THE IMPACT OF HIV/AIDS PROGRAMMES AT THE WORKPLACE:
A CASE STUDY AT UNITED REFINERIES (PVT) LTD
BULAWAYO, ZIMBABWE

MA (Public Health)

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FEBRUARY 2015
DEDICATION

This project is dedicated to my mother Sitshengisiwe Ncube and my husband, Gilbert Mhangwa, for their support.
DECLARATION

I declare that THE IMPACT OF HIV/AIDS PROGRAMMES AT THE WORKPLACE: A CASE STUDY AT UNITED REFINERIES (PVT) LTD BULAWAYO, ZIMBABWE is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any degree at any other institution.

Mandlabaphansi Ncube FEBRUARY 2015
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Mrs. Ncube at Population Services International and lastly the government institutions.
A special thank you to UNISA for providing excellent guidance in this study.
ABSTRACT

The purpose of the study was to assess the impact of HIV/AIDS programmes at the workplace. The case study used both quantitative and qualitative methods (Triangulation) to determine the level of awareness and evaluate the impact of the programmes implemented at the workplace. The data was collected using a pilot tested structured questionnaire which was distributed to a purposive sample (n=60), involving all the departments at the company. Semi structured interviews involving purposively identified participants (n = 3) were conducted to clarify and explain issues in relation to questionnaire responses. The data from the structured questionnaire was analyzed using a statistical package for social sciences (SPSS). The findings revealed that the organization had achieved 90% awareness and 75% positive impact. The study also revealed that social background, individual values and religion influenced sexual behaviour, hence the recommendation for more preventive oriented programmes to influence positive behavioural change amongst employees.
KEY CONCEPTS
Workplace programme, policy, affected person, behavioural change, HIV/AIDS, impact, attitudes.
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### ACRONYMS USED IN THIS STUDY

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno deficiency Syndrome</td>
</tr>
<tr>
<td>BSR</td>
<td>Business for social responsibility</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune deficiency Virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
</tr>
<tr>
<td>IFC</td>
<td>International Finance Corporation</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>MAC</td>
<td>Matebeleland AIDS Council</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NAC</td>
<td>National AIDS Council</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>PLWHA</td>
<td>People Living With HIV and AIDS</td>
</tr>
<tr>
<td>SafAIDS</td>
<td>Southern Africa HIV/AIDS information dissemination service</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted disease</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children Education Fund</td>
</tr>
<tr>
<td>UNISA</td>
<td>University of South Africa</td>
</tr>
<tr>
<td>US</td>
<td>United States</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>ZHRD</td>
<td>Zimbabwe Human Resources Development</td>
</tr>
</tbody>
</table>
CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The study contains eleven sections and begins with the details of the research problem, aim of the study, significance of the study, definition of key concepts, foundations of the study, the research design, research methods, design validity, ethical considerations, scope and limitations of the study and ends up with a conclusion summarizing the content of the paper.

The study sought to assess the impact of HIV/AIDS programmes at United Refineries Limited, Bulawayo in Zimbabwe. The paper discussed policy and programme options at United Refineries Limited to prevent HIV, to help cope with current infection and to plan for and mitigate the impact of HIV/AIDS. According to SafAIDS (2007), supportive national policies based on human rights are needed to ensure appropriate response to HIV/AIDS at sectoral and workplace level and to promote HIV prevention. Workplace policies and programmes are needed to help reduce HIV infection rates, and to support employees with HIV so that they can be healthy and productive as long as possible and ultimately to safeguard the viability of the company and industry as a whole. In addition to developing supportive HIV prevention programmes, employers can undertake various measures to help them cope with monitoring HIV related ill health and death.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

1.2.1 The source of the research problem

The HIV/AIDS pandemic in the world of work including United Refineries Limited, Zimbabwe was the source of the problem. In 2003 United Refineries Limited formulated a HIV/AIDS policy. In pursuant to the latter, programmes
were put in place consistent with the policy objectives. The challenges that confront the organization among other concerns include the non-existence of an effective method of evaluating the impact of the programmes in place. Furthermore, there was generally lack of openness amongst the employees on HIV/AIDS issues.

There were ten cases that were brought too late, to the attention of the human resources department needing assistance in form of medication, care and support. It was noted with concern that if such cases had been brought to the attention of the employer on time, immediate intervention could have prolonged life. There was no specific study on HIV/AIDS that had been conducted at the company hence the need to explore scientifically the circumstances prevailing in order to assist the decision makers with relevant rational and valid information to safeguard the lives of employees as far as is practicable.

1.2.2 Background to the research problem

The socio-economic impact of HIV/AIDS is immense given that the most economically productive and sexually active age groups between 15 and 49 are the most affected. In December 2008, the number of people infected with HIV in the world had reached about 33.4 million of which 2 million had died. About 95% are found in the developing world and a staggering 70% in Sub-Saharan Africa alone, where resources to confront the epidemic are most scarce (National Aids Council (NAC) 2010:1-10).

According to SAfAIDS (2008), the statistics generated by the evaluation, illustrate the extent to which companies covered by the review of the integration or mainstreaming of HIV/AIDS in corporate policies and programs in Botswana have mainstreamed or integrated HIV/AIDS interventions in cooperate policies and programs, 28.9% of the companies had an HIV/AIDS workplace program, 39.6% of the companies had HIV/AIDS workplace policies, 30.6% of the companies had staff wellness programme, 41.7% of the
companies had appointed HIV/AIDS coordinator or focal persons, 36.1% of the companies established policy guidelines for managing stigma and discrimination towards people living with HIV at the workplace and 50% of the companies had policies to support people living with HIV to continue to work.

The International labour organization (ILO) (2004:11-20) estimates that in the absence of increased access to treatment, the number of workers lost to the labour market due to HIV/AIDS will increase to 48 million by 2010 and 74 million by 2015, making HIV/AIDS one of the biggest causes of mortality in the world of work. The analysis of 50 countries in sub-Saharan Africa, Asia, Latin America and the Caribbean, and two developed regions concludes that, HIV/AIDS is expected to have a severe impact on the rate of growth in gross domestic product (GDP) per capita by destroying the "human capital" built up over years, and weakening the capacity of workers and employers to produce goods and services for economies.

The World Bank suggests that the macro-economic impact of HIV/AIDS may reduce growth on national income by up to a third in countries where the prevalence among adults is 10%. The ILO indicates that some companies have estimated costs between $3 500 and $6 000 per year for each worker with HIV/AIDS. The corporate council on Africa estimates that in parts of Southern Africa, AIDS related illness and death had reduced the workforce by as much as 20%. The productivity was negatively affected by factors such as increased absenteeism, the loss of skilled employees and the need to invest in training on replacement of skilled manpower (ILO 2004:11-20).

ILO (2004:11-20) shows that, Zambia’s largest cement company reported that absenteeism for funeral attendance increased by 15 times in the 1992-1995 period. In the mid 1990s Uganda Railways were reporting steep increases in absenteeism and an annual staff turnover rate of 15%, with more than 10% of the workforce dead from AIDS related illness. In Kenya 43 of the 50 employees of the Kenya Revenue Service who died in 1998 died from AIDS. The Kenyan Federation of Employers reported that HIV/AIDS was costing
companies an average of nearly US$ 50 per employee each year. The mining companies in South Africa believed that 40% of their workforce had HIV/AIDS. The total number of people living with HIV in year 2004 was approximately 1.7 million in Zimbabwe.

According to the Zimbabwe Farmers Union, AIDS related sicknesses had over a five year period, reduced the production of maize by 61%, cotton by 47%, vegetables by 49% and groundnuts by 37%. One major transport company with 11,500 workers in Zimbabwe found that 3,400 of its employees were HIV positive in 1996. In Zimbabwe in the 1990s, the mine workers union AMWZ lost due to HIV/AIDS related deaths to a tune of more than $1 million or 20% of company profits. In Chennai (formerly Madras), India, a study of large industries found that absenteeism was expected to double in the next two years, mainly as a result of sexually transmitted diseases and AIDS-related illnesses. A Thai government study calculated that the direct and indirect costs of HIV/AIDS to the nation was US$ 1.2 billion in year 2000. A number of firms in the United states reported annual costs of between US$ 3,500 and US$ 6,000 for each worker with HIV/AIDS. The UNAIDS estimated that the annual cost to a company for prevention per employee was US $5 whereas, the costs of AIDS could be far higher (ILO 2004:11-20).

According to NAC (2010:1-10), at the end of year 2009 about 13.7% of the age group 15-49 years were living with HIV/AIDS in Zimbabwe and this is evident enough of the threat the epidemic has on the productive age group. HIV/AIDS cuts into the size and quality of the work force and has become increasingly disconcerting to business and economic policy makers. The HIV/AIDS pandemic makes the cost of doing business more expensive while at the same time lowers worker’s productivity and decreases overall demand for goods and services. It decimates management and the skilled labour force. HIV/AIDS has resulted in increased absenteeism, a rise in households headed by children and an increase in child labour as adults become too sick to work or die (Bendell 2003).
In the face of HIV/AIDS, the Zimbabwean economy is expected to lose the benefit of the money invested in training people and in the salaries and wages of workers on sick leave or away on AIDS-related leave. Those living with HIV/AIDS are likely to face stigmatisation, discrimination and other unfair labour practices at the workplace (NAC 2010:1).

The organisations planning HIV/AIDS programmes should start with a review of direct impact of AIDS on absenteeism, ill health retirement and death among the workforce and of staff turnover as shown in table 1.1 and table 2.2. Further, organisations should measure the changes in these factors over time without attempting to identify which individuals had HIV/AIDS (Jackson 2002:327).

The table 1.1 below shows the sick leave absenteeism trend at United Refineries where there is an industrial clinic, monitoring changing patterns of patient treatment.

<table>
<thead>
<tr>
<th>Department</th>
<th>Number of sick leave days over the years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>Quality</td>
<td>0</td>
</tr>
<tr>
<td>Soaps</td>
<td>4</td>
</tr>
<tr>
<td>Engineering</td>
<td>0</td>
</tr>
<tr>
<td>Marketing</td>
<td>0</td>
</tr>
<tr>
<td>Administration</td>
<td>0</td>
</tr>
<tr>
<td>Oils</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>5</td>
</tr>
</tbody>
</table>
| No of Persons Affected | 4 | 29 | 107 | 71 | (United Refineries Limited 2013)

The HIV/AIDS training programmes which were conducted at United Refineries (Ltd) for period 2007-2013 are shown in table 1.2 below. The departments were all affected by absenteeism over the years. The monitoring of absenteeism as an indicator is one of the ways of assessing programme impact over time.
Table 1.2 HIV/AIDS programmes at United Refineries 2007-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Condom Distribution. Quantity Distributed</td>
<td>5000</td>
<td>8 000</td>
<td>6 000</td>
<td>4 000</td>
<td>5 000</td>
<td>8 000</td>
</tr>
<tr>
<td>2</td>
<td>Voluntary Counselling and Testing (VCT)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 prog 20 part</td>
<td>2 progs 80 part</td>
<td>2 progs 161 part</td>
</tr>
<tr>
<td>3</td>
<td>Information Education Material IEC</td>
<td>No</td>
<td>yes  yes</td>
<td>Yes</td>
<td>yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>Male Circumcision</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2 hr and 50 males trained</td>
<td>3 days and 50 male trained</td>
</tr>
<tr>
<td>5</td>
<td>Peer Education</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20 part</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

(United Refineries 2013)

The organisation crafted an HIV/AIDS policy in year 2005 and since then the policy and programmes impact were not been assessed. The review process enables organisations to control what is going on, take timely action to deal with problems that arise and adjust work plans to improve the efficiency, effectiveness and relevance of the programmes (NAC 2010:13).

In reality, many companies cannot gauge the magnitude of the threat posed by HIV/AIDS to their business and whether it poses a serious enough risk to their workforce to warrant action. The level of risk often drives company action and it is important to define the extent of the problem up front. This of course will vary considerably depending on the type of business, the region of operation, and the specific characteristic of one’s surrounding (IFC 2002:1).
1.3 RESEARCH PROBLEM

The mechanism of evaluating and monitoring the impact of existing HIV/AIDS programmes at United Refineries (Ltd) was non-existent. The impact of the programmes was not known. The indicators to the existence of the problem were sick leave absenteeism, lack of openness by some employees, lack of morale, stigma and discrimination amongst employees. The comprehensive monitoring and evaluation indicators should be developed by organisations to ensure systematic monitoring, including the tracking provision of the affected employees and their families, as well as prevention services. The indicators may include amount of resources allocated for HIV/AIDS activities, production of an HIV/AIDS policy at workplace, number of peer educators recruited and trained, and number of staff trained voluntarily, number of employees receiving treatment and counselling services (NAC 2010:14).

The location of the study area is shown in the figure 1.1 below:

![Figure 1 Aerial map of United Refineries](Google Map 2013)
1.4 AIM OF THE STUDY

1.4.1 Research purpose

The purpose of the research was to evaluate the impact of existing HIV/AIDS programmes at United Refineries Limited in addressing the needs of the employees and to come up with recommendations for an effective HIV/AIDS intervention programme at the workplace.

1.4.2 Research objectives

The research objectives were:

- To establish the nature of HIV/AIDS programmes being implemented at United Refineries, Limited.
- To assess the level of HIV/AIDS programme awareness among employees at United Refineries Limited.
- To evaluate the impact of HIV/AIDS programmes in influencing positive behavioural change among employees.
- To evaluate the impact of HIV/AIDS programmes in addressing the needs of the employees.

1.4.3 Research questions

The research questions were:

- What HIV/AIDS programmes were being implemented at United Refineries (Ltd)?
- What was the level of HIV/AIDS programme awareness among employees?
- What was the impact of the HIV/AIDS programme in influencing behavioural change?
- What was the impact of existing HIV/AIDS programmes in addressing the needs of the employees?
1.5 SIGNIFICANCE OF THE STUDY

The study links what is known to what is peculiar to United Refineries (Ltd), thereby adding to the existing body of knowledge. The organisation benefits through increased productivity due to prolonged life of the motivated workforce. The government benefits from reduced social burden (health services, social welfare, and social security). The employees benefit good health through the prevention, care, treatment support, job security and job satisfaction.

1.6 DEFINITION OF KEY CONCEPTS

1.6.1 Impact

Impact is the long-term effects of the programme or project at population level which are attributed to the contributions made by the programme (NAC 2010). There was need to evaluate the impact of workplace HIV/AIDS programmes in order to influence policy implementation.

1.6.2 Workplace programmes:

Workplace programmes refer to a range of company-based interventions including the institution of an HIV/AIDS policy, voluntary counselling and testing (VCT), and antiretroviral therapy (ART) provision (NAC 2010). There was need to ascertain the workplace HIV/AIDS programmes in influencing positive behavioural change in the selected setting.

1.6.3 HIV

HIV is the Human Immune deficiency Virus, a virus that weakens the body's immune system and ultimately causing AIDS (ILO 2004). The subject under study was premised on HIV/AIDS programmes in raising awareness amongst employees.
1.6.4 AIDS

AIDS is a cluster of medical conditions often referred to as opportunistic infections and cancers and for which, to date, there is no cure (UNAIDS 2009). The study was centred on HIV/AIDS programmes in raising awareness amongst employees.

1.6.5 Workplace

Workplace refers to where workers need to be or to go by reason of their work and which under the direct or indirect control of the employer (NAC 2010). The study was carried out at United Refineries (Ltd).

1.7 THEORETICAL FOUNDATIONS OF THE STUDY

1.7.1 Research paradigm

A paradigm is a shared framework of assumption held within a discipline, subdiscipline or school of thought within a discipline. Theories are very instrumental in providing a framework within which data about clients and situations is collected and synthesised. It therefore provides guidelines and principles the way the research is being conducted within the discipline (Veal 2005:24).

The study was based on the assumptions that:
- A healthy worker is a productive worker.
- Investment in HIV/AIDS programmes prolongs lives and reduces social burden
- An empowered worker with knowledge makes informed decisions
- Individual values, norms, beliefs, religion, social background may influence behaviour towards HIV/AIDS issues.
The conceptual model is shown in figure 1.2 in support of the study assumptions.

**CONCEPTUAL MODEL**

![Conceptual Model Diagram]

- **Expected Outcome**
  - Reduced Absenteeism
  - Increased Production
  - Reduced number of new infections
  - Reduced social burden
  - Reduced Prevalence rate
  - Increased awareness
  - Informed decisions
  - Increased worker moral
  - Prolonged life
  - Sense of Belonging

- **Impact Assessment**
  Assessing the impact of the policies and programmes against set objectives, targets and the expected outcome

- **Activities**
  - HIV/AIDS Policy
  - Setting Objectives and Targets
  - Training needs assessment
  - Designing HIV/AIDS programmes
  - Management Commitment
  - Training
  - Education
  - Awareness
  - VCT
  - Condoms
  - PMCT
  - IEC
  - Care
  - Support

- **Input**
- **Output**

**Feedback** (negative)

**Figure 1.2 Conceptual model**

The conceptual model reflects basic set of philosophical beliefs about the nature of the world, the scientific problems which it presents and the types of solutions which arise from the research (Brink 1999: 30 and 95), (Veal 2005: 50), (Blumberg 2008:209), (Babbie et al 2007:125).
1.7.2 Theoretical framework

The theoretical framework was premised to:

- Contribute to a reduction in HIV infections through enhanced prevention and focus on behaviour change.
- Improve the quality of life for people infected and affected by HIV/AIDS through care, support and treatment initiatives.
- Mitigate the socio-economic impact of HIV/AIDS on workplaces and surrounding communities.

1.8 RESEARCH DESIGN AND METHODS

1.8.1 Research design

The research design was a case study approach that combined qualitative and quantitative data collection methods. According to Blumberg, Cooper and Schindler (2008:195) research design constitutes the blueprint for the collection, measurement and analysis of data. It is the plan and structure of investigation so conceived as to obtain answers to research questions.

The case study of United Refineries (Ltd) used both quantitative and qualitative method in order to combine the numeric and non numeric data (Veal 2005:169-176). The study used a structured questionnaire, interviews and document review. The quantitative and qualitative research combined, are two ends of a continuum, which are mixed to coherently address the research questions (Saunders, Lewis and Thornhill 2012:161). The triangulation method involved the use of more than one research approach at United Refineries in order to gain a broader and complete understanding of the impact of HIV/AIDS programmes on the workforce. Arguably, triangulation overcame weaknesses associated with using only one method as well as provided a wider approach to data collection, analysis and interpretation (Veal 2005:39,160-177), (Blumberg 2008: 374-377),(Saunders et al 2012:164-179).
1.8.2 Research method

The case study, first used a properly designed and pilot tested structured questionnaire (quantitative) which was distributed purposively to a representative sample of sixty participants, constituting thirty percent of the population (n=60), chosen from the six departments at United Refineries in order to examine the relationship between variables, which were measured numerically and analysed descriptively using (SPSS) a statistical package for social sciences (Saunders et al 2012:162).

Further, a follow up to the responses from the structured questionnaire was complemented by conducting semi structured interviews of key informants (n=3) from the relevant departments in order to substantiate, explain and clarify the findings. Blumberg et al (2008:377-378) argues that semi structured interviews have two main objectives, that is to know the informants’ perspective on the issue, and on the other hand to know whether the informant can confirm insights and information the researcher already holds from the structured questionnaire and available documents.

The study used secondary data sources including clinical records on sick leave absenteeism, training records on HIV/AIDS, policy objectives and targets which were analysed and explained during the interviews with key informants in ascertaining both the positive and negative impact of the existing programmes on the workforce over the years. The responses were validated with empirical evidence of programme implementation. (Bulmer et al. 2009) cited in (Saunders 2009:304-331).

The rationale behind using multiple sources of evidence is that the study develops converging lines of inquiry, thus different measurement of the same phenomenon increases the construct validity. The principle of triangulation increases the power of one’s evidence only the sources are independent from each other (Jankowicz 2005) cited in (Saunders 2012:419), (Veal 2005: 34,176), (Blumberg et al 2008:380-381), (Yin 2009) cited in (Saunders 2012:179).
1.8.3 Population

The total number of employees at United Refineries (Ltd) was two hundred and they were all relevant to the study. The population characteristics were that females constituted 8% and male 92%. Management constituted 38% of the population and non managerial employees constituted 62%. The female population in management was 56%. The literacy level spanned from primary, secondary to tertiary level across departments. The population had a diverse cultural and religious background. The age ranged from 25-60 years with working experience ranged from 5 -40 years in the same organisation.

1.8.4 Sampling

The total number of females was sixteen and those available during the study were purposively selected for the questionnaire survey. The female population was only 8%, hence the need to involve all of them since they were outnumbered by their male counterparts. The interviews focused on key informants despite their gender but their position in the organization, provided that they had the relevant information required to answer the research questions and that they were willing to participate.

In selecting the participants for the structured questionnaire due consideration was given to the length of employment relative to the introduction of the HIV/AIDS policy and programmes, willingness to participate, gender, literacy, age and employment status in order to accommodate diversity and to ensure the representativeness of the population in the selected setting as far as possible. According to Merriam (2009) purposive sampling involves selecting research participants according to the needs of the research. The researcher chooses the sample based on who would be appropriate for the study across sex, age, religion, occupation and social background. Further, the researcher used both questionnaires and personal interviews and realised the advantage of body language expression during the face to face interviews.


1.8.5 Data analysis

The data collected through the structured questionnaire was analysed using a statistical package for social science (SPSS). The advantages being that SPSS handles large volumes of data compared to other packages such as excel and easy to analyse the same. It allows multiple analysis including running frequencies of different variables at the same time and it is also good at providing summative information of data being analysed (Saunders et al 2012:162).

1.8.6 Ethical considerations

The ethical considerations with regards to sampling included the free will participation having thoroughly explained to all participants, the purpose of the study and how it was going to benefit individuals and the organisation in the short and long term. The assurances that no one was going to be victimised during or after the study and that confidentiality was being upheld consistent with the relevant statutes and the organisation’s policies, procedures and also the conditions of the approval of the study by the organisation.

The ethical considerations relate to the quality of research procedures with respect to their adherence to professional, legal and social obligations to the research subjects, the institute and the researcher (Babbie & Mouton 2006:53). The research ethics involve protecting the rights of the respondents and the institutions in which the research was conducted, and maintaining scientific integrity (Babbie and Mouton 2009:53) and (Burns and Grove 2005:181-206).

1.8.7 Literature review

Burns and Grove (2005:93) states that, “literature consists of all written sources relevant to the topic you have selected or the phenomena under study.” The study reviewed relevant HIV/AIDS literature from authoritative
sources such as ILO, WHO, universities, research institutes, industry and commerce, nongovernmental organisations among other credible sources in answering the research questions.

1.9 SCOPE AND LIMITATIONS OF THE STUDY

The topic under study HIV/AIDS is a sensitive area where people generally are not free to discuss their personal conduct towards HIV/AIDS issues hence the possibility of inconsistent or inaccurate responses. The responses could be prescriptions rather than descriptions of what it actually obtaining on the ground. The researcher overcame the adverse effects of improper responses by ensuring and maintaining objectivity, confidentiality, anonymity and professionalism to earn the trust of informants. The generalisability was limited since it was a case study implying that some findings could be peculiar to United Refineries (Ltd).

1.10 STRUCTURE OF THE DISSERTATION

The dissertation is presented in the following chapters:

Chapter 1 outlines the research problem, the purpose, the objectives, and the significance of the study, the research design and the ethical matters.

Chapter 2 covers the literature that was reviewed in establishing scientific information about what is already known, and thus allowing an in depth look at the conceptual context to help make an understanding of the study.

Chapter 3 discusses the research design, the methods and tools that were used in collecting the requisite data in achieving the study objectives.

Chapter 4 contains the description, presentation, analysis and interpretation of the research findings.
Chapter 5 draws conclusions, recommendations, contribution of the study and its limitations. It also brings out the theory generated from the study.

1.11 CONCLUSION
In the face of HIV/AIDS, the Zimbabwean economy is expected to lose the benefit of the money invested in training people and in the salaries and wages of workers on sick leave or away on AIDS-related leave. Those living with HIV/AIDS are likely to face stigmatisation, discrimination and other unfair labour practices at the workplace with no cure available. The workplace offers an opportunity for a structured environment for sharing information, reinforcing notions of acceptable behaviour on implementing national regional and global interventions (NAC 2010). The next chapter is on literature review.
CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter discusses the literature that was reviewed for the study. A literature review lays the foundation of a study and enables the researcher to discover what is known or not known about the topic of interest in order to conduct research that adds to the body of knowledge (Polit and Beck 2004:88).

2.2 HIV/AIDS AT THE WORKPLACE

2.2.1 HIV/AIDS a workplace issue

When HIV/AIDS emerged as a significant workplace issue in the 1980s, companies responded by developing policies and programmes designed to educate employees about HIV/AIDS, prevent discriminatory behaviour, support ill employees, and contribute to the general fight against the disease. (BSR 2007:1).

The HIV/AIDS pandemic has been a thorn in the flesh for all sections of industry. United Refineries Limited has not been spared from the impact and burden of the disease. Every organization, small, medium or large scale, must have the “human capital element” in its system. It is this human capital element that has been affected by the pandemic, thereby paralyzing effective and efficient operations of companies, regardless of the many intervention strategies adopted by employers (ILO 2004).

Tapfumaneyi (2011) explains that, despite the many intervention strategies that employers have adopted to curb the spread the HIV/AIDS pandemic, the response has been slow. Employers have invested a considerable amount of
money to the cause of raising awareness on the pandemic. From a mere assumption, these interventions have not yielded the expected results due to a number of reasons including, training and awareness material not best tailored to the needs of the employees. That is, employees do not contribute to the content of the training prior to delivery and that some employees just “absorb” the information and do not change their sexual behaviour. In some instances, employees consider training that has nothing to do with their professional enhancement as an unnecessary waste of time and resources.

It is the thrust of every training session to provide employees with information that would be converted into knowledge, evidenced by a change in sexual behaviour, with emphasis on responsible living. HIV/AIDS training has been unsuccessful because of the negative attitudes and the stigma associated with it (Tapfumaneyi 2011).

The rigid cultural norms have been retrogressive towards the fight of HIV/AIDS. In the African traditional culture, the subject of sex and sexual relations is regarded as not fit for public address, thereby defeating the logic of workplace HIV/AIDS training. Furthermore, women have been disregarded with regard to the use protection as their voices tend to be silenced by their domineering spouses (ZHDR 2003).

According to ILO (2004:13) private sector organizations have responded differently to the threat of HIV/AIDS depending on their perception or knowledge of vulnerability of their workforce and its implications for profitability of their operations. It was noted that HIV/AIDS programmes were male biased for example male condom distribution. The organizations sought to educate the largely male labour force about HIV/AIDS in the hope that the information would trickle down to the rest of the family.

However, researchers found that man and women do not discuss matters to do with sex and sexuality, so the knowledge remained personalized, hence did not filter to wives and children implying that sexual practices with wives
continued before despite the new found knowledge, as alluded by Matshalaga (1999) in ZHDR (2003). United Refineries Limited has employees with diverse social, religious and cultural backgrounds and mixed age groups.

2.2.2 HIV/AIDS Impact at the workplace

The socio-economic impact of HIV and AIDS is immense given that the most economically productive and sexually active age group between 15 and 49 are the most affected. As of December 2008, the number of people infected with HIV in the world had reached about 33.4 million of which 2 million had died. About 95% are found in the developing world and a staggering 70% in Sub-Saharan Africa alone, where resources to confront the epidemic are most scarce (NAC 2010:1).

According to NAC (2010:1), at the end of year 2009 about 13.7% of the age group 15-49 years were living with HIV and AIDS in Zimbabwe and this is evident enough of the threat the epidemic has on the productive age group. HIV/AIDS cuts into the size and quality of the workforce and has become increasingly disconcerting to business and economic policy makers. HIV/AIDS makes the cost of doing business more expensive while at the same time lowers worker's productivity and decreases overall demand for goods and services. It decimates management and the skilled labour force. HIV/AIDS has resulted in increased absenteeism, a rise in households headed by children and an increase in child labour as adults become too sick to work or die (Bendell 2003).

In the face of HIV/AIDS, the Zimbabwean economy is expected to lose the benefit of the money invested in training people and in the salaries and wages of workers on sick leave or away on AIDS-related leave. Those living with HIV/AIDS are likely to face stigmatisation, discrimination and other unfair labour practices at the workplace (NAC 2010).
With no cure available, the massive mobilisation of every section of society is the only weapon. Businesses have too often been untapped partners, yet they have a greater responsibility in the fight against the epidemic particularly within their own workplaces. The workplace offers an opportunity for a structured environment for sharing information, reinforcing notions of acceptable behaviour on implementing interventions. Over the last two decades, institutions the world over have put in place measures to combat HIV and although the learning curve continues, their experiences have provided valuable information on the elements of an effective response to the problem of HIV/AIDS in the workplace (NAC 2010). Therefore, many companies have strong economic and social reasons for becoming active in promoting HIV/AIDS prevention both in the workplace and in the community if they are to protect the bottom line (Bendell 2003).

2.2.3 HIV/AIDS impact costs

ILO (2004:11) explains that, Zambia’s largest cement company reported that absenteeism for funeral attendance increased by 15 times in the 1992-1995 period. In the mid 1990s Uganda Railways were reporting steep increases in absenteeism and an annual staff turnover rate of 15%, with more than 10% of the workforce dead from AIDS related illness. In Kenya 43 of the 50 employees of the Kenya Revenue Service who died in 1998 died from AIDS. The Kenyan Federation of Employers report that HIV/AIDS is costing companies an average of nearly US$ 50 per employee each year. Some mining companies in South Africa believe that 40 per cent of their workforce may have HIV/AIDS will increase labour turnover by 3 to 6 per cent, and the Goldfields Mining Company estimates that AIDS adds US$ 4-10 to the cost of producing each ounce of gold.

According to the Zimbabwe Farmers Union, AIDS has reduced the production of maize by 61%, cotton by 47%, vegetables by 49% and groundnuts by 37%. One major transport company with 11,500 workers in Zimbabwe found that 3,400 of them were HIV positive in 1996. In Zimbabwe in the 1990s, the
mineworkers union, AMWZ, lost almost 90 per cent of its organizing staff and its national education officer. Costs for the company related to HIV/AIDS amounted to more than $1 million or 20% of company profits. In Chennai (formerly Madras), India, a study of large industries found that absenteeism was expected to double in the next two years, mainly as a result of sexually transmitted diseases (STDs) and AIDS-related illnesses. A Thai government study has calculated that the direct and indirect cost of HIV/AIDS to the nation was US$ 1.2 billion in 2000. A number of firms in the US report annual costs of between US$ 3,500 and US$ 6,000 for each worker with HIV/AIDS (ILO 2004:11).

UNAIDS (2009) estimates that the annual cost to a company of prevention per employee is US $5 where as the costs of AIDS can be far higher.

The studies have identified particular costs for companies in sub-Saharan Africa (Simon et al. 2000 in Bendell 2003). The AngloGold, a subsidiary of Anglo American, has calculated that nearly a quarter of its 90,000 gold and diamond mining workers are infected with HIV costing a huge amount a year in absenteeism, early pension payouts and the need to recruit staff to replace those too ill to work. They have estimated that AIDS is costing them up to $6 for every ounce of gold produced (Macalister 2002 in Bendell 2003). The other companies operating in Africa have themselves identified significant direct and indirect costs to business (Bendell 2003).

2.2.4 Research Findings

IFC (2002) said that researchers from the centre for international health at Boston University have developed a costing model that estimates the present value of new HIV infections in the formal business sector in southern Africa. The study found that, new infections can cost between 3.4% and 10.7% of annual salaries depending on skill level, associated benefits, and prevalence in the area. While treatment costs will vary considerably among companies depending on what segment of the workforce is targeted and the type of care
offered, the researchers concluded that even for low-cost companies, the benefits associated with interventions appeared to outweigh the costs. Similarly, a University of California-San Francisco study used an economic model to compare HIV related business costs for large Ugandan companies (500+ employees) with the cost of providing prevention, care and treatment to employees. The study concluded that even programmes offering the most expensive treatment, anti-retroviral care can be cost-effective especially in light of 85% price reductions offered by drug manufacturers for sub-Saharan Africa (IFC 2002).

In their study which was carried out in Southern Africa (Mahajan et al [Sa]) found out that there was lack of monitoring and evaluation of workplace HIV/AIDS prevention programmes, persistent stigma in the workplace resulting in poor uptake of HIV/AIDS testing, and low enrolment into workplace antiretroviral programmes. They also observed that, the existing literature indicated a wide variation in workplace policies and programmes which were in place in Southern Africa. The effectiveness of workplace interventions at the firm level, including prevention and treatment programmes were difficult to assess with the available data. They recommended further research on workplace HIV/AIDS programme implementation, monitoring and evaluation.

ILO (2004) estimates that in the absence of increased access to treatment, the number of workers lost to the labour market due to HIV/AIDS will increase to 48 million by 2010 and 74 million by 2015, making HIV/AIDS one of the biggest causes of mortality in the world of work. The analysis of 50 countries in sub-Saharan Africa, Asia, Latin America and the Caribbean, and two developed regions, says HIV/AIDS is expected to have a severe impact on the rate of growth in gross domestic product (GDP) and in GDP per capita by destroying the "human capital" built up over years, and weakening the capacity of workers and employers to produce goods and services for economies.
Tapfumaneyi (2011) explains that, in Zimbabwe there are still some companies that are unaware of the impact of HIV/AIDS on their workforce. If a nation’s workforce is hampered by extensive absenteeism, loss of trained and skilled work, or an unhealthy workforce, this all has serious consequences on the development of a nation as whole. The overall goal of the workplace programmes on HIV/AIDS is to contribute to the reduction in the number of new HIV infections as well as to support national initiatives to achieve commitments towards the goal of universal access to HIV prevention, care, support and treatment. Through this strategy, the workplace programmes aim to improve the quality of life for workers infected and affected by HIV/AIDS through care, support and treatment initiatives, and mitigate the socio-economic impact of HIV/AIDS on workplaces and surrounding communities.

2.3 WORKPLACE HIV/AIDS POLICY AND PROGRAMMEES

2.3.1 HIV/AIDS Workplace policy

According to ILO (2004:3) a workplace policy provides the framework for enterprise action to reduce the spread of HIV/AIDS and manage its impact. An increasing number of companies have workplace or company policies on HIV/AIDS including United Refineries Limited. A policy provides a clear statement about non-discrimination, ensures consistency with appropriate national laws, lays down a standard of behaviour for all employees (whether infected or not), gives guidance to supervisors and managers; helps employees living with HIV/AIDS to understand what support and care they will receive, so they are more likely to come forward for voluntary testing, helps to stop the spread of the virus through prevention programmes, assists an enterprise in planning for HIV/AIDS and managing its impact, thus ultimately saving money. It was necessary to find out whether the policy at United Refineries incorporated the aforesaid.

An agreed policy demonstrates that both workers and management are committed to dealing with the problems of HIV/AIDS in the workplace. The
agreed policy is likely to be more effectively implemented because of the process of consultation that takes place before the policy is agreed. That allows both management and workers to identify areas of possible disagreement and resolve them. An agreed policy can clarify how the policy fits in with other joint agreements that regulate workplace relations (ILO 2004:4). The level of worker involvement at United Refineries needed to be ascertained.

2.3.2 Workplace programmes

The workplace programmes are developed based on the workplace policy. Such programmes should take the form of workplace HIV/AIDS prevention, care and support and mitigation programmes. Workplace prevention programmes should seek to inform employees about HIV/AIDS and promote behaviour change that will reduce the spread of HIV, and provide services to reinforce behaviour change (NAC 2010:10). The policy and programme implementation at United Refineries, Limited needed to be ascertained for impact and effectiveness.

Material such as posters and magazines should be obtained from various stakeholders so as to give information to employees to make informed decisions about HIV/AIDS. The programmes include, raising awareness about HIV/AIDS to ensure that employees understand how the virus will affect them and their families, creating an environment of acceptance and non-discrimination, the prevention and treatment of sexually transmitted infections (STIs), voluntary Counselling and Testing (VCT), the promotion and distribution of condoms, develop skills for decision making, negotiation, and condom use; promote positive living messages, encourage the development of supportive social values such as gender equality, dissemination of audio-visual and print materials, oral presentations, talks and discussion forums, peer education, wellness management (NAC 2010:10). The VCT services provide a supportive venue for leaning this essential health information (Jackson 2002:187-188).
According to SafAIDS (2007), a study was carried out and found that only 14% of men would be more likely to access VCT if antiretroviral therapy (ARV) became available. The focus groups with factory workers in Zimbabwe found reasons for not wanting to test included confidentiality concerns, fear of death, and stigmatization. The men who wanted to know their test results cited concern over past risk, desiring peace of mind and wanting to plan their family’s future. The VCT is important in helping people reduce risky behaviour although societal and cultural pressures may sometimes override these (Jackson 2002:187-188).

One of the major challenges faced by prevention programmes is that they are poorly attended by senior management and professionals. However, everyone is potentially at risk of contracting HIV, and it is vital that activities should target all employees including middle and senior management (NAC 2010:10).

The other challenge is that prevention programmes are often poorly researched and monitored. The prevention programmes must respond to the specific needs of a given workplace and it is vital that these needs are thoroughly understood prior to designing or implementing programmes. A situational analysis is a vital part of this process. It is also important that they are monitored to establish how effective they are and where they can be improved. It is useful to conduct knowledge, attitudes and practices (KAP) surveys prior to introducing a programme. These provide important information that can be used in the design of interventions and establish a baseline against which their effectiveness can be measured. These should be repeated at regular intervals in order to determine whether awareness raising and prevention activities are having the desired effect (NAC 2010:11).

2.3.3 Treatment, care and support programmes

The prevention programmes must be linked to treatment and care and support programmes. These programmes should offer services to help
employees cope with infection and should ideally provide support to employees and their families. The effective programmes generally consist of wellness programmes including the treatment of opportunistic infections and, where possible, antiretroviral therapy (ART), social support mechanisms such as counselling, support groups, and home-based care and helping employees plan for the future. The such programmes should aim to provide information on available treatment, making ART accessible to workers living with HIV and their families either directly or through referral and where health-care services exist at the workplace, appropriate treatment may be provided particularly for opportunistic infections, home based care should be supported as an essential component of the continuum of care to workers living with HIV/AIDS and their families and psychosocial support (NAC 2010:11-13).

Making alternative working arrangements for employees living with HIV, respecting confidentiality of medical information, create special health insurance and social security schemes. Experience has shown that for workplace programmes to be successful they need to be driven by senior management. Without the support of those who influence policy, practice, and resource distribution, initiatives are doomed to fail. For programmes and policies to be effective, their existence and content must be communicated to all employees. Mechanisms also need to be created to facilitate dialogue between stakeholders, to ensure that policies and programmes are owned by those they affect. The employees should be accorded an opportunity to have an input and contribute to the development, maintenance, and review of policies and programmes (NAC 2010:11-13).

Laporte et al. 2002 in Bendell 2003 argues that, there are companies which are responding positively to problems of HIV/AIDS in the workplace whose programmes include the provision of antiretroviral therapy (ART) drugs to their HIV-positive employees. This has been important as many governments in affected regions, such as sub-Saharan Africa, regard the drugs as too costly. Supporting employees with HIV/AIDS helps balance their job demands and stresses associated with illness related issues by offering support groups,
flexible work scheduling and extra time off. Nutrition and exercise had proven particularly effectively in improving lifestyle and maintaining productivity (BSR 2007).

2.3.4 Monitoring and evaluation of HIV/AIDS Programmes

Interventions need to be constantly monitored and evaluated to ensure efficiency and effectiveness. The process enables organisations to control what is going on, take timely action to deal with problems that arise and adjust work plans to improve the efficiency, effectiveness and relevance of the programmes (NAC 2010:13).

In reality, many companies cannot gauge the magnitude of the threat posed by HIV/AIDS to their business and whether it poses a serious enough risk to their workforce to warrant action. Since level of risk often drives company action, it is important to define the extent of the problem up front. This of course will vary considerably depending on the type of business, the region of operation, and the specific characteristics of one's surrounding (IFIC 2002).

Once the scope of the problem has been defined and key stakeholder groups and partners identified, companies can then begin to focus internally. This involves establishing company-specific goals and objectives, creating an internal focal point to coordinate programme development, implementation and monitoring, and developing a company policy on HIV/AIDS to guide company action (IFIC 2002).

Comprehensive monitoring and evaluation indicators must be developed by organisation to ensure systematic monitoring, including the tracking provision of goods and services for the affected employees and their families, as well as prevention services. The indicators may include amount of resource allocated for HIV/AIDS activities, production of an HIV/AIDS policy at workplace, number of peer educators recruited and trained, and number of staff trained
voluntarily; number of employees receiving treatment and counselling services (NAC 2010:14).

2.3.5 Monitoring Effectiveness

Monitoring is an important part of any corporate HIV/AIDS programme because it enables a company to measure its progress against its stated goals and make informed decisions about the effectiveness of various interventions relative to costs. To be most effective, a monitoring system should involve reporting throughout the chain of command with accountability to senior management. Effectiveness may be measured in terms of both quantitative and qualitative indicators, assuming that good baseline data exists or has been collected at the start of the programme to enable comparison. Tracking human resources statistics and clinical data can provide a low-cost monitoring alternative, although some firms find it useful to specifically tailor indicators to their HIV/AIDS efforts (IFC 2002).

Quantitative indicators may include productivity measures such as absentee rates and additional weeks/months gained on the job for employees receiving care; or behaviour-change indicators such as condom use, number of requests for VCT services, number of volunteer peer educators, and incidence rates of STDs reported in the company clinic. The qualitative indicators such as staff morale, general awareness and attitudes towards HIV/AIDS, and satisfaction with company programmes and services can be evaluated through questionnaires, focus groups and key informant interviews. These results can then be reviewed in light of expenditures to determine the overall cost effectiveness of a company's activities. To assist in this analysis, many companies find it useful to track their annual expenditures by establishing a dedicated cost centre for all HIV/AIDS activities (IFC 2002).

Most of the time, companies who want to address the issue of HIV/AIDS in their workplace need not start from scratch. There are often other resources in the wider community from which companies can benefit including NGO
activities, public programmes undertaken by Ministries of Health or National AIDS Committees, and initiatives launched by other businesses, employer associations or medical organizations. Partnerships can help private sector firms analyze their risk factors, design and implement focused programmes; leverage their resources; learn from the experience of others, and ensure independence and confidentiality of employees' condition and care. By pooling resources and sharing successes and failures, businesses can significantly broaden their sphere of influence while simultaneously improving the efficiency of their efforts (IFC 2002).

2.4 THE BENEFITS OF HIV/AIDS PROGRAMMEES

United Refineries Limited is not immune to HIV/AIDS hence the need to implement effective programmes. Business is likely to feel the positive impact of HIV/AIDS through increased productivity, reduced absenteeism, reduced staff turnover, reduced recruitment and training costs, and reduced costs of employee benefits and good staff morale (BSR 2007).

2.5 CONCLUSION

The chapter discussed the workplace HIV/AIDS policy, programmes, the benefits, monitoring and evaluation in the light of the global experience and the best practice. The next chapter is on research design and method
CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

The chapter details the research design and methods which were used to collect, analyze and interpret data in order to answer the research questions and objectives. The sampling method, the sample, the ethical considerations, the design of the data collection tools and the advantages and disadvantages of the methods used were discussed. The data collection process, the internal and external validity, reliability and trustworthiness and the data analysis were also explained.

3.2 RESEARCH DESIGN

Research designs are plans and procedures for research that span the decisions from the broad assumptions to detailed methods of data collection and data analysis. The selection of research design is also based on the nature of the research problem or the issue being addressed, the researcher’s personnel and the audiences for that study (Creswell 2009:3).

The research design was a case study approach that combined quantitative and qualitative data collection methods (triangulation) for the collection, analysis and interpretation of data. According to Blumberg, Cooper and Schindler (2008:195), research design constitutes the blueprint for the collection, measurement and analysis of data. It is the plan and structure of investigation so conceived as to obtain answers to research questions.

The case study at United Refineries Ltd used both quantitative and qualitative method in order to combine the numeric and non numeric data (Veal 2005:169-176). The research design used a structured questionnaire, followed by semi structured interviews and document review in order to seek
to explain findings from the questionnaire. In that way, quantitative and qualitative research combined, were two ends of a continuum, which were mixed to coherently address the research questions (Saunders, Lewis and Thornhill 2012:161). The triangulation method involved the use of more than one research approach at United Refineries in order to gain a broader and complete understanding of the impact of HIV/AIDS programmes on the workforce. Arguably, triangulation overcomes weaknesses associated with using only one method as well as providing a wider approach to data collection, analysis and interpretation (Veal 2005:39,160-177), (Blumberg 2008: 374-377), (Saunders et al 2012:164-179).

The rationale behind using multiple sources of evidence at United Refineries Ltd was that, the study developed converging lines of inquiry, thus different measurement of the impact of HIV/AIDS programmes increased the construct validity (Gray 2011:212-213). The principle of triangulation increased the power of one’s evidence only the sources are independent from each other (Saunders 2012:419), (Veal 2005: 34,176), (Blumberg et al 2008:380-381). Recognising that all methods have limitations, researchers argue that the biases inherent in any single method could neutralise or cancel the biases of other methods. Triangulating data sources means seeking convergence across qualitative and quantitative methods (Creswell 2009:14).

3.3 RESEARCH METHOD

3.3.1 Structured Questionnaire

The case study used a properly designed and pilot tested structured questionnaire (quantitative) which was distributed purposively to a representative sample of sixty participants, constituting 30% of the population (n=60), chosen from the six departments at United Refineries in order to examine the relationship between variables, which were measured numerically and analyzed descriptively using (SPSS) a statistical package for social sciences (Saunders et al 2012:162).
3.3.1.1 Sampling- questionnaire

The limited time available for the study and the budgetary constraints made it impracticable to distribute questionnaires to the entire population at United Refineries hence the need for a purposive sampling of a representative sample across all departments, provided that they were willing to participate in the study to answer the research questions without bias. The sampling provided a valid alternative to a census due to time and budgetary constraints. Accuracy is the degree to which bias is absent from the sample. (Blumberg et al 2008:232).

According to Saunders et al (2012:260) using sampling makes possible a higher overall accuracy than a census due to the time spent on the design and thorough analysis of the data. The ultimate test of a sample design is how well it represents the characteristics of the population it purports to represent. Arguably, the representativeness of a sample depends on its accuracy and precision.

Non-probability, purposive sampling method was used to choose the study population (sample) for the questionnaire at United Refineries (Ltd) company. According to Saunders et al (2012:287) purposive or judgmental sampling enables one to use own judgment to select cases that will best enable one to answer the research questions and to meet the objectives. The judgmental sampling method is usually employed when working with very small samples such as in case study research. Pattorn 2002 cited in Saunders et al (2012:287) argues, that purposive samples cannot be considered to be statistically representative of the total population hence the logic on which one selects cases for a purposive sample should be dependent on the research questions and objectives.
3.3.1.2 Population- questionnaire

The total number of employees at United Refineries (Ltd) was 200 and they were all relevant to the study. The population characteristics were that females constituted 8% and male 92%. The management constituted 38% of the population and non managerial employees constituted 62%. The female population in management was 56%. The literacy level ranged from primary, secondary to tertiary level across departments. The population had a diverse cultural and religious background. The age ranged from 25-60 years with working experience ranging from 5 -40 years in the same organization. The breakdown of the population according to departments, sex and employment status is shown in table 3.1 below:-
Table 3.1 Population Breakdown

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<th>DEPARTMENT</th>
<th>SEX</th>
<th>TOTAL</th>
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<td>Female</td>
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<td>ENGINEERING</td>
<td>60</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>OILS</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>MARKETING</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>ADMIN</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>QUALITY</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>184</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

Source: United Refineries Limited, Bulawayo

3.3.1.3 Sample size-questionnaire

The total number of females was sixteen and all of them available during the study were purposively selected for the questionnaire survey. Female population was only 8%, hence the need to involve all the females since they were outnumbered by their male counterparts. In selecting the participants for the structured questionnaire, due consideration was given to the length of employment relative to the introduction of the HIV/AIDS policy and programmes, willingness to participate, gender, literacy, age and employment status in order to accommodate diversity and to ensure the
representativeness of the population in the selected setting as far as was possible.

The structured questionnaire survey (n=60) was 30% of the total population, purposively selected to answer the research questions. The sample representativeness is shown below in table 3.2 shown below involving all the departments in order to capture the diverse views and facts across the variables that included, age, sex, education level, length of employment and employment status thereby increasing the credibility, reliability and validity of the study.

<table>
<thead>
<tr>
<th>Department</th>
<th>Managerial</th>
<th>Non-Managerial</th>
<th>Sample size</th>
<th>% of department population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Male 2</td>
<td>Female 0</td>
<td>Male 2</td>
<td>Female 1</td>
</tr>
<tr>
<td>Soaps</td>
<td>Male 1</td>
<td>Female 0</td>
<td>Male 7</td>
<td>Female 2</td>
</tr>
<tr>
<td>Engineering</td>
<td>Male 2</td>
<td>Female 0</td>
<td>Male 10</td>
<td>Female 0</td>
</tr>
<tr>
<td>Marketing</td>
<td>Male 1</td>
<td>Female 0</td>
<td>Male 8</td>
<td>Female 0</td>
</tr>
<tr>
<td>Administration</td>
<td>Male 2</td>
<td>Female 1</td>
<td>Male 5</td>
<td>Female 5</td>
</tr>
<tr>
<td>Oils</td>
<td>Male 2</td>
<td>Female 1</td>
<td>Male 6</td>
<td>Female 2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>2</strong></td>
<td><strong>38</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

### 3.3.1.4 Ethical issues related to sampling - questionnaire

The ethical considerations with regards to sampling included the free will participation having thoroughly explained to all participants, the purpose of the study and how it was going to benefit individuals and the organization in the short and long term. The assurances that no one was going to be victimized during or after the study and that confidentiality was being upheld consistent with the relevant statutes and the organization’s policies, procedures and also the conditions of the approval of the study by the organization. (Babbie and Mouton 2009:53), (Burns and Grove 2005:181-206).

The researcher protected participants’ anonymity, developed trust with them, promoted the integrity of research against misconduct and impropriety on their organisation (Punch 2005 cited in Creswell 2009:87).
The data collection involved the ethical collection of relevant data from the subjects in order to answer the research questions (Blumberg 2008: 385).

3.3.1.5 Data collection approach and method-questionnaire

The study used a questionnaire survey method to collect valid, reliable and credible data (Jankowicz 2005 cited in Saunders et al 2012:419).

3.3.1.6 Development and testing of questionnaire

The structured questionnaire (annexure E) was divided into section A for general information (demographic) and section B for the questions, which were designed to answer the research questions by indicating the level of agreement or disagreement on a likert scale. The demographic variables including age, sex, level of education, length of employment and employment status had a bearing on the quality of responses and were critical in data analysis using a statistical package for social sciences.

The questionnaire contained a total of sixteen questions which were in simple everyday words. The questions were crafted to preclude ambiguity and were properly phrased, logical, short and precise, and measured one thing at time. Crounch (1996: 137-138) identified four main purposes of questionnaire design as collecting relevant data, data comparison, bias minimization and respondent motivation. The questions were designed to assess the employees' level of awareness of the existing HIV/AIDS policies and programmes, the impact of the programmes in influencing positive behavioural change, and the extent to which the policies and programmes were meeting the needs of the workforce. The increased level of worker participation or involvement and their openness in making informed decisions were considered part of the positive impacts of programme implementation.

The structured questionnaire was pilot tested before use by six participants randomly selected from each of the six departments at United Refineries (Ltd) in order to identify areas that needed improvement by addressing ambiguity and increase simplicity and clarity to satisfaction. The pilot testing results were
used to improve the questionnaire only and were not part of the sample purposive sample (n=60). The time taken to complete the questionnaire was between ten to fifteen minutes. Churchill (2002:353) explains that the pre-test is the most inexpensive insurance the researcher could buy to assure the success of the questionnaire and the research project.

The advantages of using a structured questionnaire were less time consuming and were precise in addressing the research questions. Further, it was easy to analyse the data using statistical packages quantitatively and describing the relationship between and among variables. The disadvantage of bias and restriction was overcome by the careful design of the questionnaire which was aided by follow up interviews and document analysis to ensure the validity, reliability and accuracy of the data, thus the weakness of one method was overcome by the other (Blumberg 2008: 374-377).

3.3.1.7 Characteristics of the data collection instrument-questionnaire

The questionnaire used sixteen closed ended questions on a likert scale which the participants were expected to indicate their response by ticking the appropriate box against each question having provided the demographic information first (Veal 2005:156). The questionnaire was designed in simple everyday words properly phrased and logically arranged not to confuse the respondent.

3.3.1.8 Data collection process-questionnaire

The data collection process started with the hand delivery of the pilot tested structured questionnaire to purposively selected employees through the human resources department having been granted the permission (annexure b, c & d) to do so during working hours in the morning and having explained the purpose of the study and how confidentiality was going to be upheld to prevent victimization (Veal 2005:160). The consent of each participant (annexure c) was sought prior to the distribution of the questionnaire and participants were free to withdraw if ethical issues were not upheld. The
questionnaires were collected in the afternoon as was agreed with the participants.

3.3.1.9 Ethical considerations related to data collection-questionnaire.

The informed consent and permission was granted first and foremost and the purpose and benefits explained clearly to the participants (annexure c & d). The confidentiality, privacy and honesty were maintained throughout the research to ensure that there was free participation and credible and honest responses from the participants (Blumberg et al 2008:154-157,382).

3.3.1.10 Data analysis-questionnaire

The data collected through the structured questionnaire was analysed using a statistical package for social science (SPSS). The advantages being that SPSS handles large volume of data compared to other packages such as excel and easy to analyse the data. It allows multiple analysis including running frequencies of different variables at the same time and it is also good at providing summative information of data being analysed. The variables were twenty two. The frequency tables and cross tabulations were exported to excel for sound graphical presentations. (Saunders et al 2012:162). The first step was to design an entry template on sphinx since it was easier to create and capture the data, viewing a question at a time followed by pretesting of the template to ensure that it operated properly without altering the data. The data was then entered and cleaned in order to remove errors possibly due to data entry and finally running frequencies and cross tabulation. The data was presented in charts, graphics and tables and descriptive statistics were used in data analysis (Blumberg 2008:556-557).

3.3.1.11 Internal and External Validity of the Study-Questionnaire

Validity is the extent to which measures and research findings provide accurate representation of the things they are supposed to be describing (Smith, Thorpe & Jackson: 334), (Ritchie & Lewis 2012:273).
The internal and external validity refers to the robust design of the structured questionnaire in measuring precisely, the reality on the ground and to produce consistent, valid and credible findings on the impact of HIV/AIDS programmes on the workforce at United Refineries Limited (Veal 2005:42), (Blumberg et al 2008 cited in Saunders 2012:430).

According to Ritchie & Lewis (2012:270-273), reliability concerns the replicability of research findings if another study using the same method was undertaken.

### 3.3.2 Semi Structured Interviews

According to Blumberg et al (2008:378) an interview is a purposeful discussion between two or more people to gather valid and reliable data which are relevant to research questions and objectives.

Gray (2011:370-373), argues that the semi structured interview allow for probing of views and opinion where it is desirable for participant to expand or clarify on their answers. They are best for examination of feelings or attitudes, tacit perception and understandings. The advantages being that there is no written communication. They gather person’s knowledge, values and preferences. They can be used to test hypothesis that is identified and their relationship such as questionnaire survey to follow up issues.

Semi structured interviews (n=3) from purposively selected departments were conducted in order to substantiate, explain and clarify the findings from the structured questionnaire. Blumberg et al (2008:377-378) explains that semi structured interviews have two main objectives, that is to know the participants’ perspective on the issue, and on the other hand to know whether the participant can confirm insights and information the researcher already holds from the structured questionnaire and available documents.
3.2.2.1 Sampling- interviews

The interviews focused on participants despite their gender but their position in the organization, provided that they had access to the information required to answer the research questions and that they were willing to participate.

3.3.2.1 Population interviews

The organization had 200 employees as shown in table 3.1 above.

3.3.2.2 Sample- Interview

The purposive sampling was employed to identify the semi structured interview (n=3) in order to qualify, clarify, explain and quantify where possible, the responses from the questionnaire. The selection included the human resources department, the clinic and the workers committee, to identify the positive and negative impact on the workforce of the HIV/AIDS programmes at United Refineries (Ltd) over the years since inception. The policy objectives and targets were better explained by the human resources department and also the extent to which the programmes were meeting the needs of the employees. The clinic was relevant in providing the trends or patterns with regards to the impact of HIV/AIDS programmes implementation.

The employees on the other hand had certain expectations from the employer in addressing their needs regarding their health and well being. The workers’ committee chairperson was better placed to provide the collective views of the workers regarding the impact of the programmes in place and to further explain the expectations of the workers. The interview sample is shown in table 3.3 below:-
Table 3.3 Sample for semi structured Interview

<table>
<thead>
<tr>
<th>Department</th>
<th>Participant</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Human Resources Manager</td>
<td>HIV/AIDS Policies &amp; programmes</td>
</tr>
<tr>
<td>Administration</td>
<td>Clinic Nurse</td>
<td>Health information</td>
</tr>
<tr>
<td>Workers Committee</td>
<td>Workers Committee Chairman</td>
<td>Expectations of employees</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

3.3.2.3 Development and characteristics of semi-structured interview

The interview guide was designed to follow up on questionnaire responses in order to clarify and explain issues. The interviews were kept short and precise to the point thereby gaining full access to the knowledge and meanings of the participants to be probed from a variety of angles (Blumberg et al 2008:378). The interview guide annexure f was designed with three sections or sets of questions to guide the purposeful discussion with the participants namely the Human Resources Manager, the Clinic Nurse and the Workers Committee Chairman. The time allocated was 20-30 minutes with each participant during working hours with their informed consent having been granted access by management.

Gray (2011:194) explains that some researchers argue that trustworthiness is more important over validity or reliability check that is transferability, dependability, conformability and credibility. Ritchie & Lewis (2012:277-278) argues that once a finding appears open to generalization, then checks against other evidence and collaboration from other sources are highly desirable thus validation of inference by triangulation of the different data sources based on converging several data or perspective from participants.

3.3.2.4 Data collection process-interviews

The semi structured interview (annexure f) was more or less structured, the answers were recorded during interview, and the wording of questions was flexible in simple everyday language. The participants provided historical information and clarified issues as the interviewer probed and that allowed the researcher control over the line of questioning (Berge & Lune 2012:109-112).
The interview with the Human Resources Manager was centred on the HIV/AIDS policy, programmes and their impact in influencing positive behavioural change among employees. The interview with the Clinic Nurse was focused on the patterns or trends as indicator of the impact of HIV/AIDS programmes being implemented. The issues to do with stigma, discrimination, confidentiality; openness, awareness and opportunities for improvement were also unravelled. The discussion with the Workers' Committee Chairman was on employee HIV/AIDS awareness, involvement, their needs and expectation (Creswell 2009:180-181)

3.3.2.5 Ethical issues in data collection-interviews

According to Berge & Lune (2012:74-75 & 90-93), the study and its results should not place participants at risk of criminal, civil liability, nor will it be damaging to its financial standing or reputation. The information obtained is recorded in such a manner that the participant cannot be identified. Israel & Hay (2006) cited in Creswell (2009: 89), concur that the researcher needs to respect the participants and the sites for research and not to put participants or vulnerable populations at risk. The researcher received prior informed consent from the participants, earned their trust, promoted the integrity of research, guarded against misconduct and upheld the rights of the participants during the data collection process.

3.3.3 Document review

According to Ritchie & Lewis (2012:35), document analysis involves existing documents either to understand their substantive content or to illuminate deeper meanings which may be revealed by their style of coverage, provided the events or experience has relevance to the study or inquiry. Green & Brown (2011:149-151) argues that documentary sources are key resource for historical work. Owing to the nature of the study which required the mixing of many data sources to complement each other in meeting the research objectives, the
selected documents or records on programme implementation were critically analyzed in giving effect to the impact of the HIV/AIDS programmes in the selected setting. Symon & Cassell (2012:389-390), states that documents are mute evidence unlike the spoken word, endures physically and can be separated across space and time from its author producer and user as shown in table 3.4 below:-

Table 3.4 Documents and records for review

<table>
<thead>
<tr>
<th>Document/Record Review</th>
<th>Source</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS Policy</td>
<td>Human Resources Department</td>
<td>Analysis of impact</td>
</tr>
<tr>
<td>HIV/AIDS programme records</td>
<td>Human Resources Department</td>
<td>Analysis of impact &amp; adequacy</td>
</tr>
<tr>
<td>Training records</td>
<td>Human Resources Department</td>
<td>Analysis of level of awareness</td>
</tr>
<tr>
<td>Sick leave</td>
<td>Industrial Clinic</td>
<td>Analysis of impact</td>
</tr>
<tr>
<td>Training evaluation reports</td>
<td>Human Resources Department</td>
<td>Analysis of awareness</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

The performance improvement regarding HIV/AIDS programme implementation was measured in numeric values. The questions such as, “where were you previously before the HIV/AIDS policy and programmes were introduced?”, and, “where are you now?” and, “where do you want to be?” were very essential questions in finding out whether there was a significant impact or not with regards to achieving the set objectives and targets of the organization. However, in assessing whether United Refineries (Ltd) was achieving its stated objectives and targets, the state of affairs at any point in time was established as a basis of assessment with consistency (Flick 2014:217-229).

3.3.3.1 Ethical issues in data collection-documents

The documents reviewed were not altered, edited or damaged and were a true reflection of what had obtained on the ground. The HIV/AIDS policy, the training programmes, the clinical employee sick absenteeism records, training and evaluation records were critically analysed and some explanations were made during interviews where clarification was needed. The documents were relevant in answering the research questions and were a reliable source of
information which were accessed for academic purposes with the permission and approval of United Refineries Ltd management (Perri 6 & Bellamy 2012:114,259-261).

3.4 CONCLUSION

The chapter discussed the research design and methods which were employed in the study to meet the objectives. The following chapter discusses the analysis, presentation and description of the research findings.
CHAPTER 4

ANALYSIS, PRESENTATION AND DESCRIPTION OF RESEARCH FINDINGS

4.1 INTRODUCTION

The chapter analyses, presents and describes the research findings from the structured questionnaire, semi structured interviews and the documents which were reviewed in order to answer the research questions.

4.2 DATA MANAGEMENT AND ANALYSIS

The data collected through the structured questionnaire was analysed using a statistical package for social science (SPSS) (Saunders et al 2012:162). The advantages being that SPSS handles large volume of data compared to other packages such as excel and makes it easy to analyse the same. It allows multiple analysis including running frequencies of different variables at the same time and it is good at providing summative information of data being analysed.

The variables were twenty two. The frequency tables and cross tabulations were exported to excel for sound graphical presentations. The first step was to design entry template on Sphinx since it was easier to create and capture the data, viewing a question at a time followed by pretesting of the template to ensure that it runs properly without altering the data (Ritchie & Lewis 2012:200-201, 212, 222-262)

The data was then entered and cleaned in order to remove errors possibly due to data entry and finally running frequencies and cross tabulation. The data was presented in charts, graphics and tables and descriptive statistics were used in data analysis (Blumberg 2008:556-557). Interviews and document review complemented the questionnaire findings.
4.3 RESEARCH RESULTS: QUANTITATIVE ANALYSIS: QUESTIONNAIRE

The table 4.1 below shows the 100% questionnaire response (n=60).

Table 4.1 Questionnaire Response (n =60)

<table>
<thead>
<tr>
<th>Department</th>
<th>Managerial</th>
<th></th>
<th>Non-Managerial</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Soaps</td>
<td>1</td>
<td>0</td>
<td>7</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Engineering</td>
<td>2</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Marketing</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Administration</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Oils</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>2</strong></td>
<td><strong>38</strong></td>
<td><strong>10</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

(Field Survey 2013)

The questionnaires were all completed in full without any omissions.

4.3.1 Sample characteristics

4.3.1.1 Age representation

Figure 4.1 Age representation

(Field Survey 2013)
There was a fairly even age distribution amongst the questionnaire participants. The age group 21-30 constituted 26.7% whilst 31-40 years were 25%, 41-50 age group had 26.7% representation and those above 51 years were 21.7%. This meant that the analysis fairly incorporated issues that affected people from all age groups (Smith et al 2008:212-215) as shown in figure 4.1 above.

4.3.1.2 Sex of respondents

The females employed at United Refineries were fewer than male constituting 8% of the total population. Twelve, out of sixteen females (75%) participated in the questionnaire survey of which the remainder (25%) were not available during the study. The 80% males who participated in the questionnaire survey constituted 26% of the male population. Otherwise, the female respondents were a quarter of the males as shown in figure 4.2 above.
4.3.1.3 Highest level of education

The level of education ranged from primary education to degree. The majority (57%) of the respondents had secondary education qualifications. A total 25% had tertiary education level qualification, 13% had degrees and 5% had primary school education.

Table 4.2 Education level by department

<table>
<thead>
<tr>
<th>Department</th>
<th>Education Level</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
</tr>
<tr>
<td>Admin</td>
<td>7.7%</td>
<td>38.5%</td>
</tr>
<tr>
<td>Soaps</td>
<td>0.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Quality</td>
<td>0.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Oils</td>
<td>9.1%</td>
<td>72.7%</td>
</tr>
<tr>
<td>Marketing</td>
<td>11.1%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Engineering</td>
<td>0.0%</td>
<td>41.7%</td>
</tr>
</tbody>
</table>

(Field Survey 2013)
An average of 55% had secondary education, 30% had tertiary education 10.7% had degrees and 4.3% had primary education and were all able to read and write on the questionnaire. The participants were literate.

4.3.1.4 Length of employment

![Proportion representation by length of employment by department](image)

**Figure 4.4 Representation by length of employment by department**

*(Field Survey 2013)*

The respondents had varying lengths of employment. They varied from 0-5yrs to over 21yrs. The administration had 75% of the least serving participants, followed by engineering, quality, soaps oils and marketing. The inclusion of views from employees with varying lengths of employment was important in that it assisted in to establishing the impact of the HIV/AIDS programmes within the workplace. The administration had 75% of the 0-5 years service, whilst quality had an almost even distribution of 20% across all ages, followed by soaps department with a similar pattern distribution. The oils and marketing departments had more than 50% of participants above 21 years of service.
whilst engineering had the majority less than 10 years of service( Creswell 2009:151-152).

4.3.1.5 Department of respondent

The selection was done in all the six departments of the company. The percentage representation from these departments is shown in the figure below:

The proportion representation is shown in accordance with the size of the departments. This was done to ensure that there was a fair representation of views from all departments. The participants were drawn from both managerial and non-managerial employees. The managers represented 23% while non-managerial employees made up the remaining 77%. The administration department had the highest representation of 22%, followed by engineering with 20%, oils 18%, soaps 17%, marketing 15% and quality with 8%. The implication was a fair representation of views across all the departments (Green & Browne 2011:122).
4.3.2 HIV/AIDS programmes effectiveness in addressing the needs of employees

Arguably, needs differ by sex, age groups, position and education level. Therefore, below are computations based on these four variables?

![Figure 4.6 Perception on the programmes and policies meeting employee needs by age group](Field Survey 2013)

The general perception was that the programmes met the needs of employees (84%). This was common for all age groups. However, the percentage of participants in the 31-40 years age group who strongly agreed was much lower than for the other age groups. Also of interest is the number of people that were either uncertain or disagreed in the 21-30 years and 31-40 years age groups implying that the needs and expectations of the sexually active young adults are more than of those 50 years and above. A marginal 16% identified the need gap to be filled with regards to policy and programmes implementation.
The general perception from 93% of the participants concurred that there were opportunities for improvement with regards to programmes and policies meeting the needs of the employees but only 4% disagreed. The sexually active young adults felt more needed to be invested while the older ones were either uncertain or disagreed. This is a phenomenon that existed amongst all age groups. The interviews clarified the specific areas of improvement (Berg & Lune 2012:351-353).
The perception about the programmes and policies meeting employee needs followed an almost similar pattern amongst both sexes. However, a significant 11% of males disagreed that the programmes were relevant to the needs of the employees. A higher percentage however felt that more needs were to be invested into the HIV/AIDS programmes and policies.

The figure shows that there was no direct link or influence of education on the perception of the policy meeting the needs of the employees or that there was need to add more needs to the current policy. Therefore, the effectiveness of the policies/programmees directly had a bearing on the sex and age of participants.
To gauge the effective implementation of the programme, participants were asked if they could have multiple sexual relations as long as they correctly use protection. The proportion of responses by length of employment is shown above. A majority of participants either disagreed or strongly disagreed to this belief. Although this could not be totally attributed to the policies and programmes at United refiners limited, it can be partially attributed to these programmes/policies.
Managerial employees believed that more needed to be done in providing adequate care and support at the workplace. This was shown by the majority of those in management (64.3%) who were either uncertain or disagreed/strongly disagreed that people affected or infected by HIV/AIDS were getting adequate care and support at the workplace. However, this was against a majority of non-managerial staff (58.7%) saying that there was adequate care and support. A comparison by age group shows that the “sexually active” age group (21-40yrs) was either uncertain or disagreed/strongly disagreed that there was adequate care and support at the workplace.

4.3.3 The impact of HIV/AIDS programmes

4.3.3.1 Organizational culture impact

Both managerial (78%) and non-managerial employees (72%) agreed/strongly agreed that the organizational culture had positive influence in the fight
against HIV/AIDS implying a positive mindset by the majority in the fight against the pandemic. A total of 20% from both seemed to disagree implying that the organization needed to do more to ensure goal congruency and shared vision to achieve total participation.
4.3.3.2 Socio economic impact

An average of 64% across the age range agreed or strongly agreed that the socio economic variables (affluence or poverty included) had a significant impact which may influence irresponsible behaviour. The Zimbabwe’s economic challenges between year 2002-2008, a hyper inflationery period impacted negitavely on United Refineries’ effort to avail adequate resources and programmes in line with its policy objectives. The level of uncertainty or nuetrality was equally common across the age range indicating an average of 28% of the employees whose behaviour was not directly influenced by affluence or poverty. The remainder which disagrees/strongly disagree could be pointing at other factors such as religion, social background and individual values as influencing behaviour of employees more than socio economic variables.
4.3.3.3 Health and productivity relationship

There was an overwhelming 100% positive agreement to the assertion that a healthy worker is a productive worker which was acknowledged by the age range 21-60 years. Generally it can be concluded that, good health comes first as the key motivator and requisite for economic growth of a nation. There was an insignificant 6% disagreement by those above 51 years and nearing retirement. The disagreement can be attributed to the fact that as one gets older, health deteriorates and productivity reduces.
4.3.3.4 Stigma and discrimination awareness

The majority of the participants constituting 90%, agreed or strongly agreed that they would work with a person infected with HIV/AIDS, whilst 7% were reserved and the remainder 3% disagreed. In terms of the impact of the awareness training programmes addressing the issues to do with stigma and discrimination management, the organization had made a significant positive impact despite length of employment, age, and educational level as shown in figures 4.15 above and 4.16 below.
Figure 4.16 Stigma and discrimination awareness by level of education

(Field Survey 2013)

The organization successfully addressed the issues to do with stigma and discrimination. Those with primary education and degrees agreed that they do not discriminate and can work with infected persons whilst 4% with secondary and tertiary education felt the opposite. The implication is that more training and awareness is required to change the mindset of some of the employees.

4.3.3.5 Individual values and sexual behaviour relationship by age

Figure 4.17 Individual values and sexual behaviour relationship by age
The majority of the participants constituting 78% believed that individual values can influence sexual behaviour whilst 13% disagreed and 9% were uncertain. The training programmes should address individual values and influence positive behaviour in the light of the positive belief that a healthy worker is a productive worker and the existence of a positive organisational culture in the fight against HIV/AIDS.

Individual values and sexual behaviour relationship by education level

![Graph showing the relationship between individual values and sexual behaviour by level of education.](image)

**Figure 4.18 Individual values and sexual behaviour relationship by education**

An average of 89 % across all educational levels, that is primary to degree level agreed or strongly agreed that individual values influences sexual behaviour regardless of the educational status. The two extremes, primary and degree level agreed or strongly agreed 100%, while tertiary followed with 86%, and secondary 68%. Therefore, individual values influence sexual behaviour according to employees at United Refineries. The remainder of the secondary and tertiary, 6% disagreed while 5% were uncertain.
4.3.3.6 Religion and sexual behaviour relationship

Religion can influence the value system of an individual. Therefore any religion which disapproves multiple sexual partners and sexual immorality works in favour of the organisations’ effort in the fight against HIV/AIDS. The majority of the participants (78%) believed that religion can influence sexual behaviour while 14% disagreed and 8% were uncertain. The organization should focus on disseminating scientific facts about the pandemic and influence a positive attitude and behaviour to counter the barriers that may be caused by one’s religion.

Figure 4.19 Religion and sexual behaviour relationship by age
(Field Survey 2013)
An average of 87% across all educational levels, that is primary to degree level agreed or strongly agreed that religion influence sexual behaviour regardless of the educational status. The two extremes, a similar pattern with the individual values, that is the primary and degree level agreed or strongly agreed 100%, while tertiary followed with 80%, and secondary 66%. Therefore, religion influence sexual behaviour of employees at United Refineries. The remainder of the secondary and tertiary, 12% disagreed while 1 % was uncertain.
4.3.3.7 Social background and sexual behaviour relationship by education level

An average of 94% across all educational levels, that is primary to degree level agreed or strongly agreed that social background influence sexual behaviour regardless of the educational status. Therefore, social background mostly influences sexual behaviour according to employees at United Refineries. The remainder of the secondary and tertiary and degree, 2% disagreed while 4% were uncertain.
4.3.3.8 Social background and sexual behaviour relationship by age

Figure 4.22 Social background and sexual behaviour relationship by age
(Field Survey 2013)

An average of 92% across all the age groups 21-60 years agreed or strongly agreed that there was a strong relationship between sexual behaviour and social background, regardless of age. The age group 41-50 agreed or strongly agreed 100%, while age group 31-40 followed with 94% and 21-30 with 88% and 51 and above with 85%. The age range 21-50 constitutes the sexually active group. Therefore, social background influences sexual behaviour of employees mostly at United Refineries. The remainder 5% disagreed while 3% were uncertain.
4.3.3.9 Social background and sexual behaviour relationship by education level

![Social background can influence sexual behaviour by Level of Education](image)

Figure 4.23 Social background and sexual behaviour relationship by education (Field Survey 2013)

An average of 94% across all educational levels, that is primary to degree level agreed or strongly agreed that social background influence sexual behaviour regardless of the educational status. Therefore, social background mostly influences sexual behaviour according to employees at United Refineries (Ltd). The remainder of the secondary and tertiary and degree, 2% disagreed while 4% were uncertain.

4.4 RESEARCH RESULTS: QUALITATIVE ANALYSIS

4.4.1 Semi structured interview analysis

According to Gray (2011:370-373), the semi structured interview allows for probing of views and opinion where it is desirable for participants to expand or clarify on their answers. The interviews were conducted to clarify and explain issues which came out from the structured questionnaire survey and the documents which were reviewed.
The table 4.3 below shows the 100% interview response (n=3).

Table 4.3 Interview Response (n=3)

<table>
<thead>
<tr>
<th>Department</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Human Resources Manager</td>
</tr>
<tr>
<td>Administration</td>
<td>Clinic Nurse</td>
</tr>
<tr>
<td>Workers Committee</td>
<td>Workers Committee Chairman</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

(Field Survey 2013)

The semi-structured interviews were conducted satisfactorily. The participants explained and clarified issues which were raised from the questionnaire, thereby answering the research questions.

The interviews revealed that the policy was not revised since 2005 in order to meet the current needs of the employees. The improvements needed were identified as the need to widen the policy scope to include families of the employees infected and the onsite administration of antiretroviral (ARV) drugs to ensure adequate care and support of the employees. The policy guidelines were non-existent needing to be established.

4.4.2 Document analysis

The HIV/AIDS policy the clinic records and the training records were availed to the researcher for analysis in answering the research questions as shown in table below:-

Table 4.4 Documents reviewed

<table>
<thead>
<tr>
<th>Document/Record Reviewed</th>
<th>Source or custodian</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS Policy</td>
<td>Human Resources Department</td>
<td>Analysis for adequacy</td>
</tr>
<tr>
<td>HIV/AIDS programme records</td>
<td>Human Resources Department</td>
<td>Analysis for impact &amp; adequacy</td>
</tr>
<tr>
<td>Training records</td>
<td>Human Resources Department</td>
<td>Analysis for level of awareness</td>
</tr>
<tr>
<td>Sick leave</td>
<td>Industrial Clinic/HR</td>
<td>Analysis for impact</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4</strong></td>
<td></td>
</tr>
</tbody>
</table>

(United Refineries 2013)
The documents were reviewed to validate responses and complemented findings from other data collection methods.

It was established that the United Refineries (Ltd) HIV/AIDS policy (annexure g) was formulated in year 2005, following wide stakeholder consultation and in line with the Zimbabwean legislation. The HIV/AIDS programmes started in year 2007 on a slow pace due to economic challenges in a hyper inflationary economic environment. The major activity was condom distribution sponsored by family planning council, a nongovernmental organization, and distribution of literature obtained for free from nongovernmental organizations. The programmes conducted are shown in table 4.5 below:

Table 4.5 HIV/AIDS programmes at United Refineries 2007-2013

<table>
<thead>
<tr>
<th></th>
<th>Year 2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Condom Distribution, Quantity Distributed</td>
<td>5000</td>
<td>8000</td>
<td>6000</td>
<td>4000</td>
<td>5000</td>
<td>8000</td>
</tr>
<tr>
<td>2</td>
<td>Voluntary Counselling and Testing (VCT)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 prog 20 part</td>
<td>2 progs 80 part</td>
<td>2 progs 161 part</td>
</tr>
<tr>
<td>3</td>
<td>Information Education Material IEC</td>
<td>no</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>4</td>
<td>Male Circumcision</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2 hr and 50 males trained</td>
<td>3 days and 50 male trained</td>
</tr>
<tr>
<td>5</td>
<td>Peer Education</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20 part</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The programmes being implemented at United Refineries were established as voluntary counselling and testing (VCT), information, education and training material distribution (IEC), peer education, male circumcision training and condom distribution as discussed in chapter one and chapter three as shown in table 4.5. The programme implementation improved in 2010 with emphasis on raising awareness to influence positive behavioural change.

The existing programmes were identified needing continuous improvement including, increasing the number of programmes to quarterly and to involve all the employees. It was identified that the number of influential peer educators
and external resource partners needed to be increased to raise much more awareness and keep the employees informed always.

The clinical records on sick leave were analysed as shown in table 4.6 below:

<table>
<thead>
<tr>
<th>Department</th>
<th>Number of sick leave days over the years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
</tr>
<tr>
<td>Quality</td>
<td>0</td>
</tr>
<tr>
<td>Soaps</td>
<td>4</td>
</tr>
<tr>
<td>Engineering</td>
<td>0</td>
</tr>
<tr>
<td>Marketing</td>
<td>0</td>
</tr>
<tr>
<td>Administration</td>
<td>0</td>
</tr>
<tr>
<td>Oils</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5</td>
</tr>
</tbody>
</table>

(United Refineries Limited 2013)

It was established that all the six departments were affected by sick leave absenteeism between year 2010 and 2013 two years after the introduction of the HIV/AIDS programmes. A total of 510 production hours were lost due to HIV/AIDS related illness. The off sick leave days increased ten times from 2010 to 2011 and four times from 2011 figure in year 2012. The 2013 figure started dropping by 14.2% each month, calculated proportionately compared to year 2012 as the year progressed. The explanation was that, when programmes are introduced they do not have a sudden impact on the health of the employees but on their behaviour progressively over time despite one’s HIV/AIDS status. When employees become aware of their status, they may deny at first if they are found positive. The employees get worried about the likely consequences thereby suffer psychologically, spiritually and get sick before confronting or accepting the reality. The statistics may rise during the denial stage as shown in table 4.6 above.

The numbers of opportunistic infections were noted to be decreasing. The number of sexually transmitted diseases (STDs), tuberculosis (TB) and herpes were noted on the decrease signifying a positive impact. The employees were slowly beginning to open up by revealing their status needing help from the employer. Stigma and discrimination was said to be on very low
amongst employees as more facts on HIV/AIDS transmission were disseminated. The issue of upholding confidentiality was confirmed as significant milestone

The lack of programme monitoring and evaluation was identified as an area for improvement in order to assess the impact of the same over time.

4.4 OVERVIEW RESEARCH FINDINGS

The findings were that:-

It was established that the programmes being implemented at the United Refineries (Ltd) since year 2007 to date were, voluntary counselling and testing (VCT), information, education and training material distribution (IEC), peer education, male circumcision training and condom distribution. The programmes were mostly meeting the needs of 84% of the employees but more needed to be done as alluded to by the majority 93% on care and support including employee families and ARV on site. The level of awareness of the HIV/AIDS programmes implementation was 90% indicating the ease with which goal congruency was possible in fighting the pandemic through informed participation.

The prevention programmes must be linked to treatment and care and support programmes. These programmes should offer services to help employees cope with infection and should ideally provide support to employees and their families. The effective programmes generally consist of wellness programmes including the treatment of opportunistic infections and, where possible, antiretroviral therapy (ART), social support mechanisms such as counselling, support groups, and home-based care and helping employees plan for the future (NAC 2010:11-13).

The HIV/AIDS policy was in place but had not been reviewed since year 2005. The agreed up to date policy demonstrates that both workers and management are committed to dealing with the problems of HIV/AIDS in the
workplace. The updated policy is likely to be more effectively implemented because of the process of consultation that takes place before the policy is agreed. That allows both management and workers to identify areas of possible disagreement and resolve them. The agreed policy should clarify how the policy fits in with other joint agreements that regulate workplace relations (ILO 2004:4). It was established that the education level of employees does not influence perception about the organization’s policies and programmes but the effectiveness of policy and programmes had a direct bearing on the sex and age of employees.

The workers and management both had a 78% and 72% respectively, positive mindset in the fight against HIV/AIDS at the workplace. Thus, the organization had a positive culture in fighting the pandemic. According to ZHDR (2003) it has been observed that the rigid cultural norms have been retrogressive towards the fight of HIV/AIDS. In the African traditional culture, the subject of sex and sexual relations is regarded as not fit for public address, thereby defeating the logic of workplace HIV/AIDS training. Furthermore, women have been disregarded with regard to the use protection as their voices tend to be silenced by their domineering spouses.

On an average the impact of the HIV/AIDS programmes was 75% in terms of awareness, mindset, and positive culture amongst employees in the fight against HIV/AIDS at the workplace. The negative impact was exhibited by the large number of sick leave absenteeism totalling 510 days over the years affecting almost every department at the organization. The numbers of opportunistic infections were noted to be decreasing. The number of sexually transmitted diseases (STDs), tuberculosis (TB) and herpes were noted on the decrease signifying a positive impact.

The employees were slowly beginning to open up by revealing their status needing help from the employer. The stigma and discrimination was said to be on very low amongst employees as more facts on HIV/AIDS transmission were disseminated. The issue of upholding confidentiality was confirmed as
significant milestone. The statistics from United Refineries (Ltd) were comparatively lower than Zambia’s largest cement company which reported that absenteeism for funeral attendance increased by 15 times in the 1992-1995 period. In the mid 1990s Uganda railways reported steep increases in absenteeism and an annual staff turnover rate of 15 per cent, with more than 10% of the workforce dead from AIDS related illness. In 1998 forty three employees of the Kenya revenue service died from AIDS. The Kenyan federation of employers’ reported that HIV/AIDS was costing companies an average of US$ 50 per employee each year (ILO (2004:11).

It was established that sexual behaviour amongst employees was influenced mostly by one’s social background 94 %, individual values 89% and religion 87%.The organization needs to take the aforesaid into consideration in designing programmes for effective implementation.

There was lack of programme monitoring and evaluation to effectively assess the impact of the programmes at United Refineries (Ltd). Interventions need to be constantly monitored and evaluated to ensure efficiency and effectiveness. The process enables organisations to control what is going on, take timely action to deal with problems that arise and adjust work plans to improve the efficiency, effectiveness and relevance of the programmes (NAC 2010:13).

The level of risk often drives company action, it is important to define the extent of the problem up front (IFC 2002). Monitoring is an important part of any corporate HIV/AIDS programme because it enables a company to measure its progress against its stated goals and make informed decisions about the effectiveness of various interventions relative to costs.

4.5 CONCLUSION
The chapter discussed the results and findings of the study in answering the research objectives. The next chapter makes conclusions and recommendations.
CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The chapter contains conclusions and recommendations which were made following the collection and analysis of data which was gathered in order to answer the research questions and meet the objectives of the study. The general objective of the study was to assess the impact of HIV/AIDS programmes at United Refineries Ltd.

5.2 RESEARCH DESIGN AND METHODS

Research designs are plans and procedures for research that span the decisions from the broad assumptions to detailed methods of data collection and data analysis. The selection of research design is also based on the nature of the research problem or the issue being addressed, the researcher’s personnel and the audiences for that study (Creswell 2009:3).

The case study of United Refineries (Ltd) used both quantitative followed by interviews and documentary analysis (Veal 2005:169-176). The research design used a structured questionnaire which were mixed with other data sources to coherently to address the research questions (Saunders, Lewis and Thornhill 2012:161).

The triangulation method research approach at United Refineries (Ltd) aimed to gain a broader and complete understanding of the impact of HIV/AIDS programmes on the workforce. Arguably, triangulation overcame weaknesses associated with using only one method as well as providing a wider approach to data collection, analysis and interpretation (Saunders et al 2012:164-179).
5.3 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS

The findings were that:-

5.3.1 Quantitative

- The level of awareness of the HIV/AIDS programmes implementation was 90% indicating the ease with which goal congruency was possible in fighting the pandemic through informed participation. The awareness on its own was not the solution, but the application of the knowledge gained which is evidenced by behavioural change was sustainable. It was like the biblical faith without works.

- The programmes were mostly meeting the needs of 84% of the employees but more needed to be done as alluded to by the majority 93% on care and support including employee families and ARV on site. Therefore, many companies have strong economic and social reasons for becoming active in promoting HIV/AIDS prevention both in the workplace and in the community if they are to protect the bottom line (Bendell 2003).

- It is the thrust of every training session to provide employees with information that would be converted into knowledge, evidenced by a change in sexual behaviour, with emphasis on responsible living. HIV/AIDS training has been unsuccessful because of the negative attitudes and the stigma associated with it (Tapfumaneyi 2011)

- Both the workers and management had a 78% and 72% respectively, positive mindset in the fight against HIV/AIDS at the workplace. Thus the organisation had appositive culture in fighting the pandemic

- It was established that sexual behaviour amongst employees was influenced mostly by one’s social background 94 %, individual values 89% and religion 87%.

- On an average the impact of the HIV/AIDS programmes was 75% in terms of awareness, mindset, and positive culture in the fight against HIV/AIDS at the workplace.
• The negative impact was exhibited by the large number of sick leave absenteeism totalling 510 days over the years affecting almost every department at the organization (IFC 2002).

5.3.2 Qualitative

• The study revealed that social background, individual values and religion influence sexual behaviour. Therefore, in designing HIV/AIDS programmes a proper training needs assessment has to be carried out first taking into account individual values, religion and social background. Tapfumaneyi (2011) explains that, despite the many intervention strategies that employers have adopted to curb the spread the HIV/AIDS pandemic, the response has been slow. The employers have invested a considerable amount of money to the cause of raising awareness on the pandemic.

• The study revealed that the policy was not revised since 2005 in order to meet the current needs of the employees. The improvements needed were identified as, the need to widen the policy scope to include families of the employees infected and the onsite administration of antiretroviral (ARV) drugs to ensure adequate care and support of the employees. The policy guidelines were non-existent needing to be established.

• The lack of programme monitoring and evaluation was identified as an area for improvement in order to assess the impact of the same over time. The programmes being implemented at the workplace since year 2007 to date were, voluntary counselling and testing (VCT), information, education and training material distribution (IEC), peer education, male circumcision training and condom distribution (Mahajan et al [Sa])

• It was established that the education level of employees does not influence perception about the organization’s policies and programmes. Further, it was established that the impact of policy and programmes had a direct bearing on the sex and age of employees.
5.4 CONCLUSIONS

There is need for the review of the HIV/AIDS policy and introduction of more need driven prevention programmes and extend the scope. There is also need for effective monitoring and evaluation of programme implementation in line with the stated policy objectives and the needs of the employees to influence much more positive change.

5.5 RECOMMENDATIONS

The study recommends:-

- The organization to adopt the conceptual model figure 1.2 for the effective implementation of HIV/AIDS programmes, and for monitoring and evaluation.

- The organization to widen its HIV/AIDS policy scope to include families and the community in preventing or reducing the negative impact of the pandemic on the socio economic circles of its business operations. The policy needs to remain functional, up to date, and relevant to the needs of the employees. The policy requires relevant guidelines for its effective operation, stakeholder informed participation, involvement, collaboration and ownership is a precondition or a prerequisite. The organization needs to walk the talk as a team with a shared vision and goal congruency.

- The organization needs to carry out a training needs analysis and come up with need driven programmes championed by influential peer educators in line with policy objectives. The programmes to include, on site ARVs provision, care and support network. The emphasis should be on prevention.

- The organization needs to put in place on objective impact assessment programme which provides valid, credible and reliable performance indicators or results. The commitment by top management is a prerequisite in ensuring positive behavioural change amongst employees. The staff wellness programmes complements the effort.

- The organization needs to uphold privacy and confidentiality as necessary and preclude stigma and victimization in dealing with infected employees in
order to build trust and to encourage voluntary submissions in fighting the pandemic.

- The study findings should be extended further to research, practice and education

Future studies should be carried out in other organizations in Zimbabwe and the rest of the world in order to compare, contrast, confirm, agree, or disagree with the findings and also to add to the body of knowledge commensurate with human need and development.

5.6 CONTRIBUTIONS OF THE STUDY

The conceptual model designed or formulated for the study in chapter one, that is figure 1.2 can be used by any organizations anywhere in the world as a sound tool for effective HIV/AIDS programme implementation, monitoring and evaluation. It can be turned or translated into an electronic model to simulate relational employee behaviour in a certain parameter defined environment.

Further the finding or assertion that that employee sexual behaviour is influenced by social background followed by individual value and then religion needs to be tested in other settings. (The ratio one’s social background 94 %, individual values 89% and religion 87%).
5.7 LIMITATIONS OF THE STUDY

(Blumberg 2008:383) argues that case studies do not attempt to give a representative picture of an issue they still attempt to reveal certain effects or mechanisms that are likely to occur in other similar settings thereby limiting generalisability of the findings. Therefore, the findings need to be tested in other settings.

5.8 CONCLUDING REMARKS

The experience has shown that for workplace programmes to be successful they need to be driven by senior management and without the support of those who influence policy, practice, and resource distribution, initiatives are doomed to fail. In order for programmes and policies to be effective, their existence and content must be communicated to all employees. There is urgent need for dialogue between stakeholders, to ensure that policies and programmes are owned by those they affect. The employees should be accorded an opportunity to have an input and contribute to the development, maintenance, and review of policies and programmes (NAC 2010:11-13).
REFERENCES


Symon, G & Cassel, C.2012. *Qualitative organisational research core methods and current challenges*: London SAGE.


ANNEXURES
Annexure A: Research & Ethics Committee Clearance Certificate

UNIVERSITY OF SOUTH AFRICA
Health Studies Research & Ethics Committee
(HSREC)
College of Human Sciences

CLEARANCE CERTIFICATE

9 September 2009
3488-353-3

Date of meeting: Project No: 

Project Title: The impact of HIV/AIDS programme in the workplace: A case study in Bulawayo, Zimbabwe

Researcher: Ncube, M

Supervisor/Promotor: Prof ON Makhubela-Nkonde

Joint Supervisor/Joint Promotor: 
Department: Health Studies

Degree: MA Cur

DECISION OF COMMITTEE

Approved Conditionally Approved

9 September 2009

Prof VJ EHLERS
RESEARCH COORDINATOR: DEPARTMENT OF HEALTH STUDIES

Prof MC Bezuidenhout
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRIES
Annexure B: Request to carry out research and work schedule

Request letter to carry out a study

3 Rockcliffe rd
Morningside
Bulawayo
12 October 2009

The Human resources officer,
United Refineries Limited
P. O. Box, 873
Bulawayo

Request for Permission to carry out a study at United Refineries Limited.

Dear Sir / Madam,

Please may I request to carry out a study on the impact of HIV/AIDS programmes at the workplace? I am a part time student at UNISA and I am studying Masters of Public Health the research study is partial fulfillment of Masters of Public Health.

The research study will focus on the programmes that are carried out at United Refineries Limited and their impact to the employees, community and the organization as a whole. The researcher wants to establish why the employees behave the way they do in terms of that they would have benefited from the HIV/AIDS programmes.

I hope the researcher will benefit your organization in the prevention of HIV cases in the workplace.

Participation in the study is voluntary and the participant is free to withdraw whenever there is discomfort. Confidentiality with be maintained.

Your assistance will be greatly appreciated.
Annexure C: Letter seeking consent from the department of human resources at United Refineries Limited.

Consent letter

I am an Environmental Health Officer currently studying with UNISA as a Master of Public Health student conducting a research on the impact of HIV/AIDS programmes at United Refineries Limited, Bulawayo city suburban.

The researcher wants to find out the impact of the programmes to the employees, stakeholders. The results will be used to advocate for change in workplace, the government and interested stakeholders with regards to HIV/AIDS programmes.

If you agree to be participant and be available for the interview at the workplace (United Refineries Limited) you will be interviewed by Ms. Mandlabaphansi Ncube. May I assure you that all the information will be handled with strictest confidentiality?

Please encircle one only
I   {AGREE}

{DO NOT AGREE} to be a participant in this study.

I understand that I will not be paid or have direct benefit or direct donation except that information will help the in the research on improving the livelihoods of employees and their families and advocating for them to the policy makers.
Annexure D: Request to carry out research and work schedule
Request letter to carry out a study

3 Rockcliffe rd
Morningside
Bulawayo
12 October 2009

The Human resources officer,
United Refineries Limited
P. O. Box, 873
Bulawayo

Request for Permission to carry out a study at United Refineries Limited.

Dear Sir / Madam,

Please may I request to carry out a study on the impact of HIV/AIDS programmes at the workplace? I am a part time student at UNISA and I am studying Masters of Public Health the research study is partial fulfillment of Masters of Public Health. The research study will focus on the programmes that are carried out at United Refineries Limited and their impact to the employees, community and the organization as a whole. The researcher wants to establish why the employees behave the way they do in terms of that they would have benefited from the HIV/AIDS programmes.

I hope the researcher will benefit your organization in the prevention of HIV cases in the workplace.

Participation in the study is voluntary and the participant is free to withdraw whenever there is discomfort. Confidentiality with be maintained.

Your assistance will be greatly appreciated.

Yours Sincerely
Mandlabaphansi Ncube
Annexure E: Questionnaire

UNISA: DEPARTMENT OF NURSING SCIENCE

QUESTIONNAIRE SURVEY: THE IMPACT OF HIV /AIDS PROGRAMMES AT UNITED REFINERIES LIMITED.

This questionnaire has been designed to assess the impact of HIV /AIDS programmes at United Refineries Limited. The results are for academic purposes and will not prejudice anyone who takes part in the survey.

SECTION A: GENERAL INFORMATION

i. Department: Administration ☐ Soaps ☐ Quality ☐ Oils ☐ Marketing ☐ Engineering ☐

ii. Position/level: Manager ☐ Non Manager ☐

iii. Length of employment at URL: 0 – 5 years ☐ 6 – 10 years ☐ 11 – 15 years ☐ 16 – 20 years ☐ Above 21 years ☐

iv. Highest level of education: Primary ☐ Secondary ☐ Tertiary ☐ Degree ☐
**SECTION B: QUESTIONS**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am fully aware of the HIV/AIDS awareness programmes and policies at URL.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The HIV/AIDS programmes and policies are relevant to the needs of the employees.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The company’s organization culture has a positive influence in the fight against HIV/AIDS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>More needs to be invested in the fight against HIV/AIDS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>There is a relationship between changes in the socio-economic variables and the HIV prevalence rate.</td>
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<td>6</td>
<td>There has been evidence of behaviour change amongst the workforce.</td>
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<td>7</td>
<td>Individual values can influence sexual behaviour.</td>
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<td>8</td>
<td>Religion can influence sexual behaviour.</td>
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<td>9</td>
<td>Social background can influence sexual behaviour.</td>
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<tr>
<td>10</td>
<td>I feel that people infected and affected by HIV/AIDS are getting adequate care and support at the workplace.</td>
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<td>11</td>
<td>I believe that an informed worker can make the correct decisions with regard to sexual behaviour.</td>
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<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Uncertain</td>
<td>Agree</td>
<td>Strongly Agree</td>
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<tr>
<td>12</td>
<td>I believe a healthy worker is a productive worker.</td>
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<tr>
<td>13</td>
<td>I would work with a person infected by HIV/AIDS.</td>
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<tr>
<td>14</td>
<td>I can freely reveal my HIV status</td>
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<td>15</td>
<td>I can have multiple sexual relations as long as I correctly use protection.</td>
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<tr>
<td>16</td>
<td>There has been a case(s) of HIV/AIDS related deaths in company.</td>
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Thank you for your cooperation!!
Annexure F: Interview Schedule

Key participant/interviewee

<table>
<thead>
<tr>
<th>Participant</th>
<th>Time Allocated</th>
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<tbody>
<tr>
<td>A      Human Resources Manager</td>
<td>20 – 30 minutes</td>
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<tr>
<td>B      Clinic Nurse</td>
<td>20 – 30 minutes</td>
</tr>
<tr>
<td>C      Worker’s Committee Chairman</td>
<td>20 – 30 minutes</td>
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</tbody>
</table>

A  **HUMAN RESOURCES MANAGER**

1. To describe the nature of HIV/AIDS programmes being implemented at the company.
2. To explain the extent to which existing HIV/AIDS programmes are meeting policy objectives and target.
3. To clarify and explain the extent to which the programmes are meeting the needs of the employees.
4. To clarify issues to do with stigma, discrimination, confidentiality, involvement, collaboration attitude and behavioural change amongst employees.
5. To identify areas for improvement in addressing the impact of HIV/AIDS at the company.

B.  **CLINIC NURSE**

1. To explain the statistical trends associated with the impact of HIV/AIDS at United Refineries.
2. To explain the relevance and adequacy of the existing HIV/AIDS programmes in line with policy objectives and the needs of the employees.
3. To clarify and explain the indicators of performance to do with employees’ attitude and behaviour.
4. To explain issues to do with stigma, discrimination and confidentiality in line with policy and legislation.
5. To identify gaps in HIV/AIDS programme implementation and opportunities for improvement.
C. WORKERS COMMITTEE CHAIRMAN

1. To identify the HIV/AIDS programmes being implemented at the organization.
2. To explain the level of awareness of HIV/AIDS programme implementation among employees.
3. To clarify the extent of worker involvement and participation in HIV/AIDS policy and programmes at the company.
4. To explain the impact of HIV/AIDS programmes in view of the needs of the employees.
5. To clarify issues to do with stigma, discrimination, confidentiality, care and support among employees and management.
6. To identify areas of improvement.
Annexure G: Policy HIV/AIDS for United Refineries (Pvt) Ltd

Company Position Statement on HIV/AIDS and Employment

United Refineries will progressively strive for the well being of all its employees through the promotion and support of positive initiatives that prolong the economic lives of all those that may be at risk to hazards at work including HIV infection and HIV/AIDS. The company believes that the workplace is a domain of collaboration between management and workers in the implementation all the initiatives to address the issues of safety and health including HIV/AIDS. The company acknowledges the need to empower all employees to play an effective role through information, awareness and educational initiatives to increase knowledge for effective interaction in all the identified interventions.

The Company in this context furthermore:

- Acknowledges the adverse impact of HIV/AIDS pandemic on the national economy and its business;
- Acknowledges that testing for HIV as a precondition for employment and continued employment is prohibited. However employees are encouraged to go for voluntary testing to influence positive responses to HIV.
- Recognizes that HIV infection causes AIDS;
- Acknowledges that there are high risk behaviour aspects that enhance exposure to HIV infection such as sexual diseases and sexual transmitted infections;
- Commits itself to proactive initiatives to address HIV/AIDS in the context of any other life threatening disease, disabling or terminal conditions;
- Commits itself to initiatives that ensure non-discrimination and stigmatization of those with life threatening diseases or conditions including HIV/AIDS;
- Acknowledges and recognizes the need for effective involvement collaboration of all the social partners in the implementation of the identified initiatives to combat HIV/AIDS (Management and Workers);
- Commits itself to address HIV/AIDS through enhancement of positive and progressive attitudes towards HIV/AIDS in the workplace through awareness promotion initiatives;
Acknowledges the need for open dialogue on HIV/AIDS to break the silence hence creates a work environment that supports positive attitudes required to address the challenges of the pandemic. The Company acknowledges that the Safety and Health Policy and the supporting programmes will mainstream HIV/AIDS interventions in terms of providing a work environment that has effective hazard monitoring and control measures.

2. POLICY

2.1 Objective

To set out guidelines for the implementation of proactive initiatives to address HIV/AIDS in the company through collaborative and co-operative involvement of management and workers in the context of national legislation, recognized standards and acceptable practices;

To define the company’s programmes to implement management and mitigation activities against the impact of HIV/AIDS on it business;

To eliminate discrimination and stigma through information, education and awareness campaigns in the workplace;

To create a positive supporting environment that facilitates the implementation the provision of care and support to those living with HIV and AIDS in the workplace.

Scope

The Policy applies to all employees of United Refineries.

2.2 Non-discrimination

The Company will develop and implement management systems that ensure that employees with HIV/AIDS will not be subject to prejudice, discrimination or victimization because of their perceived HIV status.
All employees are entitled to their normal benefits irrespective of their HIV/AIDS status. Employees shall be entitled to normal promotion and development based solely on their physiological capacity to perform their duties in terms of their job specifications.

Co-employees will continue to work normally with those with HIV/AIDS through proper information on vagaries of the pandemic.

The normal Company grievance procedures will be applied where employees are subjected to any prejudice or discrimination on the grounds of their HIV/AIDS status.

**Testing for HIV as a Precondition for Employment or Continued Employment**

In line with the national legislation and recognized standards there shall be no testing for HIV as a precondition for employment or continued employment.

Company will support any initiatives taken by employees to undergo voluntary testing since it has been found to be very effective in changing and influencing positive attitudes towards prevention and control of infection.

The standard occupational health and pre-benefit medical examination will be conducted in terms the job specifications to address the requirements for assignment into relevant jobs and protection of one’s health against occupational hazards.

The HIV status of any employee shall not be used as a criterion for denying one’s employment.

**Confidentiality of Health Information**

Employees with any medical condition are under no obligation required to disclose their status including HIV to their manager, supervisor or any other fellow employee.

Information on an employee’s HIV status will not be disclosed to anyone without the employee’s prior written consent.
Provisions will be made for those employees who may wish to disclose their status to others. The Company will also take the necessary precautions to facilitate the disclosure by the concerned employee.

**Safe and Healthy Working Environment**

The Company will implement proactive programmes that ensure that a safe and healthy working environment is provided in terms of the recognized occupational safety and health standards as well as legal provisions to prevent exposure to hazards that may compromise the health of those with HIV/AIDS as entrenched in the relevant principles.

The Company will in this regard monitor occupational hazards in the work settings and ensure that the hazard control and mitigation measures are effectively implemented.

**Proactive Preventive Strategies**

The Company acknowledges and recognizes the primary role of preventing the spread of HIV/AIDS through the prevention of infection. In this regard all the initiatives to combat HIV/AIDS will primarily focus on preventing and control of infection.

Promotional campaigns through information dissemination, education and awareness will be targeted towards prevention as a primary thrust and secondarily control of HIV infection.

**Gender Dimension With Regard to Female Workers**

The company acknowledges the need to address the gender dimension of HIV/AIDS through the recognition of the role of women who are highly at risk with regard to HIV infection. Workplace initiatives of the Company take into cognizance the need to empower women to play an effective role through entrenched equal rights and treatment enjoyed by others irrespective of their gender status.
The Company will strive to enjoin the spouses of workers in the awareness campaigns to ensure that the same information is effectively disseminated and reinforced by their involvement given that HIV/AIDS goes beyond the boundaries of the company.

**Continuation of Employment**

The Company acknowledges that being HIV positive does not in itself cause one to lose their physiological capacity and ability to perform their functional duties. In this regard all measures and means will be explored to provide a supporting working environment that will prolong the economic life any employee who is HIV positive or with AIDS.

All employees of the Company will continue with positive working relations with co-employees with HIV/AIDS. The Company will continue to provide the necessary support to those with HIV/AIDS.

**Care and Support as a Social Responsibility**

The Company acknowledges that employees with HIV/AIDS need to be morally, physically, mentally and socially supported to ensure that they enjoy a healthier and normal life through provision of initiatives for care and required support. In this regard the HIV/AIDS pandemic requires the involvement of all the employees in the workplace irrespective of their status in the Company. The culture of support will be further enhanced through the cultivation and encouragement of positive attitudes towards people with HIV/AIDS.

The Company will continue with the current initiatives of supporting employees through sourcing of food and other relevant supplies to address the issue of proper nutrition. The Company will engage other groups in the community and organizations on the continuous initiatives to enhance broader social organizations and community involvement.
Social Dialogue and Broader Collaboration of Key Players

The Company acknowledges that the most effective intervention to combat HIV/AIDS is to break the silence through the promotion and creation of a supporting environment that will tolerate open discussions and dialogue. The Company believes that HIV/AIDS is viewed and considered in the same category as other life threatening disease or health condition.

Information will be sourced and disseminated to all concerned on up to date developments in HIV/AIDS interventions to ensure that employees are well versed on the issues surrounding HIV/AIDS in the workplace.

The Company recognizes the role played by other organizations to combat HIV/AIDS hence in this regard, will engage other civic groups and communities in its interventions.

Rights and Duties of the Management

The Company will address the HIV/AIDS within the entrenched rights and duties of management and representatives as entrenched in the relevant national legislation governing the employment labour practices and operational procedures.

Rights and Duties of the Workers

The Company equally will observe the entrenched legal rights and duties of workers and their representatives in the interventions against HIV/AIDS in the workplace.
Implementation of the Policy

This Policy will be implemented through a collective bargaining agreement that will ensure ownership of the process by both management and workers.

Policy Review

The Company acknowledges that information on HIV/AIDS is continuously changing as scientific discoveries reveal other aspects that pertinently need to be addressed. In this regard this Policy will be subject to periodic reviews of at least once per annum.
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<th>Signed by Management:</th>
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