AIDS on individuals, households and enterprises in the informal economy can be very severe although no statistical evidence has been given. There are three main reasons why the impact of the epidemic is particularly severe in the informal economy:

1. Informal workers have little or no access to health services and social protection;
2. Workers rarely enjoy financial security but survive at the margins no savings and little access to credit (except very expensive private money-lenders);

3. The nature of their work can mean that a few days' absence will result in the loss of a job or the right to trade. Therefore informal workers have fewer private means to cope with the effects of HIV and AIDS and no access to public social security and protection services

11.6. MYTHS AND MISCONCEPTIONS

- You can get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass as someone who is HIV-infected, or being close to an infected person who is sneezing or coughing)
- When you are on antiretroviral therapy, you cannot transmit the virus to others
- Sports pose a risk for HIV infection
- HIV can be transmitted through mosquito bites.
- You don't need to use protection if you have had a sexually transmitted infection (STI) because you can only have one sexually transmitted infection at a time/you are immune.
- If you test HIV-positive, your life is over
- HIV only affects homosexuals and drug users.
- You can tell someone has HIV just by looking at them

11.7. SURVEILLANCE AND STATISTICS

Surveillance is the on-going, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event. HIV surveillance collects, analyses, and disseminates information about new and existing cases of HIV infection (including AIDS)

CDC'S National HIV Surveillance System is the primary source for monitoring HIV trends where the existence of HIV can be traced.

11.8. EFFECTS AND IMPACT OF HIV & AIDS ON WORKERS AND THE ECONOMY

At national level, AIDS seriously weakens the taxable population as it affects mainly the working age group thus reducing the resources available for public expenditures such as education and health services not related to AIDS resulting in increasing pressure for the state's finances and slower growth of the economy. This results in a slower growth of the tax base, an effect that will be reinforced if there are growing expenditures on treating the sick, training (to replace sick workers), sick pay and caring for AIDS orphans. This is especially true if the sharp increase in adult mortality shifts the responsibility and blame from the family to the government in caring for these orphans

On the level of the household, AIDS results in the loss of income and increased spending on healthcare by the household

Economic theory predicts that HIV and AIDS reduces labour supply and productivity, reduces exports, and increases imports

The pandemic has already reduced average national economic growth rates by 2-4% a year across Africa

Economic effects

- Reduced labour supply
- Reduced labour productivity
- Reduced exports and increased imports

11.9. FACTS ABOUT SEXUALLY TRANSMITTED DISEASES (STDs) or INFECTIONS (STIs)

11.9.1. Definition: Sexually transmitted disease is a disease transmitted from sexual activities.

11.9.2. TYPES OF STI's

The most common types of STIs include:

1. Chlamydia

The symptoms of chlamydia often are abnormal vaginal discharge and vaginal bleeding, discharge from the tip of the penis and pain when peeing or during sex.

- When left untreated, chlamydia can lead to infertility in women and men.
- When you're infected with chlamydia, other STDs may also be present.
- About 50% of men and 70% of women don't have any symptoms for years.

2. Gonorrhoea

This often occurs alongside chlamydia. About 1 in 3 women infected with gonorrhoea also has chlamydia. The bacteria that cause gonorrhoea need to be inside the human body to survive. For this reason, you can only catch it through sexual activity and not through contact with objects or other activities such as swimming etc.

Symptoms of gonorrhoea are discharge as the one caused by chlamydia (from the vagina or penis).

As with chlamydia, many infected patients won't develop any symptoms even though the infection can cause damage to women's reproductive system in the long run.

- Men, however, sometimes suffer from infections of the urinary tract and associated symptoms when infected with chlamydia: painful urination and discharge from the penis. If untreated, the bacteria can spread to the rest of the body, often infecting the skin or muscle joints.
- Gonorrhea treatment normally involves a course of the antibiotic.

3. Genital Herpes: This is a viral infection caused by the herpes simplex virus and show symptoms of rash or sores.

Transmission

- The virus is passed during close contact with the infected area during kissing, fondling or other sexual activity
- Transmission may occur prior to visual presence of rash or sores

4. Syphilis: Syphilis is caused by a bacterium (*Treponema pallidum*)

It is characterised by three stages:

1. Syphilis Primary Stage

Primary symptoms

- A dry painless ulcer called a chancre – this can appear within 10m to 90 days after exposure
- In women it can go un –noticed as it might develop just inside the vagina

2. Syphilis Secondary Stage

The most common symptoms include:

- Appearance of skin rash, with red brown spots from 21 to 40 days after the ulcer disappears
- The rash can cover the whole body, but almost always on the palms and soles
- The rash takes a few weeks and then disappears
- Fever and swollen lymph glands, ulcer in the mouth

3. Syphilis tertiary stage

A minority (up to 30%) of individuals with untreated syphilis may develop tertiary syphilis many years after initial infection affecting the Brain, Eyes, Joints , Spinal cord

5. Chancroid: It is one of the most common STI's. It produces painful red sores, if this is on the cervix there may not be symptoms. It is treatable with antibiotics

- First signs of infection appear from 3 days up to 2 weeks after contact
- Usually a tender raised bump develop where the bacteria entered the body, either inside or outside the vagina, rectum, hands, thighs, mouth and on the penis

11.9.3. CONTRIBUTING FACTORS AND EFFECTS OF STIs

Risk factors

Anyone who is sexually active risks exposure to sexually transmitted infection to some degree.

Factors that may increase the risk include:

- **Having unprotected sex.** Vaginal or anal penetration by an infected partner who isn't wearing a latex condom significantly increases the risk of getting an STI. Improper or inconsistent use of condoms can also increase your risk.
 - **Oral sex** may be less risky, but infections can still be transmitted without a latex condom or dental dam. Dental dams — thin, square pieces of rubber made with latex or silicone — prevent skin-to-skin contact.
- **Having sexual contact with multiple partners.** The more people you have sexual contact with, the greater your risk.
- **Having a history of STIs.** Having one STI makes it much easier for another STI to take hold.
- **Anyone forced to have sexual intercourse or sexual activity.** Dealing with rape or assault can be difficult, but it's important to be examined as soon as possible. Screening, treatment and emotional support can be offered.
- **Abusing alcohol or using recreational drugs.** Substance abuse can make you more willing to participate in risky behaviours.
- **Injecting drugs.** Needle sharing spreads many serious infections, including HIV, hepatitis B and hepatitis C.
- **Being young.** Experimenting. Half of STIs occur in people between the ages of 15 and 24 years.
- **Men who request prescriptions for drugs to treat erectile dysfunction.** Men who ask their doctors for prescriptions for certain drugs — such as sildenafil (Viagra), tadalafil (Cialis) and vardenafil (Levitra) — have higher rates of STIs.

Untreated STIs can have long term effects such as:

- Blindness- (this is when there is delayed treatment)
- Heart disease (this is when there is failure to seek for early treatment)
- Mental illness (this is caused by re-infection of the same STIs)
- Other neurological problems (because syphilis if not detected early it is bound to affect the central nervous system)
- Death (if there is total ignorance about the disease, refusal to adhere to treatment)

11.9.4. PREVENTION AND TREATMENT

Prevention: HIV infection is prevented through the following measures:

- Change workers' attitude and behaviour
- By providing basic information and education
- Effective use of both male and female condoms
- need to get tested and know your partner's HIV status
- Being faithful to one's partner and avoiding injection of drugs
- It is also important or advisable to limit the number of sexual partners

11.9.5 What to Do to Stop Transmission.

- Know your status – HIV testing
- Abstinence

- o Faithfulness in a sexual relationship
- o Couple communication
- o Consistency and proper use of condoms in a sexual relationship
- o Male circumcision
- o Prevention of Mother to Child Transmission

12. LAWS ON HIV AND AIDS

1. Statutory instrument 105 of 2014 regulates HIV And AIDS related issues in the world of work
2. Statutory Instrument 64 of 2008 is a monitoring tool used by labour inspectors to check compliance on HIV and AIDS issues at the workplace
3. Public Health Act Chapter 15:09 regulates the public health system of the country with the aim of promoting public health, prevention of diseases from outside, limiting and controlling infectious diseases, limiting and controlling infectious and contagious diseases in Zimbabwe.
4. Sectorial policies and CBAs on HIV and AIDS

13. RIGHTS OF PEOPLE LIVING WITH HIV & AIDS

Liberty, autonomy, security of the person and freedom of movement:

People living with HIV and AIDS have the same rights to liberty and autonomy, security of the person and to freedoms as the rest of the population.

1. No restrictions should be placed on the free movement of HIV infected people, and they are protected from discrimination, segregation, isolation quarantine in prisons, schools, hospitals or elsewhere merely because of their HIV positive status.
2. People with HIV infection and AIDS are entitled to maintain the right to make own decisions about any matter that affects their life. However, counselling about the consequences of their decisions should be provided.

2) HIV Testing

Informed consent means that the person has been made aware of, and understands, the *implications* of the actions being taken.

- No person may be tested for HIV infection without his or her free and informed consent. In all other cases – such as HIV testing for research purposes or when a person’s blood will be screened because he or she is a blood donor – the informed consent of the individual is legally required.
- Where an existing blood sample is available, and an emergency situation necessitates testing the source patient’s blood (e.g. when a health care worker has been put at risk because of an accident such as a needle stick injury), HIV testing may be undertaken without informed consent - but only after

informing the source patient that the test will be performed and after assuring him or her that privacy and absolute confidentiality will be maintained.

- If an existing blood sample is not available for testing in an emergency situation, the patient must give his or her informed consent for blood to be drawn and the HIV test to be done.
- Routine testing of a person for HIV infection for the perceived purpose of protecting a health care professional from infection is impermissible - regardless of consent.
- Proxy consent for an HIV test may be given where an individual is unable to give consent. However this proxy consent is only by a person legally entitled to grant consent on the behalf of another individual. For example, a parent or guardian of a child below the age of consent to medical treatment may give proxy consent to HIV testing of the child.

(b) Informed consent, pre- and post-HIV test counselling

- Informed consent, which includes pre-HIV test counselling, is compulsory before HIV testing may be carried out.
- The person should be free to make his or her own decision about whether to be tested or not, and may in no way be coerced or forced into being tested.
- Pre-test counselling should occur before an HIV test is undertaken. It should take the form of a confidential dialogue between the client and a suitable, qualified person where relevant information is given and consent obtained.
- Post-test HIV counselling should take place as part of the process of informing an individual of an HIV test result.
- Anonymous and confidential HIV antibody testing with pre- and post-HIV test counselling should be available to all. Persons who test HIV positive should have access to continuing support and health services.

14. POLICIES, PROGRAMMES AND ACTIVITIES

- **National AIDS Policy**
The Government of Zimbabwe accepted and declared HIV and AIDS a national Disaster but not a priority. I established a national AIDS fund which is administered by the National AIDS Council (NAC) where social partners sit in representation. It also developed a national AIDS policy that guides the implementation of programmes and activities towards responding to the pandemic.
- **ZCIEA HIV AIDS Policy**
The organisation developed and has a draft HIV and AIDS Policy where it recognises the pandemic to be a workplace issue and committed itself to educate, provide information and assist the membership in accessing support care and treatment.

National Programmes

The Ministry of Health and Child Welfare in conjunction with the National AIDS Council run various programmes on prevention and treatment of HIV

and AIDS support and care for the infected and affected. The Ministry also collaborates with other NGOs in community programmes. These include:

1. Prevention of Mother-to-Child Transmission Programmes
2. National Behaviour Change Programme
3. Antiretroviral Therapy Programme
4. Home-Based Care Programme

15. Role of Workers

15.1. ROLE OF WORKERS AT WORKPLACE AND IN THE COMMUNITY

- Behaviour change and attitude of workers at the workplace. Workers need to apply the knowledge and educate each other on HIV and AIDS, its effects and Impact.
- Encourage positive behaviour and avoid peer influence of the negative behaviour.
- Educate and disseminate information
- Participate in activities on prevention, care and treatment
- Negotiate for support systems

15.2. ROLE OF WORKERS AT NATIONAL LEVEL

- Encouraging other workers to be involved in programmes such as male circumcision campaign, HIV counselling and testing, etc.
- Pregnant women to register early in hospital for PMTCT (Prevention of Mother to Child Transmission)
 - Education and awareness on the facts about HIV and AIDS
 - Advocacy for protective laws
 - Advocate for adherence and enforcement of laws
 - Advocate and promote social dialogue on conditions of people living with HIV and AIDS.
 - Negotiate for free treatment and social protection

16. CONCLUSION

HIV and AIDS remains a priority at the workplace and all over the country. It also remains a barrier to health, economic and human developments. The significant progress made in HIV prevention, treatment, care and support has not yet halted the spread of HIV and the epidemic is far from over.

17. Exercise

1. What do you think are the effects of HIV and AIDS on your business and the informal economy workers?
2. Suggest three actions that ZCIEA can prioritise for its members.

18. HIV AND AIDS SERVICES INSTITUTIONS IN ZIMBABWE

Testing Institutions

- New Start Counselling and Testing Centre
- Clinics and hospitals

Counselling Institutions

- New Start Counselling and Testing Centre
- Populations Service International (PSI)
- Zimbabwe AIDS Prevention and Support Organisation (ZAPSO)
- Island Hospice
- Male Circumcision clinics

Care and Treatment

- Clinics and hospitals

Support Organisations

- National AIDS Council (NAC) Provincial and District Centres
- Populations Service International (PSI) Provinces
- Zimbabwe AIDS Prevention and Support Organisation (ZAPSO)
- Island Hospice - Harare
- Batanai HIV & AIDS Organization - Chinhoyi
- Family AIDS Caring Trust (FACT)
- Midlands AIDS Service Organisation (MASO) - Gweru
- The HIV/AIDS Management and Support Organisation (THAMASO-ZIMBABWE)
- Zimbabwe AIDS Network (ZAN) - Harare

References

Zimbabwe Congress of Trade union (ZCTU) Study Circle Education Manual 2014 Book Four, Occupational Safety, Health & Environment and HIV & AIDS

