INVESTIGATING THE POTENTIAL ROLE OF CORPORATE SOCIAL RESPONSIBILITY (CSR), IN MANAGEMENT OF HIV/AIDS AT WORK PLACE. A CASE STUDY OF GARMENT INDUSTRIES IN THETSANE MASERU.

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Thesis presented in partial fulfilment of the requirements for the degree of Master in Sustainable Development Planning and Management at the School of Public Management and Planning at the University of Stellenbosch

Supervisor: Prof Mark Swilling

March 2007
DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature___________________________    Date:  ___________________
Abstract
Corporate Social Responsibility is a new agenda within the sustainable development debates. There have been several debates to question the role of business on the social and community linked issues such as HIV and AIDS which not only threatens their own survival but the very existence of the workforce and the communities. The debate also questions the role of the business on social accountability as to whether they should be held accountable and responsible for their actions to the employees and the wider society. In view of this debate the aim of this study was to investigate the potential role of Corporate Social Responsibility in management of HIV and AIDS at workplace—a Case Study of Garment Industries in Thetsane, Maseru.

Objective: To investigate the approaches used by Garment Industries in management of HIV and AIDS at workplace. Secondly, to investigate what contributes to the differences in the approaches between different garment industries, and finally to explore the factors, which motivated garment industries to adopt these approaches or programmes. This was a case study involving four garment industries that have workplace programmes.

Findings: Garment industries have limited resources to support HIV and Aids programmes at workplace. Majority of the garment industries depend on support from the development agencies and the private Doctors, in the area of condom distribution, awareness, education and provision of medical care to their employees.

No garment industry has facilities to provide ARVs at workplace. This could be due to lack of supply and the cost involved in securing the ARVs. On the other hand, there seems to be no collaboration between different garment industries to share best practices among each other, in order to replicate the successful approaches for the benefit of the companies. This is a crucial process in management of HIV and AIDS within the garment sector, which operates in similar circumstances and environment. Some garment industries seem to get support form their buyers, which is another avenue other garment industries can explore to enable them sustainably manage the workplace programmes.

Another notable observation in this study is the inability of the garment industries to reach out to the families and the community within which they operate. If business were
to be judged by their commitment to the employees, the wider community within which employees originate is no exception. Moreover, it is argued that you cannot divorce the workers and the community of origin.

**The following findings were discussed**

Garment industries have been motivated by factors such as death, absenteeism, and requirement by the buyers of their products to initiate HIV and AIDS programmes. This draws our attention to the issue of social responsiveness. Are they accountable to the workers and the community or to the outside stakeholders besides their own profit maximisation agenda.

The findings highlighted the discrepancies and similarities between garment industries in their endeavour to implement the HIV and AIDS Programmes. This study revealed lack of coordination and harmonisation of approaches between garment industries working in the same environment using a common manpower resource base, drawn from the same community.

In conclusion, garment industries ought to put more efforts and resources to support the HIV and AIDS programmes, which they have started to implement at workplace. The issue of ownership of the same programmes they themselves have initiated and accountability to the workers and the community within which their workers live would be a good starting point. Garment industries should explore the possibility of using available local and international experts within the country to strengthen their capacity, which can be achieved through partnership with the government, and development partners within the country.

Finally, the garment industries should internalise the social community initiatives, by mainstreaming these activities within their strategic plans, and setting aside budget allocations from their own reserves or undertaking serious campaigns on mobilization of adequate financial support to enable them carry out the community based activities in a sustainable manner.
OPSOMMING

Korporatiewe Sosiale Verantwoordelikheid is ’n nuwe agenda in die debat oor volhoubare ontwikkeling. Verskeie debatte is gevoer oor die rol van die sakewêreld in maatskaplike en gemeenskapsverwante aangeleenthede soos MIV en Vigs wat nie net sakemense se eie oorlewing bedreig nie, maar die voortbestaan van die ganse arbeidsmag en die gemeenskappe. Die rol van die sakewêreld ten opsigte van maatskaplike aanspreeklikheid word ook bevraagteken vir soverre dit aanspreeklik en verantwoordelik gehou behoort te word vir optrede in belang van die werknemer en die breër gemeenskap. In die lig van dié debat was die doel van hierdie studie om die potensiële Rol van Korporatiewe Sosiale Verantwoordelikheid in die Bestuur van MIV en Vigs by werkplekke te ondersoek – ’n gevallestudie van klerenywerhede in Thetsane, Maseru.

Doel: Om die benaderings wat deur klerenywerhede in die bestuur van MIV en Vigs in die werkplek toegepas word, te ondersoek. Tweedens, om ondersoek in te stel na wat daartoe aanleiding gegee het dat verskillende klerenywerhede se benaderings verskil, en ten slotte om die faktore wat klerenywerhede gemotiveer het om hierdie benaderings/programme toe te pas, te verken. Hierdie was ’n gevallestudie wat vier klerenywerhede met werkplek-programme ingesluit het.

Bevindings: Klerenywerhede se bronse om HIV- en Vigsprogramme in die werkplek te ondersteun, is beperk. Die meerderheid van dié nywerhede maak staat op die steun van instansies betrokke by onder meer kondoomverspreiding, bewusmaking, opvoeding en voorsiening van mediese sorg aan hulle werknemers.

Geen klerenywerheid beskik oor die nodige geriewe om anti-retrovirale middels in die werkplek te voorsien nie. Dit kan moontlik toegeskryf word aan gebrek in voorsiening en die koste wat aangegaan moet word om vermelde middels te bekom. Aan die anderkant wil dit voorkom of daar geen samewerking tussen verskillende klerenywerhede bestaan om hulle voortrefflikste gebruikte onderling te deel nie wat hulle in staat sou stel om die beste benaderings tot voordeel van die maatskappye aan te wend. Hierdie is ’n deurslaggewende proses in die bestuur van MIV en Vigs in die kleresektor wat in soortgelyke omstandighede en omgewing optree. Sommige klerenywerhede ontvang klaarblyklik steun van hulle kopers – dié is nog ’n moontlikheid wat ander
Klerenywerhede na kan kyk wat hulle in staat sou stel om die werkplekprogramme volhoubaar te bestuur.

Nog ‘n belangrike waarneming tydens hierdie studie was die onvermoë van die klerenywerhede om na die gesinne en die gemeenskap waarin hulle optree, uit te reik. Indien die sakewêreld aan hulle toegewydheid tot die werknemers geoordeel sou word, is die breër gemeenskap waar werknemers se oorsprong lê, geen uitsondering nie. Voorts word aangevoer dat ’n mens nie die werknemers en die gemeenskap van hulle oorsprong kan skei nie.

**Die volgende bevindings is bespreek:**

Klerenywerhede is deur faktore soos dood, tuisblyery en eise deur die kopers van hulle produkte om MIV- en Vigsprogramme te inisieer, gemotiveer. Dit vestig ons aandag op die aangeleentheid van sosiale gehoor gee. Is hulle - benewens hul eie winsverhogingsagenda - aanspreeklik teenoor die werknemers en die gemeenskap of teenoor buite belanghebbendes?

Die bevindings het die teenstrydigheid en ooreenkomsstal tussen klerenywerhede in hulle strewe om MIV- en Vigsprogramme in te stel, sterk na vore gebring. Die studie het gebrek aan koördinasie en harmonisering van benaderings tussen klerenywerhede, wat in dieselfde omgewing funksioneer en van ’n gesamentlike werkersvoedingsbron - binne dieselfde gemeenskap - gebruik maak, openbaar.

Ter afsluiting moet vermeld word dat klerenywerhede meer bronne en sterker pogings behoort aan te wend om MIV- en Vigsprogramme, wat hulle in die werkplek van stapel laat loop het, te ondersteun. ’n Puik vertrekpunt sou die aangeleentheid van eienaarskap van dieselfde programme wat hulle self geïnisieer het, wees en aanspreeklikheid teenoor die werkers en die gemeenskap waarin dié werkers woon. Klerenywerhede behoort van die beskikbare plaaslike en internasionale kundiges in die land gebruik te maak om hulle kapasiteit te verstewig – dit kan vermag word deur vennootskap met die regering, asook met ontwikkelingsvennote binne die land.

Ten slotte – die klerenywerhede behoort die sosiale gemeenskapsinisiatiewe te internaliseer deur hierdie aktiwiteite binne hulle strategiese planne voorrang te laat geniet.
en voorsiening te maak vir begrotingstoewysings uit eie reserwes, en/of weldeurdagte veldtogte, met die oog op mobilisasie van voldoende finansiële steun, te onderneem wat hulle in staat sal stel om gemeenskapsgerigte bedrywighede op volhoubare wyse uit te voer.
ACKNOWLEDGEMENT

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<tr>
<td>AGOA</td>
<td>African Growth and Opportunities Act</td>
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<td>AIDS</td>
<td>Acquired Immune Deviancy Syndrome</td>
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<td>ALAFA</td>
<td>Apparel Lesotho Alliance to Fight Aids</td>
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<td>ALE</td>
<td>Association of Lesotho Employers</td>
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<tr>
<td>ART</td>
<td>Anti Retroviral Treatment</td>
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<td>CSO</td>
<td>Civil Society Organisations</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>FAWU</td>
<td>Factory workers Union</td>
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<td>GI</td>
<td>Garment Industry</td>
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<tr>
<td>GOL</td>
<td>Government of Lesotho</td>
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<tr>
<td>HCBTA</td>
<td>HIV and Aids Capacity Building Technical Assistance</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communications Materials</td>
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<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
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<tr>
<td>KYS</td>
<td>Know Your Status</td>
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<tr>
<td>LAPCA</td>
<td>LESOTHO Aids Coordinating Authority</td>
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<td>LENEPHW</td>
<td>Lesotho Network of People Living with HIV and Aids</td>
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<td>LSNP</td>
<td>Lesotho National Strategic Plan</td>
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<td>MAS</td>
<td>Medical Aid Scheme</td>
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<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PSCAAL</td>
<td>Private Sector Coalition Against AIDS in Lesotho</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>TNC</td>
<td>Trans National Corporations</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on AIDS</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNGASS</td>
<td>United Nations General Assembly Special Session of HIV/AIDS</td>
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<td>United Nations Children Fund</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<tr>
<td>WBCSD</td>
<td>World Business Council for Sustainable Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER 1: INTRODUCTION

BACKGROUND.
Lesotho is a relatively small country located in the Southern Africa region and covers an area of about 30,000 miles with a population of about 2.2 million. Because of its mountainous terrain, majority of the population live in the lowlands of the country.

Lesotho is identified as one of the poorest countries in Sub-Sahara Africa and the world in general. Various studies carried out in the country do reveal that the level of poverty is actually on the increase. More specifically, the results of a survey conducted in 2002 showed that 55% of Basotho are poor and 31% are infected with HIV and AIDS (UNAIDS/WHO, 2002:14).

Lesotho is among the countries worst affected by the HIV and AIDS epidemic. According to a World Bank assessment report in 2004, about 330,000 of Lesotho’s adults’ age (15-49) are estimated to be infected with HIV and AIDS. The country is facing an unprecedented national disaster (World Bank. HCBTA, 2004:6). The first AIDS case was reported in 1986, and since then the adult HIV prevalence has risen to 31% (UNAIDS, 2002). An estimated 27,000 children aged 0-14 years were infected with HIV virus by 2002. UNAIDS reports that Lesotho recorded its highest prevalence rate of 31.1 % in 2003. The number of single and dual orphans in Lesotho has risen to its highest level ever (at around 90,000 children ages 0-14 years). Women and girls are at a higher risk of infection and infact 50% of those estimated to be having HIV and AIDS in 2003 were women. Young women between the ages of 15-29 years are most vulnerable. The overall impact of this is devastating and dramatically affects the industrial sectors especially the garment factories where most young women work to earn a living (Kimaryo et al, 2004)

Lesotho is one country where the Corporate Social Responsibility discourse has not been embraced by many organisations. The expectations by the wider societal community is the fact that escalation of HIV and AIDS within business sectors and in the wider environment, would act as a trigger to elicit company initiative to act as socially responsible businesses without assuming that it is business as usual. Even though the government of Lesotho has embarked on encouraging testing for all its citizenry, through
the newly introduced “Know Your Status” campaign, efforts towards embracing this initiative especially within the business environment are still minimal. There is worldwide recognition that HIV and AIDS cuts both ways, whereby it has a negative impact and effects on the employees and the employers and the respective companies. As a result there exists a great need in the current global economy for the individual companies or business to have in place a well thought out workplace programme, and comprehensive HIV and AIDS policies administered within the corporate sector and the wider society.

A study conducted by Grant el al (2002) revealed that the HIV and AIDS pandemic pose a serious danger or potential threat to Lesotho’s garment industry. As the HIV/AIDS problem continues to increase, the industry continues to suffer absenteeism and deaths among the work force (Grant et al, 2002:35). This is a pointer to the fact that HIV and AIDS is a workplace issue not only because it affects labour force and productivity, but also because the workplace has a vital role to play in the wider struggles to limit the spread and effects of the epidemic (http://www.AidsAtWorkplace.asp).

1.1 Background for the research
The debate about Corporate Social Responsibility (CSR) started in the early 1960’s when changing social values and expectations gave rise to a debate about the role of business in the society. There is a general concern in the Corporate Social Responsibility debate as to whether corporations need to engage in social activities. This is an approach to business that affirms the broad contribution that companies can make to human welfare beyond maximising the wealth of shareholders (Margolis & Walsh, 2003). This postulation further asserts that, CSR is the willingness and ability of the corporate business world to undertake social and economic activities that are beneficial to the communities in which they operate, and hence promote sustainable livelihoods and economic development. Social responsibility is thus part and parcel of the company’s business strategy as encapsulated within the overall corporate objective. Respectively, in the face of the problems of the HIV and AIDS pandemic, there is now a high expectation more than ever before, that companies should act as socially responsible businesses (Margolis &Walsh 2003:269).
HIV and AIDS is a disease whose cure has not been known, and whose spread has left behind many homeless, child headed homes, and poverty not to mention the impact it has on the economies and businesses (Kimaryo et al, 2004). Businesses today are faced by different challenges, and the most notable one is the vicious circle of HIV and AIDS at work place. HIV and AIDS is noted to contribute to absenteeism, which then leads to low production thus leading to reduced profits or increased losses. The high staff turnover leads to a reduction in skilled manpower thereby causing the recruitment and re-training costs to escalate (Kieran, 2001).

In accordance with the observations by Grant et al (2002), currently HIV and AIDS poses a serious and potential threat to the garment industry in Lesotho. The results from a sentinel surveillance survey in Lesotho indicated that the highest infection rate is found within the garment sector. Mostly, the infections are within the garment industries where the labour force is highly concentrated. This means that there is a potential problem that affects the garment industries, which must recognize this challenge and act to address the HIV and AIDS beyond the workplace (Grant et al, 2002).

At present there are challenges and gaps in the response to the HIV/AIDS pandemic at workplaces in Lesotho especially within the private sector. A sizeable number of companies within the garment sector have now developed work place programmes on HIV and AIDS in an attempt to address the pandemic at the work place. However, they face a challenge with respect to how they can ensure smooth implementation and that effective management takes place on the ground. A study by ComMark Trust (2006) affirmed this when they observed that there is lack of coordination of the various approaches adopted by the apparel sector to address the pandemic.

The other difficulty observed is the lack of monitoring and evaluation of the programmes, which makes it difficult to analyse the quality, relevance, success or failure of the approaches adopted (Colvin et al, 2006:31). The draft Lesotho National Strategic Plan cites the need for intensive consultations and analysis on the epidemic by all stakeholders within the country. Key players within the private sector should identify the strategies that need to be adopted in order to address the pandemic (Lesotho. National AIDS Commission. Strategic Plan, 2006).
Different companies have been motivated by different factors to develop the HIV and AIDS programmes. Some of them have been prompted by the buyers through the codes of vendor conducts or code of practice to initiate the workplace programme, while others have been forced by the circumstantial loss of their employees cum labour force due to the HIV and AIDS related deaths. The Association of Lesotho Employers (ALE) has underscored HIV and AIDS as one of the major issues threatening the private sector, and has been mandated to facilitate the development of workplace HIV and AIDS programme within the confines of its membership.

The Apparel Lesotho Alliance to Fight Aids (ALAF A) was launched by ComMark Trust in 2006 to help fight the HIV and AIDS in this export oriented garment industry by providing education and prevention, voluntary testing and counselling, and eventually the management of the epidemic via a roll-out of antiretroviral drugs. This initiative is meant to help the workers, who are mostly women, one third of whom are estimated to be infected with HIV & AIDS pandemic that also kills around 2,300 such apparel workers every year. Nonetheless, the ALAF A project is part of the initiative to make the Lesotho apparel industry more robust and ensure enhancement of the already damaged reputation as an increasingly socially responsible source of clothing for some of the world’s biggest brands (Colvin et al, 2006).

While AGOA is the driving force behind the growth of the garment industries in Lesotho, which employs approximately 60% of the labour force in the country (Grant et al, 2002), businesses have now started to adopt workplace programmes to manage the impact of HIV and AIDS, since it already poses a potential threat to the industry at the present moment.

1.2 Limitation of the research
Given that CSR discourse is a new phenomenon as practiced in today’s corporate world, there is limited literature that exists especially in Lesotho to guide this research. Extended studies conducted on the impact of HIV & AIDS on business operations in South Africa (Thomsen & Schaer, 2004), indicate that HIV/AIDS has an enormous social economic impact on the business. However, in Lesotho no social economic impact has been conducted within the apparel sector (Colvin et al, 2006).
This is the case; despite the fact that HIV and AIDS pose a great threat to the garment industry in Lesotho, whereby approximately 25% of the infected are within the garment sector (Sechaba Consultant, 2004). This research is aimed at contributing to the limited research, which exists on the role of Corporate Social Responsibility (CSR) in management of HIV/AIDS at workplace in Lesotho.

1.3 Objectives of the Proposed Research

The reason for carrying out this research is to explore the potential role of CSR in addressing the HIV and AIDS pandemic at workplace, with a specific focus on garment industries in Thetsane Maseru, Lesotho. It is recognised that HIV and AIDS is a worldwide challenge, which has impacted negatively on the public, social, and the private sectors within the economy. It has impaired the private sector in fulfilling their private motive of maximising profits.

The private sector may have to engage beyond their business environment, with the wider community, due to the fact that HIV and AIDS is easily passed from the wider community to employees and their families. Moreover, HIV and AIDS is influenced by the behaviour and social economic pressures which are present within the communities in which workforces live (Kieran, 2001).

Lesotho is a country, which has attracted direct foreign investments in the area of apparel industries, which as noted earlier employs a sizeable number of the labour force within the country (Grant et al, 2002). On the other hand, Lesotho is cited as one of the countries with the highest rate of HIV/AIDS pandemic in the world, whereby it comes third after Botswana and Swaziland (UNAIDS/WHO, 2005). A study by Sechaba consultants confirmed that the majority that are infected with this disease are within the garment industry (Sechaba Consultants, 2004).

The current environment in Lesotho is such that, few businesses have embraced the notion of corporate social responsibility. This assertion is based on my preliminary study, which revealed that a few companies or businesses engage informally in a very limited way to address societal needs.
Given the prevailing situation within the private sector, and the fact that several initiatives in form of programmes have been developed by companies to address the pandemic, I found it necessary to investigate the potential role of Corporate Social Responsibility in the management of HIV and AIDS at workplace. This exploration is made with some hope that issues will emerge which will drive the private sector within Lesotho to embrace the Corporate Social Responsibility. The study as noted, hopes to contribute to the limited literature that currently exists in the area of Corporate Social Responsibility within the private sector in Lesotho.

1.4 Research Question

The incremental power held by the private sector today combined with the global access to information available to the public and increased activism, has resulted in the general public expecting the private sector to take a greater responsibility for their activities as well as towards the communities in which they operate (Thomsen & Shaer, 2004). This challenge of HIV and AIDS is experienced across businesses and the wider society thus aggravating the environment in which business is to be conducted by eroding the social structures and causing poverty to escalate.

Flowing from the above argument this research will explore the potential role of Corporate Social Responsibility (CSR) in the management of HIV and AIDS at the workplace within the garment industries in Thetsane industrial site of Maseru, with the hope that I will understand what the Thetsane garment industries are doing in addressing the problem of the HIV& AIDS pandemic at workplace in Lesotho.

In order to fulfil the main research question three objectives will be achieved notably:

Objective 1: To investigate the different approaches to HIV and AIDS management that garment industries have adopted in the workplace. Workplace programmes vary from business to business, however certain programmes work better in certain environments than others. It is on this premise that this research seeks to understand the various approaches adopted by the five different garment industries in Thetsane, Maseru.

Objective 2: To explore the factors that motivated the garment industries to adopt specific programmes. In the market today, companies are experiencing pressure from different
angles. From one perspective, employees through the labour or trade unions demand certain rights, while on the other hand the society tends to blame the garment industries for concentrating within the urban sectors, thus encouraging migration of workforces to the urban centres whereby they are forced to live in vulnerable condition exposing them to HIV and AIDS. Buyers also spell out certain conditionalities to be fulfilled before they can buy goods from these garment factories. An example is the supply chains in Europe where pressure groups demand that companies must be socially responsible with respect to the interests of their employees by observing certain ethical practices at their workplace (Christian Aid, 2004).

Objective 3: To understand the factors, which contribute to the differences in the approaches adopted by these garment industries in Lesotho.

1.5 Layout of the Research
The next chapter will present the literature review. This will mainly focus on related literature on Corporate Social Responsibility (CSR), its genesis, and the current global statistics on HIV&AIDS and how it impacts on businesses, and finally the various programmes, which have been adopted by certain businesses to address the HIV/AIDS pandemic. Chapter 3 will focus on the methodology, the research instruments, and data collection recording processes. Chapter 4 will pay attention on the findings of the research, and finally Chapter 5 will present the discussions and conclusions.
Chapter 2

2. Literature Review
As mentioned in the first chapter, the purpose of this study is to investigate the potential role of garment industries in managing HIV and AIDS at workplace in Lesotho. This chapter will focus on related literature on Corporate Social Responsibility. First I will start with the literature review on the background of Corporate Social Responsibility and the various debates and perceptions about Corporate Social Responsibility. Secondly, I will give an overview of HIV & AIDS, how it impacts on business and workforce and the various approaches generally used in management of HIV/AIDS at workplace.

2.1 CSR Background
In trying to understand the meaning of Corporate Social Responsibility, different words have been used to describe the same thing. While the European Union Council used the term Corporate Social Responsibility (CSR), the Commonwealth, on the other hand, adopted the term Corporate Citizenship (CC). All these terms in essence have the same implicit definition and carry the same general meaning. Hence, the terms Corporate Social Responsibility and Corporate Citizenship will be used interchangeably in this thesis.

Corporate Social Responsibility (CSR) is now being incorporated and used as a tool to enable companies to realize their developmental objectives. Basically, there is the need for companies to balance their economic profit maximisation motives with the participation in the community social needs. Corporations are nowadays viewed to be part of a larger interconnected global system, to the extent that when a corporation’s actions negatively impact on the environment and social systems, the feedback loop often holds them accountable. This feedback system can take the form of lawsuits, market rejection, damaged reputations, loss of market share, reduced employee morale and hence productivity, increased regulatory scrutiny, and reduced corporate headline earnings (Dixon, 2005). It holds true that human pain and suffering will increase if we do not hold companies fully responsible for their own actions (Dixon, 2003).
To achieve this social responsibility, businesses are expected to play a pro-active leadership role and work aggressively towards addressing the social needs of the employees and the communities from which they source or draw their labour force to be viewed as good corporate citizens.

When companies get involved in constructive developmental activities such as addressing the HIV and AIDS pandemic, then communities start viewing them as promoters of sustainable development, and not otherwise as organisations which are trying to cover up their evil actions. Today’s business leaders and firms themselves are indeed responding to calls for enhanced corporate social responsibility, an approach to business that affirms the broader contribution companies can make to human welfare beyond the maximization of the wealth of shareholders (Margolis & Walsh, 2003).

The sizeable business lobby at the World Summit for Sustainable Development (WSSD) claimed Corporate Social Responsibility as being the main pathway by which business would voluntarily and by means of partnerships contribute to implanting sustainable development (Hamann et al, 2003). The main focal point about the debate is centred on the definition of Corporate Social Responsibility, and whether or how responsibility could be discharged, how performance could be measured (Clarkson, 1995), and the fact that reporting could be done through a method of sustainability reports, that covers the triple bottom line (financial, environmental and social performance) (Holliday et al, 2002; Roberts, 2003). Today this discourse is being embedded in the sustainable development issues and agenda (Hamann & Acutt, 2003).

It is against this background that the World Business Council for Sustainable Development (WBCSD) defined Corporate Social Responsibility as “the commitment of business to contribute to sustainable economic development, working with employees, their families, the local community and the society at large to improve their quality of life” (Quoted in Hamann et al, 2003). From the aforementioned, it is evident that businesses have a key role to play in the management of HIV and AIDS, because there is clearly a definitive need to fill the gap left out by governments and civil society, as good corporate social citizens (Hamann & Acutt, 2003).
Nonetheless, CSR has not been received favourably by many companies, which are not always enthusiastic about getting involved in formalized social projects. Some of the companies are not yet aware of the role they should play as responsible businesses and have thus elected to adopt the strategy that “it is business as usual” (Coleman, 2002). The reason for this non-involvement in societal or social activities is that these activities do not supposedly seem to add any economic value to their business.

### 2.2 The Genesis and Debates Pertaining to Corporate Social Responsibility (CSR)

As noted in the first chapter, the issue of Corporate Social Responsibility emerged in the early 1960’s when changing social values and expectations gave rise to the debate about the role of business in the society. This coupled with the issue of globalisation has given impetus to an examination of how businesses can act in a socially responsible manner by being good citizens in the conduct of their business in a humane manner, without hurting the society and the environment in which they operate (Coleman, 2002). According to an observation by McIntosh et al (2003), corporations ought to link the delivery of social improvement and public goods with increased company performance and private goods.

Despite the divergent views that exist about Corporate Social Responsibility, Gill Coleman of New Academy of Business, U.K, asserts that:

“There is some change under way in how business is to be conducted that long accepted models of business functioning inflict a substantial burden on both people and planet and thus a situation that must in some way be addressed…this is a set of initiatives and emergent practices that are concerned with social change. Coleman further continues to observe that the exact nature of the desired change is seldom addressed, perhaps because of different players in the field some of whom are unlikely to agree on the same but ultimately, corporate social responsibility is not in essence about business as usual - it is part of a move to question the rules by which the humans beings have collectively chosen to run our world” (Coleman, 2002).

Christian Aid, on the other hand, observed that some companies make use of Corporate Social Responsibility as an opportunity to cover up or defend their inappropriate operations or actions which sometimes implies that Corporate Social Responsibility can be used as a branch of public relations (PR) where such companies take the initiative to
fund social activities (Christian Aid, 2004), but one wonders whether they are doing it out of social responsiveness or they are being driven by other factors such as their own business agenda to support social initiatives.

In this regard, it can be argued that Corporate Social Responsibility is a tool that has been used by large multinationals to improve their business image (Christian Aid-UK, 2004). This is more so with respect to multinational corporations whose actions have negatively impacted on the society and the environment on the whole (Bezuidenhout et al, 2003). It should also be noted that CSR can be used as public relations exercise to market the products of the companies, but when one looks at it through the eyes of social responsiveness, there is a likelihood of mismatch of the objectives with the actions. For example, a case in point is the story of Shell Oil Company in Nigeria, as cited by the Christian Aid report whereby the company preaches to be a good neighbour, and yet they do not act it out, by way of expeditiously cleaning up the oil spills that ruins many villages (Christian Aid, 2004). Arguably, Shell may not be the only victim or offender in this position, but also many other Trans National Corporations (TNC) and medium sized companies across the globe have acted similarly in an irresponsible manner. Hence the critics of CSR argue that it should not be accorded such respect and cooperation, as is currently the case because it is not based on a sincere attempt to genuinely improve social and environmental impacts of businesses (Hamann et al, 2003).

One of the grey areas in the issue of corporate social responsibility is the process used in the determination of what social issues and needs should be addressed by corporations or businesses. Given the fact that corporations are now engaging themselves in social and developmental issues, it becomes very difficult to pin them down on what they should take responsibility for. Moreover, tension may brew if the society is to determine what a social issue is and what companies are expected to do (Clarkson, 1995). McIntosh et al (2003), further argues that since 1995 a number of standards and codes of practice have emerged to guide the company standards and practices in their operations as socially responsible citizens. The existence of a company’s policy, code of conduct, or ethical standards is a good starting point because it gives evidence that a company is aware of its responsibility to the wider community in which it operates (Christian Aid, 2004). Policies
and regulations help managers define and act on social issues, by ensuring that they make accountable decisions (Rowe, 2005).

At the same time, it has been indicated that when regulations are introduced, they can easily hamper the company’s goodwill to contribute to social activities. Arguably, this may not necessarily be true as regulations can change the situation including enabling the companies to act responsibly (Christian Aid, 2004).

But according to McIntosh et al (2003), corporate social responsibility to some companies is indeed a marketing tool involving the image and symbol rather than the delivery of a broader social benefit. The common thread that weaves through the various definitions of Corporate Social Responsibility is the voluntary nature of the good practices as argued elsewhere in this paper. What makes CSR initiatives “socially responsible” is the fact that the government or intergovernmental institutions do not initiate them, but rather they are voluntarily pursued by the businesses (Rowe, 2005). These voluntary initiatives are important because they re-direct corporate goals by incorporating social activities (Henderson, 1999).

A study conducted to ascertain opinions from a group of business elites believed that companies have to stretch their approach beyond the boundaries of the law to be considered socially responsible (Thomsen & Schaer, 2004). But there still exists some confusion due to discrepancies and inconsistencies in the implementation details of Corporate Social Responsibility, which can easily undermine directional consistency in practices of CSR in the workplace.

A key finding of the Millennium poll is that consumers mostly hold companies accountable for protecting the health and safety of their employees (Bloom et al, 2006). Pointedly, some corporations also take Corporate Social Responsibility as a motivation driving their actions on HIV and AIDS at the work place.

2.3 HIV and AIDS Global Status
Since HIV and AIDS emerged, it has reached almost every country in the world, whereby it has already impacted different regions of the world at different levels (UNAIDS, 2000).
Sub-Saharan Africa is the worst affected, and is home to 25.8 million people living with the virus, almost one million more than in 2003. Among the worst regions hit by this epidemic is Southern Africa (UNAIDS, 2005) constituting 65% of the people living with HIV and AIDS in the world (UNAIDS, 2004).

HIV and AIDS has become a public health issue at national and global level (Piot et al, 1992). In 2005 an estimated 5.5 million people from Southern Africa were living with HIV/AIDS (UNAIDS, 2006). In Lesotho, out of a population of 2.2 million, one in every four Basotho between ages 15-49 was infected with HIV and AIDS, and approximately 2100 Basotho died of AIDS each month in 2005 (WHO/UNICEF/UNAID, 2006).

Epidemiology studies demonstrate that HIV/AIDS has three major modes of transmission viz: heterosexual contact, mother to child transmission during birth, and through blood transfusion or needle poke piercing. Previously AIDS was labelled as an urban disease but lately the spread has been rampant in the rural areas (Lesotho. DHS, 2004; Jackson, 2002 and Piot et al, 1992). The cause of the spread and how it manifests itself vary from country to Country (Jackson, 2002). In Lesotho poverty, multiple sexual relationships for both married and unmarried men and women, early sexual debut and migrant labour to urban centres have contributed to the escalating spread of the epidemic (GOL, 2006).

Early results of an ongoing estimate by the World Bank suggests that the macroeconomic impact of HIV & AIDS may be significant enough to reduce the growth of National Income by up to a third in countries whose HIV and AIDS prevalence rate is 10% of the national population (Kieran, 2001). This has a direct impact on the ability of the business to operate, which may also lead to a reduction of direct foreign investment in such countries (Kimaryo et al, 2004).

According to Laura Tyson of the London Business School, “HIV/AIDS is a business challenge, which poses significant economic and business risks especially the hard hit regions like Sub-Saharan Africa.” (Quoted in Bloom et al, 2003). Specifically, those countries with deteriorating health standards are unlikely to attract an increasingly high level of direct foreign investment or to develop an environment that will stimulate growth
in the medium and long-term basis. Businesses will face elevated levels of uncertainty, thereby making investment decisions more difficult to take as this reduces the quality of the available workforce and has a potentially damaging effect on the customers (Bloom et al, 2003).

2.4 Effects of HIV/AIDS in Lesotho

It is estimated that approximately 23.5% of Basotho aged between 15-49 were infected with HIV and AIDS by 2005. This is one of the highest rates in the world after Botswana and Swaziland, which translates to about 320,000 of adult men and women living with HIV/AIDS infection (UNAIDS. UNGASS Report, 2005). The pandemic is regarded as the biggest threat to combating poverty, promoting sustainable human development, and attainment of the Millennium Development Goals (UNAIDS/WHO, 2002; Bendell, 2003).

The impact of this pandemic on Lesotho’s developmental agenda is devastating because of the increase in morbidity and the already over stretched health infrastructure. The Ministry of Health and Social Welfare (MOHSW) estimates that 50% of the hospital inpatients and one out of four outpatients are HIV/AIDS related cases (Kimaryo et al,
2004). The mortality has increased sharply as a result of AIDS, whereby the HIV and AIDS related deaths have increased from 23,000 in the year, 2003 to 24,000 in 2005 (UNAIDS. UNGASS Report, 2005). Life expectancy is also steadily declining, wherein the average life expectancy in 1986 was 55 years and this had been projected to increase to 60 years by 2001 (Kimaryo et al, 2004).

On the contrary, life expectancy had declined to 49 years by 2001, with an estimated 97,000 children being orphaned as a result of the HIV/AIDS and other related causes in 2005 (UNAIDS. UNGASS Report, 2005). The prospects for economic growth and overall developmental achievements are depressing. The World Bank estimates that Gross Domestic Product (GDP) for Lesotho will decrease by almost one third by the year 2015 due to HIV and AIDS. The human resource capacity in the Government, Private Sector and the wider Civil Society Organizations is gradually getting eroded, as many people across the entire population spectrum in the country are lost to HIV/AIDS (Kimaryo, et al, 2004).

2.5 The General effects of HIV and AIDS on Businesses and Workforce.

The effects are evident on two levels, the Macro & Micro economic and the individual company levels, both of which require responses if business are to remain competitive (UNAIDS, 2001). According to UNAIDS (2002) estimates, labour productivity had been cut off by 50% in the hardest hit countries. In Zambia, for example, nearly two thirds of deaths among the managerial sector had been attributed to HIV & AIDS (UNAIDS 2002). The same report predicted that by 2005, Zimbabwe would lose 19% of its workforce to HIV and AIDS, while Botswana would lose 7%, Tanzania by 7%, Cote d’voire by 8% and South Africa by 11% (UNAIDS, 2002).

According to ILO (2005) HIV & AIDS fact sheets “Workforce HIV and AIDS issues are clear and pressing, with labour force predicted to shrink rapidly in countries that are seriously hit by this epidemic” (ILO, 2005). The same report states that Latin America will lose 8.7% of its workforce by 2020 and Brazil 1.1%, while Guyana will lose 10%. In Asia, Cambodia is predicted to lose 5.9% of the workforce and India 1.5%. In sub
Saharan Africa the same report predicts that fourteen countries will lose between 10-30% of their labour force (ILO, 2005).

Social economic impacts of the disease are not yet known but certain adverse features are clearly evident. Increases in morbidity across the working group are adversely affecting the national economy through loss of productivity across sectors (UNAIDS. UNGASS Report, 2005).

According to the UNAIDS (2004) report, very few corporations have attempted to measure the effects of the virus on their operations. The basic business principles combined with extensive experience clearly provide the direct link between HIV and AIDS, declining productivity, rising production costs and declining company profits (UNAIDS, 2004; Sechaba Consultants, 2004; Lau & Pullam, 2004).

This calls for concerted efforts by the businesses to enable them gain an upper hand against HIV and AIDS epidemic within the sector, and requires simultaneous pursuit of appropriate coordination mechanisms of different approaches such as prevention, treatment, care and impact mitigation to achieve set development goals (UNAIDS/WHO, 2005).

**2.6 The Vicious Circle and Impact of HIV and AIDS at Workplace.**

Consequent to the underlying HIV and Aids infections on the workers, the company’s productivity capacity declines and this leads to a loss in revenue earnings, whereby the ability of the company to meet its supply and demand is also adversely affected (UNAIDS, 2000; Bloom et al, 2006; Julie, 2005). The increase in the costs of managing the HIV and Aids directly impacts on the ability of the company to provide additional benefits to the employees (Kieran, 2001).

A study by Sechaba consultants in Lesotho noted that employers are faced with direct and indirect costs such as absenteeism, medical costs and funeral costs as well as recurring training, and other related costs in the face of high staff turn over, which eventually leads
to declining profits with resultant effects that companies may reduce their investment or leave the sector altogether (Sechaba Consultant, 2004).

As a result of these high death rates and loss of the workforce to HIV and Aids and related opportunistic diseases, companies or businesses are forced to incur increased recruitment costs in an attempt to replace the lost workforce (Kieran, 2001). A study on flower estates in Kenya, and breweries in Cambodia that employs many manual labourers, argue that the requisite skills are acquired over time and cannot readily be replaced by new employees (Rau, 2002).

The additional challenges that come about as a consequence of the above case scenario, includes the difficulty experienced in the importation and transmission of skills and knowledge from one generation of staff to another, and between the existing members of staff as well. The staff morale is also severely affected and is at all times low because of loss of friends, relatives and colleagues (Lau & Pullam, 2004). It is acknowledged that the loss in skills and knowledge offers a significant challenge to the businesses, but this also form the basis or the rationale for responding to the threat of the impact of HIV and AIDS in the work place (Kieran, 2001). This means that the impact of HIV and AIDS on business operations need to be understood as well as the potential role business can play in the fight against HIV and AIDS (Thomsen & Schaeer, 2004).

The other primary costs involved are the potential negative impact that HIV and AIDS has on employee’s health, the cost of treating the sick workers, and of course, the concomitant impact it has on customers as well (Bloom et al, 2006). The essence of the matter is that the HIV and AIDS pandemic creates a vicious circle of poverty for the workers and the households as the family income pattern falls, and also as the spending patterns shifts from savings to consumption of medical care services (Bendell, 2003). On the other hand, prolonged illness due to HIV and AIDS infection causes the workers to lose their income as a result of prolonged absenteeism (Lau & Pullam, 2004).

The World Economic Forum (WEF) in their assessment also highlights that in certain countries of the World, the HIV and AIDS virus has a dramatic negative impact on the
operations of the business leading to a scale down and consequent loss of jobs by the workforce (Bloom et al, 2006).

This has led to an assertion that, due to the immense power held by the private sector today combined with the global access to information available to the public, and an increase in global activism, the general public therefore expects the private sector to take a greater responsibility for their activities as well as towards the communities in which they operate (Thomsen & Schaer, 2004). This burden is even greater given the fact that HIV and AIDS, is easily passed on from the wider community to employees, and is influenced by the behaviours and social economic pressures which are present within the communities in which the workforce live (Kieran, 2001).

2.7 HIV/AIDS in the Garment Industries in Lesotho

Globalisation of production and economies of scale have encouraged companies to relocate into areas where they can enjoy economies of scale and obtain cheap labour (Kieran, 2001). This development has contributed to migration of the workforce towards areas where employment is readily available (UNAIDS, 2000). In Lesotho, workers migrate from the rural areas and the highlands to the city of Maseru in search of employment in the now famous textile factories. Lesotho’s apparel industry has gained credence as the major formal sector employer (Grant et al, 2002), and forms the main foreign exchange revenue earner for the country. This industry was built around preferential access to the US market under the African Growth and Opportunities Act (AGOA), which essentially gives preference to apparel from certain developing countries, such as Lesotho amongst others (Nyaboga et al, 2003).

Over the past six years, the industry has moved from its origins as a marginal contributor to the economy into a well regulated, globally integrated industry, which is producing garments for some of the best-known brands in the world. The sector has been quite successful in attracting foreign direct investment and Lesotho is now among the biggest exporter of garments under the AGOA arrangements. The textile Industry in Lesotho is one of the success stories in Africa supplying garments to some of the largest retailers in USA, which absorbs 93% of Lesotho production. This industry remains a critical sector
in Lesotho economy, as it is the largest private sector, which employs approximately 60% of the labour force (Colvin et al, 2006 and Grant et al, 2002).

The Standard Chartered Bank’s group Chief Executive, Mr. Davis rightly observes that: “Companies such as textile companies have a major role to play in the fight against HIV and AIDS at work place. They can be an example for other business to follow”. Davies continues to note that, “the employees, families and communities in which these companies operate in, welcomes such efforts” (Quoted in Bloom et al, 2003). But, as noted in chapter one, at the moment, there is little evidence on the ground to indicate that companies have responded to this need as postulated thereof (UNAIDS/WHO, 2005).

In spite of this apathy, and in the context of the weak service delivery within the public hospitals in Lesotho, the general observation is that the garment industries should embrace and adopt a lead role in the management of HIV and AIDS at work place with respect to its employees, their families, and the wider community from which they draw their labour force (Kimaryo et al, 2004; Bloom et al, 2003 and ILO, 2001). This emanates from a serious concern that prevalence rates of HIV and AIDS pandemic within the garment industry are considered much higher than the normal country’s prevalence average rate. But conversely, there are no formal statistics to guide and inform the necessary level of support and involvement of the sector. The only indication is derived from a pilot Voluntary Counselling and Testing, monitoring and evaluation report, which states that: “Figures from the VCT centre indicate that roughly 37% of the people tested are diagnosed as positive, and within the garment factories (6) out of every (7) people tested positive” (Quoted in Crown Agents, Progress Report, 2004).

2.8 APPROACHES TO MANAGE HIV and AIDS AT WORKPLACE

2.8.1 Policies
The institutionalization of HIV and AIDS work place policies and programmes demonstrates a sincere commitment to fighting HIV and AIDS. The stigma surrounding HIV and AIDS is evident throughout the general public, which includes consumers, employees, and is now declared officially at all levels of the bureaucracy (Thomsen & Shear, 2004)
However, the actual motivation for business responses to HIV and AIDS within the workplace is highly variable and is dependent on factors such as HIV prevalence within their area of operation, the level of benefits available to the workforce, the level of knowledge and awareness by the business leadership of the real and potential impact on the business (Kieran, 2001). Central to many of the workplace responses is the use of policies, which are very crucial in a good working environment, and for building knowledge of HIV and AIDS amongst the workforce (Kieran, 2001).

The presence of policies varies with perceptions of how businesses function as a whole (Bloom et al, 2006), and whether they have embraced the policies in their business and strategic plans (Rau 2002). Having a workplace policy provides a framework and basis for developing and implementing a successful workplace programme (Thomsen & Shear, 2004). A study by the World Economic Forum revealed that most policies are directed at the workforce, while few target employees’ families and the local communities within which they operate (Bloom et al, 2006). It is worth noting that policies ought to be embedded within the business operational guidelines and manuals to enable the employers adhere to them. Experience elsewhere has shown that when policies are not formulated within the business main operational guidelines they become very difficult to manage (Lau & Pullan, 2004).

Notably, the companies establishing progressive HIV and AIDS programs at the workplace are recognised as early movers, whereby the management introduces a program for employees and their dependants, featuring workforce education, free and confidential testing, counselling and treatment integrated within their business operations (Bloom et al, 2003). This assertion is supported by experience available elsewhere which has shown that early investment in workplace programmes can reduce future health care and lost productivity, costs and realize other benefits in the process. Imperatively, investing in HIV and AIDS prevention and treatment offers financial returns for employers in the long run. This is irrespective of the fact that, businesses are now more than ever before faced with the difficult decisions of determination of the extent of their responsibility and involvement, which also affects the employees, their dependants (Lau & Pullam, 2004),
and the incorporation of the community within and from which they draw their labour force (ILO, 2001).

2.8.2 Programmes
This section examines the various approaches or programmes that are commonly adopted in management of HIV/AIDS pandemic. A comprehensive HIV and AIDS programme forms the benchmark upon which businesses can adequately respond to the HIV and AIDS pandemic. According to Lau & Pullam (2004), a comprehensive programme includes the following elements of creation of a company’s policy on HIV and AIDS dissemination to all employees:

- Its implementation and occasional updating,
- Information on HIV/AIDS,
- Ways of preventing transmission,
- Places to seek further information and service and ongoing company support for responsible behaviour,
- Condom distribution at readily accessible points around the workplace,
- Counselling and testing for HIV/AIDS on a voluntary and private basis,
- To provide support for employees and family members who are HIV positive.

Some of the companies have established HIV and AIDS care programmes in order to manage costs as a result of frequent illness and hospitalisation and loss of employees to the pandemic. The larger companies have been able to undertake more extensive and wider reaching actions as dictated by their enhanced capabilities (Kieran, 2001). In accordance with a study undertaken on businesses in China, it was found out that companies that provide workplace programs for their entire workforce can extend the working life of employees with HIV and AIDS by five years (Lau & Pullam, 2004). And, whilst compliance to HIV and AIDS programmes remains a foundation of responsible corporate behaviour, there is an added expectation for businesses to be more proactive in addressing the specific issues the company and the workforce face with respect to HIV and AIDS (Bloom et al, 2006). In any case, some people view certain companies, or systems of production, as partly culpable for the spread of the disease and the lack of societal capacity to cope with it, while others suggest that companies can, and sometimes are making a valuable contribution for fighting the pandemic (Bendell, 2003).
In Lesotho, the emphasis has been on the businesses to develop their own programmes, but most of the businesses programmes are embedded within the ILO codes, which covers prevention, care and support, management and mitigation of HIV and AIDS and elimination of stigma and discrimination within the work place framework (ILO, 2001).

In this context, it is evidently clear that the business sector that includes the textile industries in Lesotho needs to take proactive measures to address the issue of HIV and AIDS by adopting the most appropriate approaches in combating the pandemic. To deny the risks for current and future economic development in the face of an emerging epidemic and refusal to act accordingly has serious ramifications (Kieran, 2001). Specifically in Lesotho, many employers in the private sector are already expressing concern over how the disease is affecting productivity, and more so with the increased loss of staff to the disease (Sechaba Consultant, 2004).

Presumably, the garment industries in Lesotho, which have become a major player in the country’s economy, can play a leadership role in facilitating the implementation of workplace policies and programmes on the management of HIV and AIDS at workplace with support from the government and other stakeholders.

2.8.3 Awareness Programmes

It is worth noting that the majority of the firms are known to start the initiative or step up their programmatic efforts if only the workers prevalence rates increase dramatically, and where the company’s HIV and AIDS profile or programmes could be proven to have a positive impact on their reputation (Bloom et al, 2006:30).

The Spread of HIV and AIDS is increasing because of many factors such as cultural, political, ignorance, poverty and lack of knowledge about how it manifests itself. An important issue that should be pointed out, is the fact that there exist many myths about how HIV and AIDS is spread, and that very few people are well informed about how it is transmitted or how to prevent themselves from getting infected. Specifically, young people tend to know less about how HIV and AIDS is transmitted for lack of proper knowledge (UNAIDS/WHO, 2005). On the other hand, many infected people are
reluctant to seek treatment or even talk about the disease in the open for fear of stigmization by the community, and the likelihood of individual denials associated with the diseases. This gives an indication of the implicit need in existence to promote awareness programmes within the workforce and the community within which the businesses operate, and to encourage Lesotho’s citizenry to boldly discuss the issues pertaining to HIV and AIDS pandemic by fostering ownership.

More importantly, such awareness programmes should include amongst others, the sharing of information on where to get the treatment, how to avoid being infected by staying HIV-negative, and the awareness on how to avoid transmission to those who are not yet infected. Effective awareness and educational campaigns are used in building the capacity to enable the workers to protect themselves against HIV and Aids infection, while at the same time, the programmes should be tailored in such a manner that facilitates the businesses to be able to address the issues around the age factor, gender, sexual orientation, sectoral characteristics and behavioural risk factors of the workforce and its cultural context (ILO, 2001).

Ideally, businesses are well positioned to create awareness about HIV and AIDS without necessarily taking too much of their efforts and incurring hugely unbearable costs. This awareness can be in form of in-house training among the workforces, and the initiation of community outreach programmes that target employees families. This seemingly calls for action mobilization to incorporate the programmes into the business operational plans (Rau, 2002), which are fully costed as a cost centre component of HIV and AIDS awareness programme or project.

Enhanced Community outreach can also lead to more openness about HIV and AIDS, which can help break down stigma and discrimination (UNAID/WHO, 2005). This is based on the premise that companies have a unique access to their employees, and that they are well positioned to provide them with information, which will end up saving lives and prevent the epidemic from spreading to the general populace and the communities within which they operate (Lau & Pullam, 2004). A study conducted in Zimbabwe revealed that work place peer education and awareness programs in 25 companies helped to reduce HIV incidence among employees by thirty percent (Rau, 2002).
A recent rapid assessment conducted within the private sector in Lesotho revealed that many people are not aware about how HIV and AIDS is transmitted and how it manifest itself into AIDS (Moteetee, 2006). This demonstrates a potential role businesses can play as a CSR agent to reach out to the workforce and the wider community to create awareness about the pandemic in Lesotho.

2.8.4 Prevention and Education

Preventive approaches are supposed to keep those infected from infecting others and educate those who are not infected to maintain their health. Preventive methods include the use of condoms, awareness and education (Lesotho NAC. Strategic Plan, 2006; Storti, 2004 and Thomsen & Shear, 2004).

According to ILO code of practice on HIV and AIDS and the world of work, workplace education programmes are essential to combat the spread of the pandemic and to foster greater tolerance for workers with HIV and AIDS. Effective education capacitates the workers to protect themselves against HIV infection (ILO, 2001). The provision of accurate information about the pandemic helps workers and managers to have a better perception of the disease, and this in turn helps install more tolerance in the workplace and communities in the environ. HIV and AIDS education can inform employees about HIV and AIDS and seek to motivate behaviour change that will reduce the spread of the epidemic, wherein such educational programmes can either be operated formally or informally (Rau, 2002). Some organisations will prefer to take their employees away from the business premises to a neutral place and engage an external facilitator to facilitate the informal discussions. These discussions set the atmosphere for employees to open up and disclose their status, thereby assisting in building trust and openness around the issues of HIV and AIDS.

The mode of conveyance of educational messages may vary from one organization to another. For example, some may choose to use posters, brochures, pamphlets and others may opt to engage employees on formal lectures or smaller discussion groups.
It cannot be gainsaid that businesses are perceived by many to hold positions of authority in the individual’s lives and are well placed to tackle the stigma in the workplace and be part of a broader social response (Bloom et al, 2006). The implication is that businesses have a positive contribution to make, since the workplace is a key site of education. In any case such business corporations are known to have unique skills and capacities at their disposal to deal with or manage HIV and AIDS at workplace (Bendell, 2003).

2.8.5 Voluntary Testing and Counselling (VCT)
Voluntary testing and counselling is now acknowledged as an effective strategy for HIV and AIDS prevention. Knowledge of one’s HIV status in the case of individuals who have tested negative helps them to be able to make specific decisions to mitigate against the risk, and to increase safer sex practices so that they can remain free from infection. In the same manner, those who already have the HIV virus and know their status are in a position to make better choices to protect their partners, and in addition they are able to access treatment at an early stage, while they are also able to plan their future positively (Lesotho. DHS, 2004; Lesotho. NAC. National Strategic Plan, 2006 and Storti, 2004).

Testing and counselling puts individuals in a position to know how to manage their health by helping reduce stigma, fear and anxiety associated with HIV and AIDS and increase openness in the workplace and within the community (Kimaryo et al, 2004). Rau (2002) asserts this when he observes that, “it is evident that voluntary counselling and testing (VCT) is an important tool in HIV and AIDS prevention” (Lau& Pullam, 2004).

In Lesotho, for example, the Government has responded by launching in December 2005, the “Know Your Status” (KYS) campaign whose goal is to contribute to halting and reversing the spread of HIV in Lesotho. The main campaign objective is to ensure that all people above 12 years of age living in Lesotho will know their status by 2007. The essence is that people already infected will greatly benefit from early knowledge of their status, and access to early care and support. Those who are HIV negative will receive prevention and support services to help them remain uninfected (MOHSW, 2006).

This decision has been hailed by the United Nations and other HIV and AIDS activists throughout the world as a bold move, which fosters a sense of community ownership and
links quality counselling and appropriate post-test services for both prevention and
treatment (UNAIDS. UNGASS Report, 2005). There is also greater likelihood that the
silence, denial and stigma that permeates the HIV epidemic in Lesotho will start to
dissipate, thereby helping to normalize HIV & AIDS.

2.8.6 Treatment
With medical treatment the people who are infected are able to manage the infection, and
are better positioned to live longer, and have more positive and productive lives. Recent
surveys reveal that HIV and Aids infected persons are able to prolong their lifespan if and
when put on the ARV treatment. An example is in America where it is now a generally
known fact that the state has seen a second generation of HIV infected people, who have
been able to live a full life, and at the same time have healthy families.

The extended lives results in more employees on the job thus reducing the costs related to
recruitments, absenteeism and low productivity. And, since public hospitals are faced
with considerable demand for treatment and care of HIV and AIDS related illness
(Kimaryo et al, 2004), other players such as the private sector should come in and offer
added support.

In Lesotho only two public hospital and a few private clinics are able to offer ART. By
the end of 2005 only 8,000 people were on ART, which was far below the Lesotho
National implementation of the global initiative aimed at placing 28,000 on ART by end
of the Year 2005 (UNAIDS. UNGASS Report, 2005). This has resulted in overcrowding
and long queues are eminent at these clinics.

My own observation is that, in some situations sick people are forced to wake up in the
early hours of the morning as early as 4.00AM to rush to the clinics located in far off
places to try and get the requisite treatment. This slows down the treatment processes and
it becomes even more costly when the man-hours spent at the clinics are translated into
business-associated costs. This demonstrates the need for the garment industries to
become more proactively involved in the management of HIV and AIDS at workplace, in
line with corporate responsiveness, and the enhancement of the company’s headlines
earnings.
2.8.7 Community Involvement

As part of Corporate Social Responsibility companies contribute to and support community prevention and care efforts. These contributions may be in form of community investment on society issues such as health or contributions in kind. Workers also have a central role to play in supporting these initiatives embarked on by the private sector. For instance, information received from workplace can be shared with the communities (Rau, 2002), to equip them on how to manage the HIV and AIDS pandemic. This was affirmed by a study conducted by Stevens et al (2004) within the health care companies in South Africa, which revealed that the health workers were expected to provide the HIV and Aids advice, by their own families and the neighbours.

Sponsorship of community HIV and AIDS awareness activities not only contributes to Corporate Social Responsibility and credibility, but also adds other initiatives to change social norms and beliefs (Rau, 2002).

2.8.8 Condom Use

Adopting safer sex methods by use of condoms minimises the possibility of transmitting the disease to the next partner, and also avoids re-infection. Condom use has been proven to be quite effective if properly used and consistently used by those infected.

Several studies across the globe confirmed that increase in the use of condoms contributed significantly to slowing down the rate of HIV transmission. In Kenya where the rate of HIV transmission had significantly reduced between 1998 and 2003, the UNAIDS/WHO (2005) study found that 24% in the year 2003 compared to 15% in 1998 of women confirmed the use of condoms. In Cote’ d’Ivoire, the same study found that the use of condoms had contributed directly to the decline in the prevalence of HIV and Aids and other sexually transmitted infections among female sex workers in Abidjan city (UNAIDS/WHO, 2005). A comparative analysis of the 2003 and 2005 Southern Africa Youth (SAY) initiative studies showed that condom use had increased among young adults from 36% in 2003 to 55% in 2005. In Lesotho, a formal comparative study has not
been done to provide generalized information on trends of condom consumption in the country (UNAIDS. UNGASS Report, 2005).

Consequently, in view of the role condom use can play in reducing and preventing the spread of HIV and AIDS, it is evident that promotion of condom use at the workplace can bring a long term impact on the business, thereby reducing the costs which businesses may have to incur in trying to manage the disease amongst its workers.

2.8.9 Care and Support
Besides prevention, condom use and treatment awareness, there are those employees, family and community members who are in a critical stage with the disease and require care and support while they are bed ridden. Storti (2004) noted that the number of people and families living with HIV and AIDS who need care and support is increasing. This poses a challenge to the health care and community systems that are coping with, and are responding to the pandemic (Storti, 2004). The problem is further challenged by the lack of resources both human and technical to address the problem in most developing countries such as Lesotho.

Companies have played a major role in assisting the affected workers and their families in caring and supporting for the sick and bedridden. This was in recognition of the fact that the employee’s productivity suffers a decline where they have to take care and support their sick families.

2.8.10 Impact Mitigation
The most commonly used mitigation approach is provision of support to Orphans and Vulnerable Children (OVC) and workers who have been affected by HIV and AIDS. The support includes educational support to OVC, household support, psychosocial and emotional care and counselling support to workers and family members affected by HIV and AIDS (Lesotho. NAC. Strategic Plan, 2006).

In most developing countries such as Lesotho, provision of support to OVC is normally done by development agencies in their effort to implement their programmes. But, businesses are today placed in a strategic position to participate in the impact mitigation
programmes even though this may not necessarily directly affect their workforce (UNAIDS.UNGASS Report, 2005). The reason for their involvement is obvious; their workers come from the community within which these OVCs live. If businesses would scale up their efforts to support OVC, this would have an impact within the society by reducing the incidences of child labour, child headed households and the number of street children (Kimaryo et al, 2004).

Summary
Despite the divergent views about Corporate Social Responsibility or Corporate Citizenship, its genesis and the various debates around it, it is clear that the corporate involvement in CSR by the businesses will enhance their contribution towards sustainable development. A need therefore exists for the private sector to become more proactively involved in initiation of social programmes and the budgetary implications factored within the company’s work plans (Rau, 2002).

This implies that businesses should be fully accountable for their actions, to the workers and to the wider society, to be seen as socially responsible citizens. Rau (2002) affirms this when he asserts that:

“Keeping workers healthy and on the job is essential for the well-being of both families and employers. Keeping workers healthy is essential for the well being of the businesses in which they work. Keeping businesses healthy, in turn, is essential for the continued employment of workers” (Rau, 2002).

In this pursuit their involvement with community will go beyond the current focus of giving handouts and focus on projects, which can be supported in a sustainable manner, by embracing the business strategy that: “it is no longer an issue of doing business as usual”.”
CHAPTER 3

3. METHODOLOGY

The main purpose of this study was to investigate the potential role of Corporate Social Responsibility (CSR) in management of HIV and AIDS at workplace. This was done through investigating the various approaches adopted by garment industries in Maseru, Lesotho in the management of HIV and AIDS at workplace, and the CSR initiatives carried out in the communities residing in the periphery of these garment industries.

In order to collect the data that adequately addresses this research, both qualitative and quantitative methodologies were used in carrying out the data collection exercise. The strength of the methodology chosen lies in the fact that, in the absence of documented and quantitative data on Corporate Social Responsibility in Lesotho, it was flexible enough to allow the researcher to adequately gain a clear insight into the existing CSR initiatives being undertaken by the corporate sector, specifically the garment industry where this research was carried out.

Information on approaches adopted by organisations in management of HIV and AIDS on businesses was collected through a literature review. This data combined with the actual information collected from each of the organisations was necessary to inform whether the garment industries are indeed acting as socially responsible citizens at workplace, or otherwise.

Qualitative data was also collected on the possible motivation driving the garment industries in the adoption of certain approaches in the management of HIV and AIDS at the workplace. This information was useful in the assessment of whether the garment industries are acting out of social needs or whether they are forced by circumstances to adopt these approaches. Finally, questions on whether and how the companies were engaging with the society was asked to ascertain if and whether the companies were motivated to extend their actions beyond their normal business operations and environment in an effort to address the social needs of the communities.
This chapter will detail the design, and the variety of methods that were used to capture the data, and the personal experiences encountered during data collection sessions.

3.1 Data Preparation.

To minimise errors in data capturing, and to mitigate the effects of possible language barriers, the researcher found it necessary to engage a research assistant who was familiar with data collection, and one who had prior experience and exposure of conducting interviews within the garment industrial sector. The research assistant was trained so that both the researcher and assistant were on the same page and understanding on the modalities of asking questions and how to engage the interviewees to elicit participation during the group discussions. The assistant researcher was only involved during the focus group interviews; otherwise the researcher conducted the individual interviews with the senior and the middle management of the companies. The data collection tools were designed by use of the English language. Questions were asked in English, but when and where necessary translation was done in Sesotho. During the focus group interview (FGI) sessions the trained research assistant and the researcher interchangeably conducted the interviews as deemed fit.

3.2 Research Design

In order to obtain and capture adequate information it was necessary to use a case study, which was the most appropriate gateway under the circumstances, given the fact that little literature exists about CSR initiatives in Lesotho. According to Burns (2000), case studies are used to investigate a particular phenomenon using multiple evidences (Burns, 2000). This allowed the researcher to develop a deeper understanding of the extent to which the requisite Garment Industries were acting as socially responsible corporate businesses.

3.3 Target Group

The target group for this study were key informants of the garment industries, who in this case included: the Senior Managers, HIV and AIDS Coordinators, Health Professionals such as the company Doctors and Nurses, Middle Level Management and Lower Level Cadres, and members of the Trade Unions. The initial proposal was to cover five garment
industries that were members of the Association of Lesotho Employers (ALE) who already have HIV and AIDS workplace programmes. This interviewing exercise was also meant to include the members of the communities within which the Garment Industries operated, such as the owners of the small informal businesses, informally known as “Kiosks” around the industrial sites, to solicit opinions about the issues pertaining to the HIV and AIDS within the Thetsane Industrial Sites, and to enquire how the garment industries engage with the community with regard to HIV and AIDS issues.

3.4 Sampling

According to Pranab & Singer (1993), samples are normally used when it is not possible to cover all the members of the entire population. The use of the sample may sometimes give more accurate information than when the entire population is reached. In this research, the garments industries were purposefully selected. A list of member companies of Association of Lesotho Employers (ALE) was obtained. This initial listing comprised of the entire private sector member affiliates of the Association of Lesotho Employers. My selection criterion however, was based on the garment industries operating one form or another of a workplace policy development and programmes.

During the selection process the researcher immediately realised that only a limited number out of the entire membership of ALE within the garment industries had put in place HIV and AIDS programmes. The initial plan was to include at least five of the garment industries in the study. But from the foregoing, a purposeful selection or sampling method was then used in selecting from the ALE list of members, only three of the garment industries that had workplace HIV and AIDS programmes in place, and those that had easy accessibility in respect of getting the requisite information.

According to Collins et al, (2000), purposeful sampling is used when the researcher selects a sample that can be judged to be a representative of the total population. This judgement is normally arrived at on the basis of available information or the researchers’ knowledge about the population (Collins et al, 2000). To strengthen the validity and reliability of the data, and given the fact that the three garment industries were all members of the Association of Lesotho Employers (ALE), this researcher decided to
include in the study one more garment industry, selected from the Lesotho Association of Manufacturers (LAM), to enhance and further enrich the research by making it a sample of four GIs.

According to Schaer and Thomsen, where too much attention is given to one case study, it may restrict generation of new knowledge and generation of new evidence (Schaer & Thomsen, 2004). The inclusion of this garment industry in the study therefore meant that the findings would be reliable and could contribute to a body of knowledge in further research.

3.5 Selection of Key Informants.

Having identified or selected the four garment industries for inclusion in this study, this researcher carried out a similarly purposeful selection of the interviewees. The Association of Lesotho Employers (ALE) facilitated this process, and even went further to facilitate securing of the necessary appointments with the various garments industries for the researcher. This was necessarily done through the HIV and AIDS focal point persons or the coordinators within the garment industries. In certain cases where there was no coordinator, a senior member of the management such as the Operations Manager, or the Human Resources Manager, was contacted. Once the initial meeting was organized, the researcher made subsequent appointments with the management and the workers within the company as appropriate.

With respect to each of the garment industries, the aim was to interview at least the HIV and AIDS Coordinator or the Health Worker, and at another level, a member of the Senior Management Team such as the General Manager, Company Director or Head of Human Resources Department. These are persons who are knowledgeable and well versed with the affairs of the organization, and who are also involved in the day-to-day decision-making processes of the company. A third group of informants, in the opinion of the researcher was of necessity persons from the middle management cadre. This purposeful selection of informants was to ensure that important personalities with an institutional memory of the sector and the GI companies were interviewed objectively. In accordance with Gall (1996) the aim of a purposeful sampling is to select a case study, which will give an in-depth understanding in respect of the phenomena being studied (Gall et al, 1996).
Other key informants interviewed were the workers with representation from the GI’s cost centre components or departments within the organization. The interviews were conducted by using the focus group discussions, where the participants were selected with guidance and assistance of the HIV and AIDS Coordinators. The workers representatives were randomly selected from each of the departmental units present at the factory floor, while at the same time trying to maintain the gender balance in the selection process.

Notably, this random selection was also used to pick on key informants from the community living within the factory area, especially the small business operators situated within the vicinity of the garment industries.

3.6 Permission to conduct the Study

Ethical permission to carry out this research was sought and obtained from the garment industries through the Association of Lesotho Employers, and the School of Planning and Public Management-Stellenbosch University.

The researcher shared the research agenda with the management of the GIs, and explained the main objectives and the expectations thereof, by way of achievements of this research. Permission to interview the workers was sought from the management of the respective industries. The fact that this study focused on HIV and AIDS, which is usually a sensitive issue at work place, motivated the researcher to ensure that the participants also clearly understood and bought into the purposes of the research. The researcher exercised respect and confidentiality at all times, and the necessary discretion with respect to the participants in the process of conducting the interviews. This was in view of the fact that some of the workers who participated in the focus group discussions were already infected with the virus, and that the aim was to develop an understanding of the situation at the workplace, but not to engage them with their lives or situations (Collins et al, 2000).
3.7 Research Methods

Interviews

All the interviews were carried out at the premises of the garment industries except for one industry, where the Senior Manager in this respect could not be available during office hours, due to the nature of his work. The researcher had to re-schedule to interview the officer after hours after several appointments to meet with him in the office failed, because he was most of the times attending to meetings outside of the work premises. It is important to note that before starting the main interview session, the researcher started the process with an informal discussion without initially touching on the main subject matter or topic of the research. This assisted in enabling the interviewees to relax and settle down before the commencement of the main interview session itself.

The main research method used was structured interviews, although some information and documents analysis were also consummated to supplement the information given verbally. This also involved some form of informal and impromptu discussions with some interviewees who were not originally within the interview schedule as and when deemed necessary. For example, during the data collection exercise, the researcher got the opportunity of meeting with an opinion leader from one of the communities, known as the Lithabaneng community in Maseru, which was meant to be supported by one of the garment industries through an outreach food and clothing distribution programme to the OVCs. The researcher was able to interview such members of the community to solicit their opinions about the issues of HIV and AIDS, and to gain further insight and understanding on how the garments industries were reaching out to communities.

Nature of Interviews conducted

According to Hughes, interviews are useful to find out those things, which cannot be directly observed (Hughes, 1996). There are different types of interviews that can be conducted namely: structured whereby specific questions are asked; semi structured and structured (open), where the interviewee responds to general questions asked by the interviewer.
In this research semi-structured interview questions were developed to guide the researcher with data collection. These questions were useful as they allowed the researcher to uncover as much factual and relevant information from the interviewees as possible. Questions were written down to guide the researcher during the discussions, however the researcher was not confined to follow any set or particular sequence of questions. According to Mouton, this method allows the researcher to seek or allow clarification in between discussions when new issues arise during the interview session with the interviewer (Mouton, 2001). There is also the flexibility of the researcher to rephrase the questions where necessary to allow the interviewee get a better understanding of the questions posed. The researcher is also in a position to capture verbal cues, or a facial expression from the interview to enhance the data analysis.

Three types of interviews were conducted dependent on the target category. Firstly, interviews were done with workers where the objective was to understand their views about the company’s responsibility on the issues of HIV and AIDS management at work place. The issue here was whether the workers deemed it fit that the garment industries should institute HIV and AIDS policies as a social responsibility as a demonstration to the wider community, the government and the global economy as a whole that they care.

Secondly, interviews were carried out with the senior and middle management levels or representatives of the garment industries, whereby the objective was not really to seek an opinion from them, but rather to gain an understanding as to the factors attributable to the motivation behind the adoption of a particular type of approach by the Garment Industry, and why this was the preferred approach and not others.

Thirdly, interviews were undertaken with other stakeholders such as association of Lesotho employers, the trade unions, Lesotho association of manufacturers and the owners of the informal businesses around the industrial sites. The main goal here was to gain an insight and additional views about the company’s roles and responsibilities in the management of HIV and AIDS at workplace, and whether they extended the same practices to the communities around them.
Focus Group Interviews (FGI).

Unstructured focus group interviews were conducted with a group of between 8-12 workers, which were guided by discussions in all the four chosen garment industries. These groups comprised of both female and male, where the selection of the group was also purposeful. A total number of 42 workers were involved in the focus group discussions. The discussions involved at least one representative worker drawn from each of the production units namely: sewing, cutting, packaging and measuring departments. Questions around the research problem were asked in English language but where necessary clarification was done in Sesotho to make the discussion more interactive and to allow interviewees to open up to the discussions.

According to Babbie & Mouton (2001), the focus groups are useful because they tend to allow space in which people may get together and create meaning among themselves, rather than individually about an issue. Mouton & Babbie argue further that, it is in this shaping and reshaping of opinions that these individuals generate a completely new set of data (Babbie & Mouton, 2001).

In-depth Interviews

In-depth interviews are useful in obtaining detailed information about the interviewee (Collins et al, 2000). Notably, in-depth interviews were conducted with at least a senior manager and a member of the middle management within the four garment industries. The aim of the interviews was primarily aimed at obtaining information about why the specific industries have adopted certain approaches to manage HIV and AIDS at workplace. The management was also asked whether the garment industries engaged in any other social initiatives besides the HIV and AIDS programmes at workplace. This question enabled the researcher to understand whether garment industries seek to go beyond their call of business to support community initiatives that are geared towards addressing social needs such as HIV and AIDS at community level.
Observations

To get an insight into the situation, informal observations were made during the individual and focus group interviews to supplement the information given, which led the researcher to have a deeper understanding on the perceptions of workers about the HIV and AIDS workplace programmes. During the interview sessions, the researcher jotted down important observatory cues, which would come in handy to supplement and enhance the research findings. Mouton (2001) argues that the greatest advantage of observation is the fact that the researcher is physically on the scene. He further asserts that even tape recorders and cameras cannot capture all the relevant aspects of the social scenes (Mouton, 2001). It is not to be gainsaid that, during these interview sessions the researcher was able to capture verbal cues from the interviewees, which was ideally another source of evidence in the case study, which respectively led the researcher to acquire a better understanding of their views and depth about this study.

Informal discussion

Informal interviews were also extended to the representatives of the factory workers union (FAWU), the Association of Lesotho employers (ALE) and the community within which the garment industries operate. These interviews were aimed at soliciting information and opinions on whether garments industries were acting as socially responsible industries towards addressing the HIV and AIDS pandemic not only at the workplace, but that they carried out similar initiatives within the surrounding communities and environs.

Documents analysis

As mentioned earlier, Corporate Social Responsibility practice is a new phenomenon within the global world and more so within Lesotho where this survey was conducted. There was little literature to guide this researcher. However a study by Sechaba Consultants (2002) that had been conducted to analyse the magnitude of HIV and AIDS within the private sector in Lesotho was used as source of reference to enhance this study. Such studies were reviewed to inform, supplement or offer additional useful information to this particular study. Other documents consulted included the relevant publications and journals, which gave added value or valuable information on the management of HIV and
AIDS at the workplace. Internet was also used to explore guidelines and policies, and to identify the approaches adopted elsewhere by companies that are socially responsible citizens.

The observation, document analysis and informal discussions were useful for strangulation purposes where in accordance with Mouton (2001), observations, and triangulation is used to verify responses provided through interviews thereby enhancing validity and reliability of the study.

3.8 Research instruments

Semi structured interview guides for the individual interviews were prepared. In the case of focus groups, specific questions to be addressed during the discussions were listed down. There were no guides prepared for the observation because this was carried out informally and simultaneously during the interview sessions.

3.9 Data analysis

All the data, which was collected through interviews and focus groups discussions was analysed, to enable researcher extract the required contents according to each research question. All the notes for all interview session were analysed and typed according to the research questions. Where the researcher required further clarification, follow on interviews were rescheduled with the particular interviewee.

3.10 Limitation of the Study

It is worth noting that the coordinators within each of the garment industries randomly selected the participants to participate in the focus group discussions. Since the researcher was not involved in the actual selection, there could have been some biasness in the data selection method and the data so collected. There was limited time available to conduct the interviews because of the nature of business especially with the focus groups, which was made up of workers from the various production departments. The interviews were normally conducted during the lunch breaks to avoid interfering with the employee’s working hours. This was done after the realisation that workers within each factory had
been issued with certain daily production targets, which they had to accomplish within certain set timing, hence time was a limited resource in this study.

The researcher experienced some unexpected delays in securing appointment with some of the garment industries. This contributed to some delays in data collection and processing thereof. The researcher had anticipated finishing data collection by end of May 2006, but this could not happen until early June 2006. The fact that interviews in certain instances were conducted with some people who did not understand English language within the focus groups, forced the researcher to depend on the research assistant for interpretation and to seek clarification on certain issues and information, as shared by those persons that could not fluently express themselves in English language. This minimised the chances of having to seek further clarifications where certain issues would not have been clearly understood and discussions not done exhaustively. In cases where the interviews had to be interpreted in Sesotho, the interview sessions took longer than had been anticipated.
CHAPTER 4

4. Data Analysis and Results

This research covered four garment industries situated within the Thetsane industrial site of the city of Maseru in Lesotho. The study involved and focused mainly on the workers, management and the communities within which the garment industries operate. As mentioned in the 3rd chapter, the initial target was to handle five garment industries, with the main objective of the research being to investigate the potential role of Corporate Social Responsibility in the management of HIV and AIDS within the garment industries.

This study was however, carried out within four garment industries in Maseru at Thetsane industrial site, and was mainly geared towards the garment industries or companies that already had in place HIV and AIDS workplace programmes.

The formulation of the specific research questions was done as hereunder:

1. To investigate the approaches adopted by garment industries at the workplace, viz.
   - What are the specific HIV and AIDS programmes that this garment industry has adopted at the workplace?
   - What challenges does the company encounter in trying to manage the programmes?

2. To investigate the factors that motivated the garment industries in Thetsane to adopt these approaches, viz.
   - What would you say are the motivating factors that contributed towards this garment industry adopting these approaches?
   - Do you think there may have been pressure from elsewhere for the garment industry (ies) to initiate these programme?

3. To determine what accounted to the differences in the approaches adopted, viz.
   - Why have these garment industries adopted these specific programmes and not others instead?
   - Who in your view decides what programmes should be adopted or to be put in place?
   - How are the programmes organized or managed?

These questions were used to develop the interview guides for data collection purposes.
4.1 CHARACTERISTICS OF THE SAMPLE

A total of 53 senior, middle management and factory workers were interviewed, eleven (11) of who comprised of senior and middle management of the garment industries. The interviews were conducted within the premises of each of the garment industries. The management of the companies had already given the names of the persons within the management who were to be interviewed. On this score the HIV and AID Coordinators or a senior member, who acted as the focal point person for the management made most of the appointments with the people that were to be seen. It is worth noting that, both the workers and the management team members were all willing, eager and tried to avail time to be interviewed at the most appropriate timing as and when they managed to get a free slot in their busy schedules. With respect to the workers, in most cases prior arrangement had to be made to ensure that interviews were conducted during the lunch breaks, to avoid interruptions of their work schedules and also to facilitate an enabling environment where and when the workers were more relaxed and at ease to fully participate in the process.

Table A: The table indicates the composition of the persons interviewed:

<table>
<thead>
<tr>
<th>Garment Industry</th>
<th>Estimated Number of Workers</th>
<th>Number in Individual Focus Group Interview (FGI)</th>
<th>Number of Management</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3,000</td>
<td>12</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>4,000</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>4,500</td>
<td>12</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>4,500</td>
<td>10</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>16,000</td>
<td>42</td>
<td>11</td>
<td>4</td>
</tr>
</tbody>
</table>
Table B: Indication of the sample size by age group:

<table>
<thead>
<tr>
<th>Age/G. Industry</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>20</td>
<td>48%</td>
</tr>
<tr>
<td>31-40</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>15</td>
<td>36%</td>
</tr>
<tr>
<td>41-50</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>12%</td>
</tr>
<tr>
<td>Above 50</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5%</td>
</tr>
</tbody>
</table>
| Total           | 12| 8 | 12| 10| 42    | 100%

Sample by Age

Graph 1 - Representation of sample size by categories of age group

The above graph shows that 48% of the workers involved in the process were between ages 20-30 years, which basically is the most productive age group in normal circumstances. Majority of these workers confirmed that this was their first employment since they completed the tertiary education. Respectively, 36% were between the ages of 31-40, while 12% were between ages 41-50. A small percentage 5% was above 50 years.
Table C: The proportionate Sample size by Gender:

<table>
<thead>
<tr>
<th>G. Industry</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>29</td>
<td>69</td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>13</td>
<td>31</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12</td>
<td>8</td>
<td>12</td>
<td>10</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

The sample of the Focus Group comprised of 69% of female and 31% of the male workers respectively, within the four garment industries. Even though the researcher tried to maintain a gender balance within the focus groups, it was not possible due to the fact that garment industries mainly seek to employ more women as opposed to men due to the nature of the business. From the table above, it is evident that the female participants dominated the focus group interviews. Women were dominant during the discussions in three of the industries except in one garment industry, where the males mostly dominated the group discussions and the proceedings as opposed to the other three GIs indicated above.

4.2 Data Collection and Analysis

The researcher embarked on the fieldwork in the month of May-through June 2006. Data collection took longer than anticipated due to unavailability of some of management team members to undergo the interview process at the scheduled timings. Apparently, it was difficult in trying to schedule interviews with some members of the management due to the fact that, most of them were attending workshops organised by various stakeholder’s organisations. Similarly, it was also difficult to schedule appointments with workers for the focus group interviews during working hours, and the only available time was during lunch hours when they were on the lunch breaks.
4.3 HIV and AIDS Programmes

Graph 2: No. of GI’s operating a HIV and AIDS Programme.

The research findings revealed that quite a number of the garment industries already had started certain initiatives on HIV and AIDS programmes at workplace. Furthermore, the research revealed that most of these garment industries had adopted certain specific approaches most suited to their own unique work situation or environment and conditions. Whilst some of the garment industries were in the initial stages of implementation of the programmes, others had already established and were in the middle of managing their own programmes as appropriate. The research further revealed that some programmes in some of the GI’s were initially developed with the support of other organisations, or outside assistance and government departments such as ministry...
of labour, PSI (New HAART) programmes and the PASCAAL. It also became apparent that some of these programmes within some of the garment industries at the time of this research were no longer operational, due to the fact that these programmes had not been initiated by the garment industries per se, and that the programmes became unsustainable once the initial funding came to an end.

4.3.1 Voluntary Counselling and Testing (VCT)
Voluntary Counselling and Testing (VCT) is a central programme within a HIV and AIDS workplace set up. Workers need to know their status in order to get treated and to ensure that management assigns them lighter duties within the workplace.

The research revealed that three out of the four garment industries have in place Voluntary, Counselling and Testing facilities within the workplace premises. A further revelation was that three (3) of the garment industries have engaged the services of in-house or company based nurses who administer the voluntary testing and counselling services to the workers, whilst on the other hand, one garment industry makes referrals of their workers to a nearby clinic for the VCT services. And, while the testing is not meant to be a compulsory service, this study showed that each of the companies operating this type of a programme had developed or adopted their own “home grown” technique of encouraging and motivating the workers to come out in large numbers and to voluntarily undergo the testing. Company C’s strategy was to issue free t-shirts to the workers who undertakes or undergoes the testing, as a way of incentivization and an encouragement for others to go through the same voluntary testing process. On the converse, Company B had made specific arrangements with a private doctor or practitioner who usually comes to the company’s premises on specified days within the week to treat the workers, and to offer the VCT services. This company has also engaged the services of a full time company nurse who complements the private doctor by offering the VCT services during the days the doctor is not available on the site. This is meant to ensure the services are available on a continuous basis, and the use of a doctor’s services brings to bear the necessary confidence required for the attainment of the desired testing outcome levels that have been set and agreed with the management.

The findings emanating from one garment industry establishment indicated that the testing kits had been acquired from UNICEF through a donation, and an interesting
phenomenon was the fact that this kit was already outdated and unserviceable. The nurse alluded to the fact that she had formally written to the management requesting an immediate replacement of the kits, but nothing had materialized at the time the interviews were being conducted.

Factory D indicated they had employed company nurses who besides administering minor ailments to the workers also offered the VCT services. Workers willing to go for testing are encouraged to do so at the company’s clinic. The management contribution in this programme is only by way of provision of the testing kits.

Only one garment industry interviewed, factory A, confirmed that they did not have the testing kits and neither do they operate any of the VCT services. Workers from this factory are normally referred to the public clinics and hospitals for testing and counselling services as and when these workers themselves require the services.

4.3.2 Peer Education and Awareness
The garment industries were asked how the peer education programmes were managed at the workplace and response documented in the table below.

Table D: Management of Peer Education:

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer educators trained</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Posters Printed and Distributed</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Peer Educators allocated time for HIV/AIDS talks.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness through Workshops and Training.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Other (Drama and Songs)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

All the four garment industries indicated that they have peer educators who are trained and are frequently sent for training by the management on HIV and AIDS workshops, and seminars organised by other development organisations within the country that are
supporting HIV and AIDS programmes. This was evident at the time of securing appointments, based on the fact that some HIV and AIDS coordinators and peer educators were not immediately available because they were busy attending such workshops.

All four garment industries indicated that they used posters and group discussions to disseminate HIV and AIDS information. The four also indicated that posters are normally distributed and posted at strategic areas within the factory floor. The source of these posters was established to be the organisations in country supporting HIV and AIDS awareness campaigns, such as PSI and other like-minded local organisations. The posters were actually sighted by the researcher posted at different corners of the factory floor. A follow on question was asked to clarify whether the garment industries printed their own posters. The answer emanating from the HIV and AIDS coordinators revealed that all the posters were donations from activist organisations or entities on the pandemic within the country. One of the garment industries confirmed that they used to print their own posters but this became a big expenditure item and costly to the company, wherein with time they discontinued the printing to minimize on the cost involved.

Asked whether the company allocated time for peer educators to conduct awareness sessions, only two industries (B & C) confirmed that peer educators and HIV and AIDS coordinators were allocated time to conduct the HIV and AIDS talks within the premises of the factory. Company C allocated time during working hours for peer educators to conduct HIV and AIDS awareness talks, whereby workers are invited from a particular production line on a rotational basis. Each of the group is comprised of between 50 and 60 workers. Five sessions lasting one hour each are conducted each day for the female and male workers separately. About 300 workers are reached each day and at the end of each session, the workers are requested to record their names in an attendance register for future reference. On the question as to what may have prompted the company to allocate time for HIV and AIDS talks, the Operations Manager observed as follows: “If we are saying that HIV is a workplace issue, then we have to show seriousness and incorporate awareness within working hours. The company realised that workers have very little time outside the normal working hours, hence a decision was made in order not to take peer education as leisure, but to include it as part of the daily office routine”.

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It was noted that company A has not set aside specific time for peer educators to conduct the HIV and AIDS awareness education, even though the company supports and sends the peer educators for training. An effort by the peer educators to speak to the workers during working hours was hindered by the supervisors, who did not want the workers to be disrupted from their work schedules. The coordinators and the workers were concerned that the management does not inform the line supervisors that peer educators should be given permission, and time allocated to enable them speak to the workers during production hours.

Upon further probing by the researcher, the workers strongly advanced the view that the company should be able to allocate time to the peer educators so that they could educate other workers about HIV and AIDS. One of the workers was particularly emotional on this issue as she narrated her ordeal and experience on the fact that she was actually sent away by the sister factory of GI (A), when she tested positive and when she also started encouraging her colleagues to go for testing, so that they could know their status and be in a position to get early treatment. Her supervisors instead insinuated that she was inciting other workers to take time off thereby disrupting the production work schedules, which according to the supervisor caused the company not to meet its production targets.

Company D only allowed the peers educators to conduct their awareness talks during their lunch breaks only, and not during working hours. There was no particular strategy adopted by peer educators in this GI to reach out to the workers during lunch break. Here the peer educators usually move from one group of workers to another one without any form of a planned schedule. One of the Peer educators quipped that: “We speak to our colleagues at lunch time, whether they listen or pretend that they are not listening we know that we have passed on the message. This any way does not stop us from telling them about this thing (Referring to HIV and AIDS). Some people ignore us while we speak to them, but others join in the discussions with questions thus making the sessions very interactive”.

The workers were however appreciative that it was one of their own colleagues who was educating them about HIV and AIDS. The workers expressed concern that they would not be interested if someone else came from outside to conduct the sessions. They felt that their peers were better placed to educate them, and that they could trust them more
than they could trust other people from outside of the company. The workers and the management highlighted that time was the main constraint and a challenge in this regard. One peer educator remarked that: “We want our own workers to be trained so that they can share information with us. We do not want someone from outside due to the fact workers may not open up to outsiders. But our biggest challenge here is time, we cannot reach as many people within the lunch break. Follow ups are also a problem due to the fact that workers sit in different groups and places each day, making it difficult to do follow up”.

The Peer educators within the garment industries were quizzed on whether they had extended their education and awareness talks within the communities around the industrial sites. One respondent noted that they actually do it among their family members and also to the communities within their environment as quoted thus: “When I go home I find people waiting for me, sometimes if it’s not a family member, it is one of the neighbours. We peer educators have a lot to share even outside the workplace. Even as we travel home after work in the taxi we use these opportunities to tell others about HIV and AIDS and how to prevent it”.

The Peer educators at company D besides providing peer education at the work place, but outside of working hours, also do operate an outreach project, whereby they educate the community around them about HIV and AIDS through drama and songs. The peer educator team leader confirmed that occasionally, the team is invited by institutions and other organisations, churches included within the country to perform, whereby the company supports them by providing the transport to the venue.

It was clear that each of the garment industries conducted peer education through their peer educators, but the timing of the sessions varied from one company to another. Whilst some of the companies allocated time for talks, others did not value such time allotment for HIV and AIDS educational talks by the peer educators.

4.3.3 ARVs
The findings indicate that all the four garment industries did not administer the ARVs in-house. But, what became clear was that all the companies were making concerted efforts to engage an in house doctor who would start offering this type of treatment to the
workers. One garment industry, company C indicated that they were awaiting the newly formed ALAFA programme to take over the administration of ARV to workers within their factories. This company indicated that once their own clinic, which they were putting up was completed, they would also go out to look for funds to be used in financing of ARVS, but meanwhile they would continue to depend on the newly formed Alliance Apparel Lesotho Fight HIV and AIDS (ALAFÁ) to cover this component.

Companies B and D instead preferred to refer their workers to Senkatana clinic, where the HIV and AIDS patients are usually given the ARV treatment. All workers wished that the company could be in a position to offer ARV in house as plenty of time was being spent at the public clinics waiting for treatment. An interesting finding of this research indicates that garment industry B was making efforts in an attempt to supply immune boosters and vitamins to support the employees already infected with the HIV and AIDS pandemic.

Respondents from the other three industries A, C and D only wished that their companies could also consider supplying immune boosters to their sick workers. One member of management shared how difficult it was to request the supervisors or the management team to reallocate the HIV and AIDS infected sick workers to undertake lighter duties in place of the heavier ones. The issue that came to the fore was the confidentiality that the management team were expected to maintain with respect to the workers status for those who had tested positive for fear of stigmization. The issuance and the availability of boosters again came in handy to try and help such sick workers in stabilizing and maintaining their health.

### 4.3.4 Condom Distribution

The management was asked whether they provided condoms to the workers and how the condoms were dispensed. All the four garment industries confirmed that condoms were provided and dispensed to the workers accordingly. However variations were identified in the way and manner the condoms were distributed in each of the garment industries.

At Company A, the coordinators indicated that it was difficult to guarantee consistent supply of condoms in the dispensers all the time because of the high demand and usage of the condoms by the workers. The coordinator noted as follows: “You see the workers like
these condoms very much and the company is unable to keep up with the demand. This is why we depend on donations from outside”. The management also informed that they usually get their supply of the condoms from Securicor Lesotho via the Association of Lesotho Employers (ALE).

The responses received with regard to the distribution of the condoms were as follows:

At Company A the coordinators noted that they did not procure condoms of their own and that they were dependent on the supply and distribution from PSI (New HAART) and like-minded donors. The coordinator stated thus: “We depend on supply from Association of Lesotho Employers and PSI. Once the condoms get finished we have to wait. The company does not buy the condoms because there is no budget provided for these things”. But, the spokesperson for the management noted that they had engaged the coordinators who were then expected to guide the management on the issues of HIV and AIDS at work place.

With regard to company B, with a population of more than 3000 workers, it was established that only one dispenser is available, but which was centrally placed within the floor area. Workers are therefore expected to walk to the dispenser unit to pick the condoms at leisure. A divergent view by the focus group respondents was that the dispensers were placed far from their working areas. They proposed that the company should consider increasing the number of dispensers within the factory floor and within close proximity. The male respondents expressed discomfort with the current arrangements where they were expected to walk to the units near the female workers to pick condoms. One male worker noted that: “I do not feel comfortable going walking to that dispenser. I feel ashamed when I walk there and find my mother (referring to the elderly female workers) standing next to the dispenser. I am forced to turn back and wait until I am sure no one is there. I therefore urge the company to increase these dispensers to allow us access the condoms when we need them”.

In the garment industry C, the condoms are also placed in the dispensers but the workers were also allowed the freedom to collect them (condoms) from the company nurse. The researcher witnessed male workers coming to collect condoms from the nurse during the interview sessions.
This research revealed that out of the four garment industries only one industry has allocated a small monthly budget for HIV and AIDS work.

The fund is utilized in the replenishment of the consumables for the clinic, which includes the condoms, drugs and the testing kits.

4.3.5 Care and Support

With respect to the kind of support the management of the garment industries offered in assisting the HIV and AIDS infected and affected workers and their families, the promotion of the support groups came out strongly amongst all the four garment industries. The management of the four GI indicated that they encouraged the workers to form the support groups because these motivated the workers to share experiences.

In this respect, the workers in all the four garment industries had initiated the formation of the support groups. It is noted that some of the garment industries went further and assisted the support groups to register themselves with the existing Lesotho Network of People Living with HIV and AIDS (LENEPWH), but the management of the support groups was purely left to the workers, with limited or no involvement of the companies in handling the affairs and giving guidance to these groups.

At Company D, the support group is comprised of both workers and representation from the management itself. But, upon further probing on the types of assistance and support the company accorded to the workers, the answer given was that the company was making a contribution by providing the transport to workers at the time they needed to go visiting a sick colleague in the hospital or those that are bedridden at home, otherwise the workers made individual contributions for groceries, in an attempt to offer material support to their affected colleagues.

The workers opinion on the involvement of the management, especially when a member was sick and bedridden was in the negative. They responded that the senior management
did not seem to care much. This was premised on the past experiences, where attempts to inform the management was met with negative responses. One particular worker remarked that they realised that their colleagues were dying and yet no one from the management team offered any support: “We realised that no one would help us if we do not help each other. We decided not to sit and watch our people die while others were suffering. We realised that one day the company will close down and the owners go back to their countries, but we will remain here with our colleagues, hence we need to support each other, whether the company is helping us or not”.

In spite of the above misgivings, the workers at Company D all the same affirmed that the company paid for their time off and for days they (workers) were absent when attending to their hospitalised colleagues. No payment was made for days taken when they have to attend to their dependants at home, even if they are bedridden.

4.3.6 Medical Support

Provision of medical support to the workers through payment of bills or reimbursement of medical expenses incurred by the employees demonstrates that the company is socially responsible for the well being of the workers. In most organisations, medical aid is part of the employee’s benefits, constituting the employment package and a cost to the company. Others prefer the option of using a medical insurance scheme, whereby the employer makes a ‘premium’ or contribution towards the employees’ medical bills settlement by the insurance company.

In this regard, it was established that different garment industries operated some form of a medical scheme, which differed in their management from one organization to another. Some of the garment industries have already set up in house clinics where employees and their families are treated at the expenses of the company.

It was noted that two (2) garment industries, B & D operated their own clinics within the factories, which are managed by full time nurses employed by the companies. Both these industries confirmed that workers are treated for minor injuries and ailments only, but
were referred to the public hospitals or clinics in the cases of specialised treatment and major ailments. These clinics do not however provide ARVs and the workers in need of ARV treatment were referred to “Senkatana”, which is the clinic offering HIV and AIDS treatment in Maseru.

One garment industry, Company D, has initiated a contributory funeral fund, whereby the employees contribute M3.50 and the company contributes M10 per month. These contributions forms the insurance premium intended to purchase a funeral cover of up to M4,000 towards funeral expenses in the case of an employee’s death. The management indicated that the company was putting together a workplace policy on hospitalisation and treatment, which had not yet been ratified by the company at the time of conducting this research. It was instructive that, the company’s nurse had pushed for this important workplace policy for the workers and indications were that this initiative was in finalization stages.

On the other hand, company B had established a fully functional clinic, managed by a private doctor and full time nurses. This research revealed that the doctor was not an employee of the company, but a private practitioner who had entered into some arrangements with the company’s management to come in twice a week, and treat the workers. For complicated ailments and where the workers required laboratory services, the doctor referred them to the public hospital in the accompaniment of the nurse. The arrangements are such that the company pays off the medical bills on behalf of the workers and the dependants, and later recovers such expenses from the workers on a monthly basis through a check off system. The management indicated that the company had negotiated with the private doctors not to charge the workers consultations fee, but the workers would have to pay for the medication, which was then to be effected through the payroll system as appropriate.

With reference to why the company decided to engage a private doctor to attend to the workers and at the same time make them pay for such bills, the Human Resources Manager observed thus: “We decided to bring medical services closer to the workers. The workers were loosing income due to absenteeism. When they went to the public
hospital they would spend the whole day queuing for medical services, which means they would not get paid for that day. The company had to think of how to help them so that both the company and the workers do not lose either way”. On the other hand, the doctor’s view was that it was out of social responsiveness that the company thought of bringing the treatment services closer to the workers.

Garment industry A, indicated they do not have any medical programme in place for its workers, and the sick employees are usually referred to the public hospital for treatment. The mutual understanding is such that, the employees who visit the hospitals on HIV and AIDS related illness are usually not deducted their day’s pay for such hours not worked for, but they had to make prior arrangement with their supervisors.

The main differences on medical support are notable between all the four companies, and whilst some of garment industries have in place in house medical facilities, the workers medical support is not fully covered by the company. In certain other instances, the infected cases are referred to the HIV and AIDS clinic in town and the public hospitals. Only one Company extends the services to its workers dependants, while another company does not even accord the workers any medical support at all. Similarly, one other respondent, Company C has made arrangements with some private clinics and doctors within the town of Maseru, whereby the company has negotiated for the employees not to be charged consultation fee, but where they have to meet the full cost of medications. In accordance with the observations of the Operations Manager of Company C, he noted that: “What the company has done is to help the workers manage their medical bills. The company does not pay for medical bills, but deducts employees some little amounts every month to ensure that the employee does not suffer”.

4.3.7 Community Outreach

As part of Corporate Social Responsibility, corporations are expected by the wider society to go beyond their call of duty with a demonstrated effort that they engage in sociable or developmental activities. Such social engagements, which benefit the communities in which they operate, serve to depict the companies as good neighbours and responsible businesses. A step further in this direction is the inherent act of
embedding a proportion of the budget allotment, and ensuring operational plans of these activities become part and parcel of the overall corporate business, or strategic plan.

The research set out to establish whether and if the garment industries were involved and or engaged in any social activities within the community around them, or within the country, and how they went about supporting these communities initiatives. This issue was mainly directed to the workers during the focus group interview (FGI) and to the senior management separately, to ascertain if they were already aware of any corporate involvement through social initiatives supported by their company or any other garment industry in the area.

The findings indicate that, all except one garment industry were offering some support to an Orphanage, located within the nearby Thetsane residential area. The management of Company A indicated that the company does not support any social initiatives; even though certain organisations and individuals had approached the company severally with proposals seeking for funding in order to support HIV and AIDS related activities.

The management clearly stated that it was not within the company’s policy or mandate to offer any support to social community activities. But even then, the management was of the opinion that, because they had invested in the engagement of the HIV and AIDS Coordinators, that in itself needed to be viewed as being a good practice. After all, it was the view of the management of the company that it was now incumbent upon the Coordinators to guide the company on how best to engage on any other social initiatives in addition to the HIV and AIDS programmes. The company’s approach and view was summed up by the Personal Assistant to the Managing Director, who stated that: “We give support as individuals to demonstrate that we care but not in the name of the company, because the company has no policy on this”.

As for Company D, the management noted that the company gives support towards social initiatives only when and where the company has been approached to give the assistance. A senior member of the management interviewed informed the researcher that the
company supported HIV an AIDS related plus other social initiatives. The Manager cited the provision of food parcels and clothing and a regular monthly donation of M3,000 to a children’s orphanage situated within the Thetsane industrial area as ways they have been engaging with the communities often from time to time.

Company C on its part, shared that the organization had started community outreach programmes where the workers and the management cadre agreed to make a monthly contribution towards a fund, which in turn is managed by an appointed senior member of the company. These funds are then channelled to the local community in the form of support and provision of food parcels for OVCs within one community, known as Lithabaneng located within Maseru peri-urban. The company also donates clothing and off cuts materials for sewing clothing for the OVCs and other vulnerable groups within the community.

The researcher met with a respected member of the Lithabaneng community group, which coordinates distribution of the food to Orphans and Vulnerable Children (OVC) on a monthly basis, and was able to obtain corroborative evidence to ascertain the validity of the information given by the management about this community based scheme.

All in all, an important finding established by this researcher is that only one GI, in this respect company D had set aside a small regular budgetary allocation of M3,000 for financing social work and activities as the need arises. Such an amount in the view of the researcher is insignificant compared to the huge cash outlays the garment industries make from in-country investments.

4.4 Motivating Factors for Garment Industries to adopt certain Approaches

In order to understand the motivation behind the garment industries adoption of certain specific HIV and AIDS programmes at work place, the table below shows an analysis of such contributory factors from the sampled garment industries.
Table E: Factors contributing specific approaches by Garment Industries:

<table>
<thead>
<tr>
<th>Industry</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement by Buyers of specific products</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Requirement by headquarters</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Increased death</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Increased absenteeism</td>
<td>✓</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Increased training and recruitment cost</td>
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<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Loss of Production and Revenue</td>
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<td></td>
</tr>
<tr>
<td>Requirement by the Government</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure from trade Unions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As Social Responsibility</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

4.4.1 Requirement by buyers of specific products

Three of the four senior managers from the four garment industries interviewed stated that buyers had motivated their companies to initiate the workplace HIV and AIDS programmes. Garment industry A, B and C stated that their buyers had specifically requested the companies must address certain issues in specific areas such as HIV and AIDS agenda. For example, GAP Inc., which is Company C’s client and which also supports the peer education activities for the company, has directed that the company must ensure that besides adherence to buyers’ codes of conduct focusing on health and safety measures, the garment industries must also take good care of its own employees’ especially the worker’s health as part of their own initiative and agenda.
4.4.2 Requirement by Headquarters

Only one garment industry, company A stated that their headquarters motivated their company to initiate the HIV and AIDS programme. The HIV and AIDS Coordinator with the factory interviewed stated that: “I was told by the Management that our headquarters in Taiwan have complained that our companies here in Lesotho are lagging behind on HIV and AIDS programmes, this is why I was recruited so that I can spearhead these programmes”.

4.4.3 Increased Deaths, Absenteeism, Training and Recruitment costs, Reduction in Production Capacity, and Loss of Revenues.

Two garment industries, company B and D indicated that increased death, absenteeism, training and recruitment and reduction in production and loss of revenue motivated their companies in initiating the programmes. This is also supported by remarks made by a nurse from company D who observed that: “We saw our people getting ill and going on sick leave never to return to work. Those who returned were either too ill to work and after a short time they died. We also realised that when workers contracted Tuberculosis (TB), they were not responding to treatment at our clinic, and in the process of treatment some died. This is when the company realised that it was losing a lot of its workers through deaths most of them young people. When they got pregnant they either lost their babies or died. The company’s production started going down because we were always training and recruiting new workers. The company therefore had to take action”.

4.4.4 Social Responsibility.

The workplace programmes are not always known to cater for families and communities, or the neighbourhood within which the garment industries are located by way of embracing support for community based social activities. Support is usually directed at the workers, and not those affected within the community, who are hitherto neglected by these GIs. Only company B cited the case of Social Responsibility besides other reasons being a motivating factor that prompted the company to initiate such programmes. The
management indicated that HIV and AIDS is a complex pandemic, which not only affect individuals at work place but is also a global problem. The company realised that it needed to start with its employees before reaching out to the local communities.

4.5 Opinion on HIV and AIDS Responsibility

Opinion during Focus Group Interviews

The goal here was to seek opinions from the management and workers on who is ultimately responsible for the management of HIV and AIDS at work place.

**Graph 3: Survey on who should take Responsibility**

![Survey on who should take Responsibility]

It emerged that 10% of the workers interviewed were of the view that the government should be held responsible for the management of HIV and AIDS at work place.

One of the reasons they advanced in support of this assertion was that the Government has the mandate to enact legislative frameworks to ensure that the industries undertake the requisite steps to protect, treat and counsel their employees on HIV and AIDS issues.
A second group comprising 7% of the workers felt that the donors should be left to shoulder this responsibility. The main reason being that these Bilaterals and Multilaterals have the capacity and are well endowed with resources to handle the pandemic. This group however felt there was need for the local civil society to join hands with the donors to adequately address the problem of HIV and AIDS within the garment sectors.

A mere 5% of the workers suggested that others including trade unions should be left to lobby for workers rights so that companies could seriously tackle the pandemic and take on board the responsibility.

And a sizeable number of about 40% of the respondents expressed the need for companies to be more proactive given the high percentage of workers employed within the garment sector. The management at Company D, wished to see the company spearhead the process in monetary, manpower and otherwise since HIV and AIDS is a global phenomenon which touches on human beings, and hence the company ought to take a leading role and fast track this support in order to maintain its production levels.

A section of workers amounting to 19% suggested that the responsibility should be left to the individual employees themselves, while an equal proportionate of 19% on the other hand, proposed that the responsibility remained the mandate of the entire community, irrespective of any other inclinations.
With respect to the views of the management, 25% of the respondents interviewed reported that the donors should be responsible for management of HIV and AIDS at workplace. One member of the senior management team observed that: “These Donors mission is to give support and to fill gaps where the government is unable to give
support. Most companies are struggling to break even. The expectation from the Share holders is performance by way of good returns on investment”.

Respectively, 37% of those interviewed were of the view that companies should be held accountable to the employees on health issues such as HIV and AIDS, which is a major threat to most of the companies globally. This group went further to indicate that companies needed to decide on how far they can go on issues of HIV and AIDS, so that it becomes abundantly clear from start on the specificities about the roles and responsibilities and how this would be managed from the company’s point of view.

Another team of 25% of the management thought that the community should take responsibility for workers. One Manager fostered this line of thinking by observing that: “HIV and AIDS needs commitment by the entire society. It means if my brother is sick, I am also sick. I cannot attend to my routine if I left someone sick. Hence the community should be involved. On the other hand employees are born and blend within a community, there is little the employer can do to change the behaviour of the employee”. 13% of management team thought the responsibility must be borne by the employees themselves.

The interview was extended to at least three members of the community around each of the four garment industries. A total of 12 community members comprising mainly of the small scale and or informal business owners around the industrial sector were interviewed. The idea was to solicit their opinion about issues of HIV and AIDS and for the researcher to understand whether the industries offer any social support to the surrounding communities. The results revealed that some of the community members interviewed were once employed in the garment industries, but were later retrenched from employment. All the owners reported having received no support from any of the companies around them. Only three reported that they worked hand in hand with the company to ensure safety or security measures around the industrial site was maintained, which had no relationship with HIV and Aids programmes.

The Association of Employers (ALE) was of the view that the companies were responsible for the workers and the communities. They stated that besides adhering to the
codes of vendor’s conduct and ILO codes, the HIV and AIDS programmatic agenda should be embedded within the company’s operational plans. The association confirmed initiating the process to ensure that all garment industries within their membership developed HIV and AIDS strategic plans, which were to be mainstreamed into the individual Company’s operational plans.

On the other hand, the trade union representative observed that although HIV and AIDS was a global issue, businesses such as the garment industries in Maseru needed to work together with the union to ensure that worker’s health matters such as HIV and AIDS were made part and parcel of the business agenda.

4.6. Problems Experienced while implementing HIV and AIDS Programmes

The management and the workers have been experiencing certain frustrations as they attempt to implement HIV and AIDS workplace programmes within the industrial sector. The comments indicated below were encountered, which is a pointer to the magnitude of the challenges and nature of the HIV and AIDS implementational issues:

- I wish we could have more time 30 minutes-1 hour to discuss HIV and AIDS issues.
- We lack funding, if only we can get funding to support HIV and AIDS work.
- The male workers need training, they do not advocate for use of condoms.
- People are taken for training but when they come back they do not share what they have learnt.
- Testing at workplace is not easy; people want assurance that their results are kept confidential once known.
- The policy of the company is that “no work no pay”.
- There are too many organisations and individual who come for assistance; hence we don’t know who is in need.
- Some workers do not understand the issue of HIV and AIDS.
- Workers need to be paid for sick off days.
- Some workers come to work sick for fear of loosing their jobs.
- We need ARVS and immune boosters supplied to the workers.
- We do not have to be forced to see the doctors identified by the company.
CHAPTER 5

DISCUSSION AND CONCLUSION

This chapter discusses the results of the study, which will be interpreted in line with the literature review as outlined in chapter two and other similar studies conducted elsewhere. The chapter will give the conclusions and views as to whether the garment industries in Maseru are living up to expectations and that they uphold the notion of Corporate Social Responsibility (CSR) at work place in the area of management of HIV and AIDS programmes. Similar studies elsewhere will give guidance in drawing up these conclusions.

5.1 Discussion

The sample selected involved four garment industries within Thetsane industrial sites in Maseru. The initial plan was to interview five garment industries in order to come up with the differences in their approaches towards management of HIV and AIDS at the workplace, and to determine the factors that may have motivated these industries to adopt these approaches. The focus was basically on garment industries that are members of Association of Lesotho Employers (ALE), and more specifically those that already have HIV and AIDS work place programmes in place. From the preliminary findings it became evident that just a few industries on the ground had started implementing HIV and AIDS work place programmes. The focus then zeroed in on just four of the garment industries in the Thetsane industrial site. Out of these four industries the researcher also realised that they were all at different stages of implementing their own different programmes.

This is an indication that HIV and AIDS programmes within the garment industries in Maseru are quite a new phenomena, and that only a few industries have started implementing the programme at the workplace. These findings support the trends reflected in the literature discussed in chapter two, whereby Coleman (2002) noted that some businesses are not yet aware of the roles they should play as good corporate citizens. This linkage therefore signifies that Corporate Social Responsibility is also a new phenomenon within the Thetsane garment industries in Lesotho, and is not yet well understood. This observation compares favourably with a study conducted in the
Philippines which revealed that majority of the businesses did not consider HIV and AIDS to be a current problem for their company and that few companies were acting on this issue (Bendell, 2003).

On the contrary, businesses in South Africa consider HIV and AIDS to be an extremely serious issue that should be addressed if companies were to remain competitive and if they have to make any economic gain (Bendell, 2003). This calls for concerted efforts by the garment industry sector in Lesotho to emulate their South African counterparts and wake up to this wider call of being socially responsible businesses as well, given that they also fall and operate in similar business environments in Southern Africa and more specifically in the SADC region.

In accordance with the UNAIDS/WHO (2005) update, HIV and AIDS strikes the most productive human resource within the sub-Saharan Africa. Results from the 2004 Lesotho Demographic Health Survey (LDHS) indicated that 24% of adults age 15-49 are infected with HIV and AIDS and majority of them fall within age 15-29 (Lesotho. DHS, 2004). The findings in this study are consistent with the above survey as they also revealed that 48% of the workforce within the Garment industry falls in this age category of between 20-30 years. This may be suggesting that majority of workers within the garment industries in Thetsane in Maseru, could actually be infected with the virus.

The study further revealed that sixty-nine (69%) percent of the employees engaged in the garment industries are actually women. This finding is in line with garment sectors in other countries and correlates to observations world over that garment industry sector tend to employ more women than men in the clothing business. In retrospect, studies across the world reveal that HIV and AIDS thrive best in areas where the labour force is highly concentrated, whilst at the same time poverty has been cited as the force driving the spread of HIV and AIDS. Studies conducted in Sub-Sahara Africa specifically revealed that women with little or no income were mostly at risk of contracting HIV and AIDS, and those at a higher risk were those between ages 15-24 years (UNAID/WHO, 2005). The Thetsane garment industrial site is no different as the wages offered to the workers are minimal in nature, and that they live in high densely concentrated settlements around the industries as a direct resultant effect from the high numbers employed by the
factories. More often than not, the labour force within these industrial sites also happens to be the vulnerable young aged women in this respect.

5.2 VCT Programme

Voluntary Testing and Counselling (VCT) has been acknowledged as a central programme within a work place set up, for a company to know the magnitude of the pandemic within its operation, and in order to come up with strategies that suitably addresses this issue. The moment employees know their status, it puts them in a better stead to manage their health and lifestyles properly not only by consuming the right foods mix with the right diets, but the fact that it also enables them to adhere to specific medications, undertake regular medical check ups, and to start early treatment which plays an important role of prolonging employees lives.

In developing countries, VCT services have become the entry point upon which the private sector, development agencies and the governments are able to determine the corrective measure that should be put in place. In the case of Lesotho the VCT services are now a common phenomena, commonly referred to as Free Voluntary Counselling and Testing, which implies the services are actually offered free of charge. The findings of this study as stipulated earlier vindicate this observation, wherein the VCT services are readily available within the garment factories in Lesotho.

According to Thomson & Shear (2004), the turnout rate for voluntary testing and counselling is normally dependent on how successful the awareness and education programmes are being managed. This is observed when an increased number of employees take a bold move to go for the testing. Studies have shown that when VCT services are well managed and confidentiality is maintained, it allows those confident workers to advocate for testing thereby encouraging their own colleagues to go for testing as well.

The findings in this study revealed that all except one garment industry have free VCT services within their workplace, which are managed according to work environment of each individual garment industry. The study also revealed that workers were also willing to go for testing. The turn out rate was higher in the industry where the company had
allocated time for peer education to be conducted within working hours. The other observation was that this particular industry had gone an extra step to encourage workers to go for testing, by giving free t-shirts to those who had undergone testing in order to encourage others to test. This form of motivation tended to reduce stigmatisation, fear and anxiety and promoted behaviour changes amongst employees as noted in the literature. Availability of testing kit at workplace is a clear demonstration and testimony of a bold move by companies towards being socially responsible. This demonstrates some level of seriousness by the company to provide the testing services to the workers, which can be taken as a sign of being accountable to workforce and being a good citizen.

In this study the employees seeking counselling services normally used the facilities of the company nurses and other trained counsellors. In cases where the garment industry did not have nurses, there were trained counsellors on site that were offering counselling services. According to the company nurses the issues of confidentiality bothered most of the staff members, and they opted to seek counselling elsewhere. This was not a surprise, given the fear and stigma associated with HIV and AIDS, counselling of workers needed to be conducted in a very confidential manner (Steven et al, 2004). This attest as to why the workers have this fear. Ordinarily, even where such services are offered within the company, workers are not forced to seek the services in-house but are free to go to elsewhere, where the service is offered. What is important is that garment industries have made efforts to provide these services on site for those willing to use the services.

The researcher noted that garment industries do not have comprehensive training programmes of their own to train their own peer educators and counsellors. This was noted at the time of securing appointments as majority of the peer educators and coordinators were not available because they were attending training workshops conducted by other organisations elsewhere. The counselling training which were ongoing were normally sponsored and coordinated by development organisations in the country. There are similarities of these findings with those in a study conducted in Philippines whereby it was revealed that businesses alone did not have the capacity to train their counsellors and have to depend on support from other development organisations (Bendell, 2003).
On the issue of community service, the fact that no counselling support services are extended to the family members is illustrative that the garment industries have not yet put in place proper mechanism to reach out to the communities in the vicinity.

5.3 Peer Education
Best practices have shown that peer education is effective when performed by the peers at the workplace. Colleagues are normally more comfortable when relating with each other about their personal matters including health issues such as HIV and AIDS. Effective Peer Education takes place when peer educators are well trained, and are frequently taken for refresher courses to acquire new additional knowledge, and to get the most up to date information, which they can use to supplement the hands-on experience. Kieran (2001) observes that, this is done in order to give those skills and sensitivity to conduct HIV and AIDS awareness programmes. On the other hand, the environment in which to conduct peer education needs to be conducive to ensure the programmes are effectively managed. This is due to the fact that the use of peer educators has been proven to be an effective mechanism and the most cost effective way of disseminating HIV and AIDS information at workplace (Kieran, 2001).

In this study all the garment industries confirmed that they have peer educators on board. The study further revealed that the garment industries allow the Peer Educators to attend training organised by development organisations within the country. The challenge posed by two of the factories is that the management of the garment industries in certain instances do not allow the Peer Educators to speak to the workers during working hours. This is an important aspect in that workers should be allowed adequate time at work place during the working hours for the HIV and AIDS talks.

The peer educators were concerned that the companies expected them to perform their educative tasks and yet no time was allocated to them for this purpose. These companies fail to live to the standards and expectations on this score, given that the use of peer educators was one of the approaches that the garment industries supported as a way of disseminating HIV and AIDS awareness within the workplace.
The study also revealed that in one of the garment industries the supervisors and the peer educators did not seem to work together on this front of educating workers about the HIV and AIDS pandemic issues. Despite the effort by peer educators to share with the colleagues, the problem lies with uncooperative supervisors who were hindering progress of the garment industry’s interest of trying to promote awareness programmes at the workplace. But, ideally the management has the responsibility to inform the supervisors to allow peer educators to conduct educational awareness on HIV and AIDS matters. Unless, the attitude changes the efforts of the company to effectively manage the peer education programme within their industry would amount to nought. Otherwise, there is need for this particularly garment industry to create an enabling environment to allow peer educators to conduct their education awareness campaigns as appropriate.

Differences were noted in the implementation strategies of similar programmes even within the same garment industrial sector. For instance, whilst one company allocated time within working hours for HIV and AIDS talks by peer educators, another one welcomed the idea of the peer educators giving the talks, but only if conducted during the lunch breaks, outside of normal working hours. This also demonstrates the different levels of corporate social responsibility commitment by each of the garments industries on HIV and AIDS programmes at workplace. The observation postulated by this researcher is that, if the garment industries were to be held accountable to their commitments, then time is of essence and should be provided to allow for smooth implementation of these programmes.

5.4 Education and Awareness

The placements of posters at the walls of the company with important messages of HIV and AIDS accompanied by regular reviews and updates of such messages on the posters and printing of new ones, form part of this educative process. At the same time, the distribution of small hand booklets containing messages is also used as an effective way of educating workers and the communities. Studies have shown that where education and awareness level are high, it becomes very easy to implement other HIV and AIDS programmes.
This study revealed that the standard method of educating workers was through posters, which were posted in strategic places within the factories. There was little evidence to suggest that garment industries engaged in alternative ways of disseminating messages. Billboards with HIV and AIDS messages were also visibly displayed outside the premises of the garment industries, but it also came to the realization of the researcher that these billboards were being sponsored by the developmental agencies in the country. The expectation was to see billboards sponsored by garment industries as a way of reaching the wider community within the industrial with HIV and AIDS messages, but this was not at all evident.

This compares favourably with a study done by Moteetee (2006), which revealed that educational materials on HIV and AIDS were in most cases sourced from the developmental organizations. It was evident there was no relationship between the messages displayed by these other organizations and the HIV and AIDS programmes being implemented by the garment industries. Hence, the lack of sponsorship of such Information, Educational and Communication materials (IEC) on the part of the garment industries does not of necessity promote the opportunity and the possibilities of these firms reaching out to the communities, especially those around the industrial sites (Bloom et al, 2006).

5.5 Condom Distribution
Moteetee (2006) observes that most of the companies in the private sector within Lesotho do not procure their own condoms for the employees, but usually get them as donations from development organizations (Moteetee, 2006). As revealed in the findings, this is mainly attributable to lack of budget provisions in the organizational operational plans. The study further reveals that most of the garment industries are dependent on condoms donated by development organisations in country.

5.6 Medical Support and Treatment
As noted, Medical Aid Scheme (MAS) in most organisations, forms part of the employees benefit as a cost to the company. Different organizations manage their medical aid in certain ways most suited to their own needs. Some of the companies may contribute 100% towards employees and dependants medical expenses, which can be
operated either through a medical scheme, or a direct reimbursement basis whereby the employees pay and makes a full expense claim from the company. In other cases, the company gives a contribution towards the settlement of the medical expenses and the employee pays for the balance. The third scenario is where the company offers in-house medical facilities through operation of company owned clinics. The company usually procures the required drugs and medicines, and possibly engages a doctor or a nurse to manage the clinic which caters for the medical needs of the employees and their dependants.

In this study only two of the garment industries had in house clinics, which are managed by the company nurse and the private doctor on part time basis. From these two, only one company offered some form of subsidized medical services, which was basically to treat workers for minor ailments. The other garment industry had entered into a private arrangement with a private doctor, wherein the company had negotiated for free consultation fee. Workers on the other hand were required to pay for medicines. These findings coincided with the study conducted by Moteetee (2006), which revealed that employers in Lesotho provided treatment of minor injuries within the industrial sectors without the presence of physical facilities. This does not compare favourably with other companies such as those in South Africa, where studies done on some South Africa companies revealed that medical aid was extended to all employees and their dependants (Kieran, 2001).

Only two companies have allocated private rooms for use by the private doctors and nurses to administer minor ailments. There is no evidence that the requisite medical equipments are available in such rooms for use by the doctors to treat the workers sufficiently. On the down side, the workers are instead referred to the public hospitals for more specialised and complicated ailments such as the HIV and AIDS.

Notably, such medical benefits are costly, and perhaps this explains the reason why many garment industries in Lesotho have not yet introduced the Medical Aid Schemes which could be geared towards benefiting the employees on a broader scale. It is noteworthy that the Government of Lesotho, which is also another major employer in the country
through the public service, falls in this same category of not having any such medical aid schemes in place to benefit the employees. In Lesotho the situation of obtaining medical attention is made worse since the public hospitals are already overwhelmed, and cannot ably meet the demand of ARTs, while at the same time these public hospitals do not even have adequate trained health professionals to provide medical care and treatment. This study reveals that the textile industries are much better positioned to assist their own workers with medical aid, if there was a commitment on the part of the management to offer the support as necessary.

5.7 Care and Support
The workers of the four garment industries have formed their own support groups, which have been registered with the respective companies, an example being “the people living with HIV and AIDS”. In other instances workers decided to come together and assist each other when in need. It is notable that some of these garment industries have encouraged their workers to form support groups, as an important input in the fight against HIV and AIDS. These groups offer support not only to the fellow workers but also extend the same to their immediate family members. There was however concerns that garment industries themselves do not extend any support through these support groups, thereby losing out on the opportunity of being seen as good corporate businesses within the community.

5.8 ARVS
According to Bendell (2003), the actual delivery of ART programme is only beginning even for companies that had adopted policies earlier. Many companies are now even looking out to the global field to co-sponsor the roll out of such programme especially in Sub-Saharan Africa.

This study revealed that the garment industries in Thetsane have not initiated any roll out of ART at the work place. The main challenge as noted in the study was the added cost involved in rolling-out of these services to the workers due to the size of the workforce in terms of the numbers needing the treatment and therapy. The study has also showed that workers are normally referred to the public and private clinics for the specialised treatment, inclusive of the HIV and AIDS ailments. None of these Garment companies
have managed to give the needed support of providing the ARVs to their workforces. But, since this study was limited only to availability of the services and how these are administered, it was therefore not possible to establish the number of workers put on ARVs by the hospital and private clinics, and those on immune boosters in order to determine the magnitude of the problem within the garment sectors in Thetsane Industrial site in Maseru.

5.9 Community Outreach

Efforts to contribution towards the needs of the community were mainly done by a group of individuals working in the garment industries, but only at their own individual capacity level. There was no evidence of any form of philanthropic support extended to the community as a way of reaching out to the community as good corporate citizens. This was confirmed by one senior manager who noted that: “the company is not obliged to extend any support to the community but as senior managers we occasionally support needy request, informally on adhoc basis but not in the name of the company”. This finding is supported by the members from these communities who confirmed they never received any support from the garment industries operating within the localities. This is an indication these textile industries are not socially responsive to the communities within which they operate their business. This study revealed that, out of the four garment industries only one company had made a formal commitment to support on a monthly basis, an orphanage which is situated in the nearby Thetsane residential area.

The findings in this study compare favourably with a study conducted in Philippines, which revealed that companies are good at workplace programmes, but scores poorly when it comes to extending the same programmatic support to the local communities, and to the family members of the employees. According to Bendell (2003) the level of compliance drastically reduces when it comes to extending the programmes to their families and the communities around them (Bendell, 2003), which emanates from failure of the companies to factor in these commitments in their strategic plans.

This in the long run may be detrimental to the very existence of the company, as vicious circle effects of HIV and AIDS begin to take full effect because employees and the communities are inter-linked as noted earlier in the literature.
This observation was asserted by one respondent when he noted: “You cannot divorce workers from their families, because if my bother is sick I am also. I will not come to work because I have to attend to him, and the company does not pay for my absent days, which also means that I have to loose part of my income”.

The company also ends up being a bad loser in the area of productive capacity, which translates to lost revenues and profits for the company, and as well a loss for employees’ salary resulting from redundancies.

Research has shown that support to families and community in accessing the HIV and AIDS services at work place is hampered by fear, stigmization and discrimination (Esu-Williams et al, 2002) (Quoted in Bendell, 2003) observed that working with NGOs to provide these services to the families and communities could drastically improve or change the situation on the ground by reaching out to these communities. In Lesotho, there is also the presence of such International NGOs, which could contribute tremendously by offering HIV and AIDS Roll-out services at community levels. All in all, a major challenge still remains the lack of enhanced funding to support the roll out of these programmatic initiatives in a sustainable manner.

5.10 Motivating Factors

The origins of HIV and AIDS still remains a mystery and has no known cure as yet after several decades of its emergence. As mentioned in the literature, it manifests itself in a vicious circle at different levels in different parts of the world. In sub-Saharan Africa its spread has been associated with poverty.

In the quest to stop its spread different sectors have been motivated by different circumstances to take actions. The increased global activism has also led to some businesses to re thinking about their role in the society, and how they can contribute to sustainable development in the midst of the pandemic. Companies such as the garment industries are now more than ever before being sensitized on the need to take action on HIV and AIDS issues, mainly due to the nature of their business, which is basically
labour intensive, and requires that they employ large numbers of workforce, especially young women.

In this study, the issue of death did not feature as a major threat, which may have motivated the garment industries to initiate the HIV and AIDS programmes at workplace. Even for the two companies that cited death & absenteeism as one of the reason that motivated the garment industries to start the HIV and AIDS programmes; this did not come out strongly as a major challenge within the industries. This is probably due to the fact that cheap labour is readily available in Lesotho. As noted in the literature review, the garment industries actually employ up to 60% of unskilled labour force in the country (Grant et al, 2002). This is the obvious reason as to why these garment industries are actually located in Lesotho, so as to enjoy economies of scale and take advantage of the available cheap labour.

Three of the four garment industries cited the motivation from buyers of their products as the driving factor, which stirred them to start the programmes. Some companies have capitalised on the connections between their businesses operations and the supply chain’s stand on HIV and AIDS, thus forcing the companies to initiate the workplace HIV and AIDS programmes. This is done for the obvious economic reason to ensure that supply chains do not suffer due to the threat of HIV and AIDS pandemic, by disrupting the continuous supply of the products to their markets (Kieran, 2001). The other possible reason is where the civil society and activist movements in the developed countries demand that products sourced from the less developed countries, must be produced under humane conditions and that producer companies must act in an ethical and socially responsible manner (Christian Aid, 2004).

While the society and the company welcome this move, on the downside, this is detrimental to the sustainability of the same programmes being started. This would not come as a surprise because as revealed in this study, some programmes failed due to lack of financial support once the funding from the specific donors came to an end.

The way forward is to ensure that garment industries take full responsibility and ownership of these programmes at initiation. This should be done with or without support
from the buyers to ensure that once the particular buyers stops engagement with the company, then these programmes will continue being managed sustainably by the particular GIs. This is achievable where the companies take full responsibility of funding these programmes. As noted earlier, by factoring the budgets in their business plans and taking advantage of other support to supplement the planned budget, the sustainability of these programmes is enhanced beyond the life span of the buyers of the GI products.

5.11 CONCLUSION AND RECOMMENDATION

This study sought to investigate how different garment industries have managed the HIV and AIDS, and the factors that motivated the companies to implement the specific programmes at their workplace.

5.11.1 Conclusion

The study has revealed that the companies surveyed have attempted to implement HIV and AIDS programmes at workplaces. However, the motivation of their reaction varies from one organization to another. In all the industries covered in the study, there were common factors such as absenteeism, productions, increased deaths, and increased training and recruitment cost which guided the companies to respond. Only one company cited Corporate Social Responsibility as the motivating factor. This reveals the need for companies, specifically the garment industries in Lesotho to wake up to the challenge, and go beyond their ordinary business of wealth maximisation agenda, and get fully involved in addressing the challenges such as HIV and AIDS, which not only affects the workers but also the communities within which the workers live. This demonstrates a failure by the garment industries in Lesotho to address HIV and AIDS as a problem, which threatens the survival of the human resource, which also happens to be one of the greatest resources for these businesses.

In the midst of the already overstretched public hospital in Lesotho, the Garment Industries ought to rise up to the call and provide their employees with medical aid, which covers the employees and their dependants. The garment sector should therefore, step up efforts and set up treatment centres within the premises, in order to reduce on the
lost man-hours when workers have to visit the public hospitals, and where they have to wait for long hours in queues to get the required treatment.

If the garment industries made concerted efforts to provide in house health facilities and ARV treatment at work place, this would automatically alleviate the problem of absenteeism, while at the same time assuring the garment industries of optimal production capacities.

The fact that buyers are now demanding adherence to code of practices and management of HIV and AIDS at workplace demonstrates a serious concern that, if these garment industries are left on their own to manage the HIV and AIDS programmes, there is likelihood they would not live up to expectations and may eventually abandon them all together. For this reason, concerted efforts by all stakeholders should be enhanced to ensure sustained efforts are made to continue with the necessary support to the HIV and AIDS programmes. More specifically, the government should put in place a regulatory framework to force companies to take care of employee’s welfare in a responsive manner. The government on its part can encourage these companies to be proactive by giving some incentives and subsidies through government levies, or tax breaks given to these garment industries in support of these initiatives for workers and the communities from which they draw the labour force.

The fact that the garment industries recognises that HIV and AIDS is a threat to their businesses, they have not yet responded appropriately by setting aside adequate financial resources to assist in combating this pandemic. Therefore, together with the call for combined efforts approach by all the stakeholders to effectively manage these programmes, there is the need also for firms to make financial commitments to ensure achievement of goals of the programme and its sustainability.

A notable concern in the course of this study was the dependency syndrome that has seemingly spread to the garment industries, whereby they tend to depend on contributions from the development organisations in the country. This needs to change with the
garment industries taking the lead in spearheading training for the employees and the communities around their operations. Setting up training budget and schedule for employees would be a good starting point.

### 5.11.2 Recommendation

The garment industries need to come up with concrete strategies, and incentives to encourage the workers to come out in large numbers to test and know their status without any fear of stigmatization.

Companies need to offer in-house testing and counselling facilities, where confidentiality is assured and the need to further avail testing kits at all times to avoid any stock outs, which can be done collaboratively with other development agencies in-country.

The Garment industries may not necessarily afford supply of ARVs to workers all year round due to the high cost implications. Hence, the need to work closely with ALAFA and other agencies providing ARVs in-country such the Global Fund, to ensure sustainability is attained.

The GI companies need to operate and manage comprehensive medical scheme as part of employee benefit package, as a way of support to the workers and their dependants.

Companies should take advantage of local technical experts in country in the management of HIV and AIDS programmes at workplace. The government of Lesotho with the support of the Bilateral and Multilateral development partners have been able to engage international technical experts and assistance in the country, who could offer valuable assistance to the garment industries in the area of HIV and AIDS and social accountability aspects of their businesses. This expertise can be tapped to help garment industries develop and mainstream HIV and AIDS programmes within their business operational plans. This can easily be achieved through collaborative efforts between the government and the development partners.
Introduction of exchange programmes both at local and international level to enable HIV and AIDS coordinators share experiences, and to learn best practices from counterparts in other garment industries in the country and outside of Lesotho, where others have excelled in management of such programmes to facilitate effective management of their own programmes at the workplace and in the communities that offer them the workforce. For example, the workers are more receptive when it is one of their own colleagues undertaking the training on peer education.

Another recommendation is for garment industries to extend their services beyond their business walls to the wider society through partnership with the development organisations within the country to ensure smooth roll out of the HIV and AIDS programmes at workplace. This can only be achieved if garment industries make firm commitments and financial contributions to support activities that are geared towards rolling out HIV and AIDS programmes within the communities, and adhering to Corporate Social Responsibility Accounting and Reporting to all the stakeholders. Infact, such social accounting in the books of accounts would place a premium price on their business worth in line with the emergent trends in the new global village discourse and investments dispensation.

Corporate Social Responsibility awareness remains a major challenge within the private sector in Lesotho and more so within the garment industries. There is need for strategically planned campaigns by Civil Society Organisations (CSOs) to lobby or call for garment industries to be socially proactive. The advantage with CSOs is that they are aware of the magnitude and effects of HIV and AIDS at community level but it seems no one has stood up to challenge the garment industries on their roles and responsibility to the wider community, as businesses operating within the country. It should be made abundantly clear that it is their duty and responsibility to extend the same services they have to offer employees, also to the immediate family members, and the community in which they operate as a way of showing appreciation and social responsiveness as corporate citizens.
REFERENCES


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APPENDICES:

Appendix 1

Research Instrument

Specific Questions

1. Senior Management or Representatives of the Company
   1.1 How is your company responding to the HIV/AIDS pandemic? Do you have any specific work place policy? If answer is yes, tick accordingly.

   ◆ Condom Distribution
   ◆ VCT
   ◆ Education and awareness (Peer Educators)
   ◆ Care and Support
   ◆ Medical Aid
   ◆ Other

  Comments: ____________________________________________________________

  1.2 What motivated your company to adopt this/these approach/es?

   a) Is it a requirement by buyers of your products to adhere to specific approach and or code of practice
   b) Increased death
   c) Absenteeism
   d) Increased training and recruitment costs
   e) Decreased sales/profit due to reduced productivity?
   f) As a social responsibility
   g) Government

  Comments: ____________________________________________________________

Does your Company engage in any form of social responsibility?
   a) Education to OVC
b) HIV/AIDS related programmes

c) Contribution towards social need through
   Donors, government, Employees, Community support

d) Others _______________________(Specify)

1.3 In your opinion do you think addressing the issue of HIV/AIDS should be the responsibility of the company or other stakeholders?
   ◆ Company
   ◆ Company
   ◆ Civil Society
   ◆ Employees
   ◆ Community
   ◆ Other

1.3 What problems do you experience/encounter in trying to adopt the specific approach?

2. Middle Management, Focus Group Interviews (Employees) and interview with representatives of Trade union and the Association of Lesotho Employers.

2.1 Do you think the issue of HIV/AIDS at workplace should be the sole responsibility of the:
   a) Company?
   b) Other stakeholders within the industry?
   C) The government?

2.2 In your opinion do you think this/these company/companies is/are doing it out of social responsiveness?
   Please give reason to support your answer.

2.3 What problems does your company encounter in trying to implement HIV and AIDS programmes within your company?
Appendix II:

Names of Garment Industries Interviewed

A. Nien Hsing International
B. Precious Garment
C. Shining Century
D. CGM Group-Presitex