



LESOTHO: Big brands bring treatment to factory floor



Photo: ALAFA

An estimated 43 percent of Lesotho's garment workers are HIV positive

MASERU, 5 February 2009 (PlusNews) - At precisely 11:30 a.m. the parking lot of Precious Garments, one of the many clothing factories in Maseru, Lesotho's capital, fills with thousands of workers hurrying through drizzling rain to take their lunch break.

The vast majority are young women who move in noisy groups, chatting and laughing. Their work day began at 7 a.m. but many rose before dawn to commute to the factory from distant suburbs.

As more and more Basotho men are being retrenched from mines in South Africa, women are migrating from rural areas to work in the factories in Maseru, often becoming the sole breadwinner of the family. Lesotho's apparel industry now employs around 46,000 workers - 85 percent of them women - making it the largest private-sector employer in a country with a population of 1.8 million and chronically high unemployment.

The factories, which are mostly Chinese owned, supply major American brands and retailers, including Wal-Mart, Gap Inc. and Levi Strauss. Several of these brands are

now helping to fund the Apparel Lesotho Alliance to Fight AIDS (ALAFA).

This initiative was started two years ago by a regional development agency, ComMark Trust, with funding from the UK's Department for International Development (DFID) to provide HIV prevention, care and treatment services to garment factory workers.

An estimated 23 percent of adults in Lesotho are living with HIV, but prevalence is even higher among women in their twenties and thirties. A study by ALAFA in 2007 found that 43 percent of the 2,514 garment workers who agreed to anonymous testing were HIV-positive, and the majority were unaware of their status.

While HIV testing and life-prolonging antiretroviral (ARV) treatment are available at government health facilities, the queues are long and the garment workers often have difficulty negotiating time off.

ALAFA recruits volunteers from the factories to train as peer educators who spend their lunch breaks distributing condoms, educating the other workers about HIV and AIDS, and encouraging them to be tested.

Mannete Mothebee, a personnel officer at Precious Garments, became a peer educator two years ago because she wanted to pass on information to her HIV-positive cousin. The cousin refused treatment and eventually died, but Mothebee continues to spread the word about HIV and AIDS, even holding discussions outside the factory at netball games and in surrounding villages.

"Some confide their status to me and say they want to kill themselves, but I say, 'I'm HIV positive and I'm healthy'," she told IRIN/PlusNews.

Mothebee used to go for testing regularly to set an example to her co-workers, but was unprepared for the day when she herself tested positive. "It was a big shock. It took some months to tell my husband, but then he tested positive also."

On-site treatment

Workers with positive test results are referred to one of the doctors ALAFA contracts in the private sector. The doctors make weekly visits to the clinics set up at the factories, but patients also have the option of making off-site appointments.

"When it started we weren't seeing so many patients because they associated lining up on the bench here with HIV," said Dr Christopher Linda, an ALAFA doctor, during a weekly visit to the clinic at Precious Garments. "But now more are coming."

By the end of November 2008, 3,000 HIV-positive garment workers had registered as patients and 800 were receiving treatment. Dr Fred Asiimwe, ALAFA's medical director, estimated that 70 percent of the total population of factory workers have access to the programme's care and treatment services, while about 90 percent are covered by the prevention services.

The ARVs are supplied by the government and the patients make a 10 maloti (US\$0.10) contribution to their treatment, although even this nominal amount may be phased out in the future, Asiimwe said.

To participate in the programme, factory owners are required to have an HIV workplace policy and to set up on-site clinics, including staff to provide primary care services.

Manthabiseng*, 26, and her husband both discovered they were HIV-positive two months ago after testing on the same day at the factory clinic. "We welcomed the results because we're no longer afraid of the disease," she told IRIN/PlusNews.

They have yet to tell their families, however, and Manthabiseng said that when the time comes for her to begin treatment, she will go to her own doctor rather than an ALAFA doctor because she fears "gossip".

Mary*, 23, already knew her HIV status and was obtaining ARVs via the ALAFA programme when she came to work at Precious Garments eight months ago, after being retrenched from another factory. She received prevention of mother-to-child transmission (PMTCT) services when she was pregnant and can bring her baby - now three months old and HIV negative - for check-ups with an ALAFA doctor until he is a year old.

Over the next year, ALAFA will expand its treatment programme to include spouses and children. Treating patients at ALAFA clinics eases congestion at Lesotho's over-stretched public health facilities. "Private [health] providers are also an under-utilised resource in a country with so few doctors," Asiimwe pointed out.

Heavy work

Although grateful for ALAFA's services, both Manthabiseng and Mary complained about their working conditions and the burden of supporting their families.

"The job we're engaged in is too heavy," said Manthabiseng, whose husband resigned from his job at the factory after complaining of shoulder pain. "We're given masks, but the pieces of thread are everywhere and we still feel we're breathing them; there are many TB cases. I'd take any kind of job as long as it's not in the factory."

Mary's husband is also unemployed except for occasional piece-jobs, and her monthly salary of 741 maloti (\$75) is barely enough to support her family. "There are days when I feel sick but I have to come to work anyway," she told IRIN/PlusNews. Only after she has worked at the factory for more than a year will she be eligible for paid sick leave.

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"Sometimes I have to walk here because I can't afford transport and I don't always have money for lunch," she said.

Asiimwe said he often fielded calls from workers on the programme asking for financial assistance, "but our programme was designed to provide care and treatment, we're not designed to provide economic support."

ALAFA's Dr Linda said a patient on ARV treatment should be capable of doing the same work as anyone else, unless they were experiencing serious side effects from the medication, but "the stress factor of being the sole breadwinner is something that drugs can't help with."

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