HIV/AIDS workplace policy development and implementation in a selected sample of South African organisations

Anja Laas

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Africa Centre for HIV/AIDS Management
Faculty of Economic and Management Sciences
Supervisor: Prof J.B. du Toit
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Declaration

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Summary

The objective of this study was to determine the current situation regarding policy development and implementation in a selected sample of South African organisations. The researcher used the survey method to determine how many organisations do have HIV/AIDS workplace policies in place, and if not, why not.

It was found that only a small percentage of respondents confirmed to not have an HIV/AIDS workplace policy at their respective workplaces. A reason for concern is that almost a quarter of the respondents were not sure whether their workplace had a policy or not. Larger organisations (> 500 employees) were more inclined to have polices and the highest percentage of organisations that have policies were from KwaZulu Natal, the province with the highest HIV/AIDS prevalence in the country.

Opsomming

Die doel van hierdie studie was om die huidige situasie rakende MIV/VIGS beleidsontwikkeling en implementering in ‘n gekose groep van Suid-Afrikaanse organisasies te ondersoek. Die navorser het ‘n opname gedoen om te bepaal hoeveel organisasies MIV/VIGS beleide het, en indien nie, hoekom nie.

Daar is gevind dat slegs ‘n klein persentasie van respondente bevestig het dat hul onderskeie werkplekke nie ‘n MIV/VIGS beleid het nie. Daar is egter rede tot kommer rakende byna ‘n kwart van die respondente wie nie seker was of hul werkplek ‘n beleid het of nie. Groter organisasies (> 500 werknemers) was meer geneig om beleide te hê, en die hoogste persentasie van organisasies met beleide was van KwaZulu Natal, die provinsie met die hoogste voorkoms van MIV/VIGS in die land.

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1. Introduction

"The majority of HIV/AIDS infections are found in adults at the prime of their economically active lives – between 20 and 30 years. HIV/AIDS affects their lives as individuals and as members of households or families, but the impact also ripples outwards and affects the broader society and economy". Marion Stevens, 2004.

HIV/AIDS is affecting all aspects of South African society (Dickinson & Stevens, 2004), with a significant impact on South African business in terms of markets, investor confidence, workforces and their skills. According to Bruton (cited in Bowler, 2002) the impact of HIV/AIDS will affect productivity, competitiveness, profitability and service delivery. It will affect workplaces through increased absenteeism, accident rates, deaths, early retirement, disability retirements, industrial disputes and emigration. There will also be increased costs related to increased employee benefits in the form of group life insurance, pensions, funeral benefits and medical aid increases. Employees who die or retire on an early age will have to be replaced, which will have increased recruitment and training costs. This can result in greater competition of skilled employees, so remuneration costs may rise, that can also increase wage differentials.

Effective management of HIV/AIDS in the workplace is vital in order to reduce the negative impact it has on the economy (Vass, 2004). A comprehensive workplace response to HIV/AIDS is needed to strategically address this issue. But where should one begin? Managing HIV/AIDS in the workplace should begin by implementing an HIV/AIDS workplace policy (MacDonald & George, 2002). This is often the first and easiest process to set in place. The policy can either be a document on it's own, added to a human resources document or be a comprehensive policy with a linked programme (Stevens, Blaauw & Mapolisa, 2004). Although it is not a legal obligation to have an HIV/AIDS workplace policy and programme, it makes good business sense and shows that the organisation acknowledges the potential impact of HIV/AIDS and that they are committed to address the impact in a responsible way. The policy sets

out the organisation's position and practices as they relate to HIV/AIDS and provides the framework for action to reduce the spread of HIV/AIDS and manage the impact on the workplace. But how many organisations do have an implemented HIV/AIDS workplace policy?

2. Research objective

The objective of this study is to determine the current situation regarding policy development and implementation in a selected sample of South African organisations. The study will determine how many organisations do have HIV/AIDS workplace policies in place, and if not, why not. The results of this study will give insight to the reasons why organisations don't have HIV/AIDS policies and also shed light on what type and size of organisations don't have policies. This will provide greater understanding on where the possible weaknesses are in policy development and implementation.

3. Literature review

3.1 What is an HIV/AIDS workplace policy and why is it important?

An HIV/AIDS workplace policy is a written document that sets out the organisation's position and practices as they relate to HIV/AIDS (Health Policy Initiative, 2009). It provides the framework for action to reduce the spread of HIV/AIDS and manage its impact on the workplace. It guides managers and supervisors on how to manage HIV/AIDS in a consistent manner and informs employees about their responsibilities, rights and expected behaviour (Rau, 2002). It further sets standards for communication about HIV/AIDS and let employees know what assistance is available to them.

There is no legal obligation to have a policy or which criteria to follow. The policy must comply with the legal requirements of the country and be aligned with international codes of good practice (MacDonald & George, 2002). There are a number of guiding frameworks that can help in developing an HIV/AIDS

workplace policy, such as the *South African Code of Good Practice: Key aspects of HIV/AIDS and Employment*, the *Southern Developments Community (SADC) Code*, the *International Labour Organisation (ILO) Code* and the *AIDS Law Project (ALP) Code*. (Stevens, Blaauw & Mapolisa, 2004).

No single policy is relevant to all situations - therefore each organisation needs to develop a policy according to their specific needs and conditions (MacDonald & George, 2002). The policy must be the product of consultation and collaboration between all stakeholders in the organisation, it should be owned by management and employees. The policy must be a living document and not be filed away once it is developed and implemented (Stevens, Dickinson & Mapolisa, 2004).

3.2 The difference between an HIV/AIDS workplace *policy* and *programme*

Where the HIV/AIDS workplace policy outlines *how the organisation is going to manage* HIV/AIDS, the HIV/AIDS workplace programme outlines *how the principles within the policy will be transformed into practice to realise the policy objectives.* The HIV/AIDS programme is an action-orientated plan to prevent new HIV infections, provide care and support to all employees and to manage the impact on the organisation (Health Policy Initiative, 2009). A comprehensive HIV/AIDS workplace programme must include several key elements. Here are just a few of the most common elements: HIV/AIDS impact assessment of the organisation; HIV/AIDS awareness programmes; voluntary counselling and testing programmes; HIV/AIDS education and training; condom distribution; provision of anti-retroviral therapy and referral to relevant service providers.

Comprehensive workplace programmes can be implemented at a fraction of the cost that would otherwise be incurred due to AIDS-related illness and death. The money spent on these programmes must be seen as an investment rather than a cost. These programmes not only have positive returns for the workplace but also for the wider community (ILO, 2004). The goal of these programmes should be to maintain the health of infected and affected employees who feel able to continue working (Stevens, 2004). The possible

benefits of an HIV/AIDS programme include the reduction of sexually transmitted infections, absenteeism, morbidity and mortality. It creates a more tolerant and accepting attitude towards HIV infected workers and will produce positive morale and productivity in the workplace. It will further promote the organisation's image as a good corporate citizen and raise consumer loyalty.

Often organisations develop policies but fail to move to the implementation phase. A possible explanation for this can be the inability of organisations to operationalise HIV/AIDS policies into effective programmes, the lack of knowledge, skills and resources, especially in small and medium-sized organisations. The problem is often that the policy is not understood or communicated to employees. Other reasons might be that the policy does not provide for clear responsibilities for implementation or that the development of the policy is seen to delay the development of action programmes (Grant, Strode & Smart, 2002).

A survey done by SABCOHA in 2004 (Vass 2004) confirmed that the most organisations do not have programmes beyond basic education and awareness. Possible reasons for this might be:

- the inability of organisations to operationalise HIV/AIDS policies into effective programmes and practices;
- lack of knowledge, skills and resources, especially in small and medium-sized organisations;
- companies did not follow through the implications of organisation policies; and
- absence of monitoring and evaluation of existing policies

To ensure that an HIV/AIDS programme is successful there must be a communication strategy, which ensures that all members of the workplace are aware of the policy and programme and understand what it can offer them. Without their awareness or understanding of the policy and programme, it will result in a low uptake of the services provided by the programme. Their

involvement during the development, maintenance and review of the policy and programme will ensure commitment to it. This will ensure that they will not feel left out of the process (Grant, Strode & Smart, 2002). In developing the communication strategy, it is important to keep the following in mind: successful means of communicating in other workplace programmes; the literacy levels within the workplace, languages spoken, resources available for communication strategies and the possibility of using existing communication structures such as staff meetings.

3.3 Driving factors of HIV/AIDS workplace policy development

Vass (2004) listed the following factors that can drive the HIV/AIDS workplace policy development process: visibility of the disease as indicated by increased AIDS-related illnesses and deaths, impact on production and skills, cost of interventions, availability of resources (time, human & financial) and access to information and knowledge. The most comprehensive response to HIV/AIDS is in industries and areas that experience the disease the most severe, for example, the mining industry, and a province such as KwaZulu Natal.

Employee pressure can also be a key factor in managing HIV/AIDS and the development of HIV/AIDS workplace policies. Smaller organisations, that tend to be non-unionised, tend to have a poor record of accomplishment in managing HIV/AIDS. The mining industry can again be used as an example, where the relationship of trust had been built between management and employees. With their long-standing collective bargaining history, combined with the seriousness of the disease, this industry shows the most advanced approaches in HIV/AIDS management in the workplace. Larger organisations tend to have more comprehensive HIV/AIDS workplace policies than ssmall and medium-sized organisations (Vass, 2004). The reason for this is that they have the resources (time, financial and human) and capacity to research and develop their own policies and share in information networks.

The impact of HIV/AIDS is a subjective concept (Versteeg, 2004) and will be different for each organisation. The impact on a organisation depends partly on the characteristics of the organisation, such as their workforce structure,

sector, size and nature of their business which can either increase of reduce their vulnerability to HIV/AIDS (Glastra as cited in Versteeg, 2004).

3.4 Process of policy development

The process to develop an HIV/AIDS workplace policy is as important as the policy itself (Health Policy Initiative, 2009). Here are some important steps that should be part of the process of developing or reviewing an HIV/AIDS workplace policy. These steps should be integrated into a comprehensive policy that is planned, implemented and monitored in a sustained and ongoing manner (ILO, 2001).

Step 1: Acknowledge that HIV/AIDS is a workplace issue

It is necessary that all members of the workplace acknowledge that HIV/AIDS is an issue that affects the workplace and requires a response. It is better to be proactive and to develop a workplace policy rather that to wait for a potential crisis.

Step 2: Secure management's support and identify potential champions

Senior management's commitment to the development of the policy, its funding, implementation, monitoring, evaluation and accountability are critical for the success of the process (Health Policy Initiative, 2007). The involvement of senior management gives legitimacy and credibility to the policy development process (Phakathi, 2006). A useful strategy is to find champions for the process – people who are passionate about the process and who will it.

Step 3: Appoint a representative HIV/AIDS task team

An effective workplace policy needs the support from all sectors of the workplace. Appoint a leader for the policy development process and involve top management, supervisors, workers trade unions, human resources and training department, industrial relations unit, occupational health unit, health and safety committee and persons living with HIV/AIDS (ILO, 2001).

The involvement of HIV-positive employees is strongly recommended as they can provide an understanding of being HIV-positive in the workplace and help

to develop strategies on how to address and manage the wellness of infected and affected employees to ensure quality of health, life and productivity of all employees.

Step 4: Gather relevant information

Information is needed to design an appropriate, manageable and cost-effective policy. The relevant information includes:

- information about the organisation;
- accessing technical expertise in relation to HIV/AIDS; and
- sourcing existing HIV/AIDS policies.

Some organisations adapt other organisations' policies. This is often done if the particular organisation lacks the necessary resources (time, financial and human) to develop their own independent and customised policies or just to have any policy (Vass, 2004).

Step 5: Reach consensus on key elements of an HIV/AIDS workplace policy

The task team needs to reach consensus on the following before they can begin the drafting of the policy:

- What kind of policy is appropriate to the nature and size of the organisation?
- What is the importance of the policy?
- Should it be formal or informal?
- Whose support and approval is needed?
- Must the policy be integrated into existing policies or developed in a separate policy document?
- What is the goal, guiding principles and key elements of the policy?

Step 6: Draft the HIV/AIDS policy

It is important that the policy need to reflect the organisation's style – the nature of the business, they way in which decisions are made and the underlying values and practices on which the organisation is built.

Step 7: Establish a process of consultation

All employees need to feel part of the process and have the opportunity to give their input. The draft of the policy should be distributed to everyone in the organisation and the content and implications for the workplace need to be explained. After such consultation, the organisation can formally adopt the reviewed policy.

Step 8: Popularise and implement the policy

It is important that all employees understand the content of the policy and what is expected from them. Managers, supervisors and trade union representatives need to understand the policy and their role in administering it. This can be done through:

- pamphlets and fact sheets;
- displaying the policy in public areas;
- uploading the policy on the internal website;
- providing copies of the policy to all managers and employees; and
- awareness and education sessions.

Step 9: Monitor and evaluate the policy

Monitoring and evaluation is critical to determine whether the policy is achieving its objective, if it is effective, efficient and relevant to the organisation (Health Policy Initiative, 2007). Because of the dynamic nature of HIV/AIDS, it is necessary to review the policy on a regular basis. A few questions to ask in evaluating the policy:

- How was the policy developed? Was the process consultative?
- Does it address the needs and concerns of the relevant role-players in your organisation?
- Have people living with HIV/AIDS been included in the consultative process?
- Are the key elements of an HIV/AIDS policy present?
- Does it comply with the laws relating to HIV/AIDS in the workplace?
- Is it consistent with technical expertise and best practices on HIV/AIDS in the workplace?
- Is it appropriate to your workplace?
- Have responsibilities been assigned?
- Have resources been allocated?
- Does it provide for monitoring, evaluation and review?

3.5 Principles that guide a workplace response

There are a few basic principles that should support an HIV/AIDS workplace response. These principles provide a sound foundation for shaping an organisation's HIV/AIDS policy. Two documents that include these principles are the ILO Code of Good Practice and the South African Code of Good Practice on Key Aspects of HIV/AIDS and Employment (Health Policy Initiative, 2009). The following key principles need to be included in an HIV/AIDS policy:

- non-discrimination
- HIV testing
- confidentiality
- promoting of a safe working environment
- compensation for occupationally acquired HIV
- employee benefits
- reasonable accommodation
- dismissals

3.6 Results from previous studies

The results of the 2004 Bureau for Economic Research/South African Business Coalition on HIV/AIDS (BER/SABCOHA) survey indicated that only 26% of the organisations had an HIV/AIDS workplace policy in place (Phakathi, 2006). More than 90% of large organisations (> 500 employees) have implemented an HIV/AIDS workplace policy opposed to 13% of small organisations (< 100 employees). Overall 41% of the organisations indicated that they have an HIV/AIDS awareness programme, 18% a voluntary counselling and testing programme, 13% a care, support and treatment programme and 6% an anti-retroviral therapy programme in their respective workplaces. The survey showed that the main impact of HIV/AIDS is being felt in production costs, labour demand and fixes investment, sales, prices and profitability.

The type of sector and the location in which they operate determine the nature and extent of a organisation's vulnerability to HIV/AIDS. This survey also showed that organisations in KwaZulu Natal and Gauteng have been worst affected, more than 40% of organisations in these provinces indicated that HIV/AIDS caused lower labour productivity and increased absenteeism. The Western Cape experienced a smaller impact on their production. This agrees with results about HIV prevalence in the country, with KwaZulu Natal with the highest prevalence, followed by Gauteng and Western Cape with the lowest. The nature, location and type of organisation influence an organisation's response to HIV/AIDS. According to Connelly and Rosen (cited in Phakathi, 2006) companies in KwaZulu Natal are more inclined to respond to HIV/AIDS because of the high HIV/AIDS prevalence rate in the province.

Mining, general government, transport, agriculture, construction and accommodation are regarded as high-risk sectors. Metals, retails and chemicals are medium-risk sectors, while financial, business services and communication are regarded as low-risk sectors (Vass, cited in Phakathi, 2006).

Another survey by BER in 2004, within the mining sector, found that overall 77% of the mines surveyed had an HIV/AIDS workplace policy (Terwin, 2005). All the large organisations (> 500 employees) had an HIV/AIDS workplace policy, 87% of medium-sized companies (100-500 employees) and 55% of small organisations (< 100 employees). This indicated that smaller organisations still lack a response to HIV/AIDS. The survey also showed that 80% of the mines have implemented HIV/AIDS programmes, which specifically focused on voluntary counselling and testing (50%) and anti-retroviral therapy (21%).

The Centre for Health Policy (cited in Stevens, 2004) found that 58% of workplaces that took part in their survey had an HIV/AIDS workplace policy. Here again the existence of an HIV/AIDS workplace policy was more frequent in the larger organisations. They found that:

- 83% of organisations with > 1000 employees had a policy;
- 75% of organisations with 500 – 1000 employees had a policy;
- 57% of organisations with 100 – 499 employees had a policy and
- 29% of organisations with < 100 employees had a policy

A study that was conducted in government departments (Siyam'kela, 2003) revealed that most participants were aware that there was a policy in place, but they were not familiar with the content of the policies and how it will be implemented, resulting in low levels of confidence in these policies. The workplace programmes in the government departments focused on HIV/AIDS stigma education, awareness raising, prevention, voluntary counselling, testing and referrals.

Phakathi (2006) states that an organisation's capacity to develop and implement HIV/AIDS policies and programmes differs between organisations. Smaller organisations that do not have sufficient resources (finance, human resources and time) to manage their HIV/AIDS activities such as the provision of VCT and antiretroviral treatment outsource it to external management

consultants and disease management providers. Research in South African organisations reveals that the smaller organisations is not effectively dealing with and mitigating the impact of HIV/AIDS. Most of these smaller organisations are not equipped to deal with the impact of the epidemic in the workplace.

From the above it is clear that the extent and nature of the impact of HIV/AIDS is more visible in large organisations because of their comprehensive response to the epidemic. Smaller organisations are more reluctant to develop and implement HIV/AIDS workplace programmes, possibly because they still experience low costs of labour demand. Other inhibiting factors such as lack of human and financial resources, leadership and competition can also play a role.

The most organisations have the following focus in their workplace programmes: awareness programmes, voluntary counselling and testing programmes, care, support and treatment programmes and anti-retroviral therapy programmes.

4. Research problem and research question

Realising the negative impact that HIV/AIDS has on workplaces and the importance of having an HIV/AIDS workplace policy, this study will determine what the current situation is regarding policy development and implementation in a selection of South African organisations. The objective of this study is to determine how many organisations do take this serious enough to have developed a policy, and how many implemented such a policy.

The results of this study will give insight on how many organisations do have a policy and, if not, what the reasons are for not having one. It will show if there is a specific need in the development or implementation of a policy. This can help to assist other organisations with similar needs. The study will determine why organisations do not have a policy, is it because they do not see HIV/AIDS

as a workplace issue or because they do not have the knowledge of capacity to develop or implement a policy?

The research questions can be stated as:

- *What is the current situation regarding HIV/AIDS workplace policies in South African* organisations*? How many* organisations *do have an HIV/AIDS workplace policy?*
- *Is there a significant relationship between the size of the organisation and whether they have an HIV/AIDS workplace policy?*
- *Is there a significant relationship between the location of the organisation and whether they have an HIV/AIDS workplace policy?*

With reference to the above stated research problem, objectives and questions, the following hypotheses will be set:

H1: *The majority of the* organisations *will not have* an HIV/AIDS workplace policy *in place*

H2: The majority of s*mall* organisations *(< 100 employees) will not have HIV/AIDS workplace policies*

H3: Organisations from KwaZulu Natal *will have the highest percentage of HIV/AIDS workplace policies*

5. Research methodology

5.1 Research design

A non-experimental quantitative research design was used in this study. This type of research provides an accurate description of a particular situation and identifies the variables that exist in that situation as well as the relationship that exists between these variables (Christensen, 2007). The survey was used as the research technique.

5.2 Data collection

Data was collected through a structured anonymous questionnaire (Appendix A). The questionnaire gathered information on the size, type and location of the organisation where the respondent is employed, whether their workplace has an HIV/AIDS workplace policy, when and why it was adopted or why not. It also asks whether the organisation does have an HIV/AIDS workplace programme and what elements such a programme includes. The questionnaires were only distributed in English because of the practical difficulty to issue each respondent with a questionnaire in his/her own mother tongue.

5.3 Sampling

The sample comprised of 353 postgraduate students who attended a summer school at Stellenbosch University in January 2009. These students are registered for a postgraduate diploma in HIV/AIDS Management that is presented by the Africa Centre for HIV/AIDS Management. The majority of the students are women (64%) with an average age of 38. A total of 320 (90.7%) students are from the African/Black population group, followed by 18 (5.1%) Coloureds, 10 (2.8%) Whites and 5 (1.4%) Indians/Asians. The students are predominantly from South Africa (66.3%) with the rest from 22 other countries. For the purpose of this study, the researcher will only use questionnaires from South African students. The reason for this is that the number of students from other countries is not representative. The breakdown per country is as follow:

Afghanistan: 1
Botswana: 10
Cameroun: 2
Congo: 8
Ethiopia: 1
Gabon: 1
Germany: 1
Ghana: 2
Ireland: 1
India: 1
Jamaica: 1
Kenya: 1
Lesotho: 9
Malawi: 1
Mozambique: 1
Namibia: 22
Nigeria: 31
South Africa: 234
South Korea: 1
Tanzania: 2
Uganda: 3
Zambia: 5
Zimbabwe: 14

5.4 Ethics and confidentiality

The respondents were asked to voluntarily participate in this study and were not requested to place their names or other personal identifier on the questionnaires to ensure confidentiality. The objectives and importance of the study were explained to them.

5.5 Statistical analysis

The data was analysed with the Statistical Package for Social Sciences Version 16 (2007). The researcher used descriptive statistics to compute frequencies and percentages to test H1. Correlation coefficients were used to test H2 and H3.

6. Discussion of results

From the 353 distributed questionnaires, 229 were completed and useful for the purpose of the study. As explained earlier, only the data from the South African respondents were analysed.

Table 1: Presence of HIV/AIDS workplace policies

HavePolicy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	103	45.0	45.0	45.0
	No	54	23.6	23.6	68.6
	Being developed	13	5.7	5.7	74.2
	Unsure	56	24.5	24.5	98.7
	Developed but not implemented	3	1.3	1.3	100.0
	Total	229	100.0	100.0	

Organisations that do have a policy

Only 45% of the respondents indicated that their organisation has an HIV/AIDS workplace policy. Almost half of these (46.3%) were unsure of why the organisation implemented the policy. This shows that these respondents do not understand the seriousness of the epidemic and the impact that it has on their workplace. The respondents who understood why the policy was implemented gave the following reasons for the implementation: visibility of the disease (23.1%), impact on production and skills (14.9%), cost of interventions (8.3%) and pressure from trade unions (7.4%).

Organisations that do not have a policy

23.6% of the respondents indicated that their workplace does not have a policy. The majority of these respondents (50.8%) do not know why the organisation did not implement a policy. The reasons given for not having a policy: the organisation does not have the knowledge or skills to develop a policy (35.6%) and that the organisation do not have the capacity to develop a policy (11.9%).

Respondents unsure whether their organisation has a policy

Almost a quarter of the respondents (24.5%) were not sure whether their organisation has a policy or not. A possible reason for this high percentage of respondents who are not sure if they have a policy might be that they do not see HIV/AIDS as a workplace issue or are not interested to know anything about it. If they understood the impact of HIV/AIDS on the workplace, they would have been aware if there is a policy or not. Another reason might be that, even if their workplace does have a policy but they are not aware of that, that the policy was not effectively communicated to everyone in the organisation. The importance of an effective communication strategy was discussed earlier in this document.

In the process of developing a policy

5.7% of the respondents indicated that their workplace is in the process to develop a policy.

HIV/AIDS workplace programmes

41.5% of the respondents indicated to have an HIV/AIDS workplace programme in their organisation. The majority of these programmes consist of HIV/AIDS awareness (38%), voluntary counselling and testing (24.9%), care support and treatment (26.6%) and the provision of anti-retroviral treatment (14%). Other components also mentioned: condom demonstration and distribution (0.9%) and the celebration of World AIDS Day (0.4%).

34.1% do not have such programmes and 19.7% were unsure about the existence of such programmes in their workplace. There were some

respondents who indicated that their organisation do not have an HIV/AIDS programme but then indicated that they have either awareness, voluntary counselling and testing or anti-retroviral therapy available at their workplace. This might be an indication that they are not sure what is meant by a workplace programme or what the difference is between a policy and a programme. There are 4.8% of the respondents who indicated that their organisations are busy developing such programmes.

From the above it is clear that there are many respondents who, either do not know the difference between an HIV/AIDS policy and programme, or do not understand the importance of having an HIV/AIDS workplace policy in place. One of the modules of the postgraduate diploma focuses on the importance of an HIV/AIDS policy and how to develop, implement and evaluate these policies. After completion of that module, more students will understand the importance of such a policy and will have the skills and knowledge to develop and implement a policy in their workplace. They will be able to formulate an HIV/AIDS workplace policy that is cost-effective and evidence-based, taking the legal, ethical, social, economic and health issues into account. The Health Policy Initiative does a tracking of old students two years after their graduation to identify policy champions. The objective is to determine who have developed and implemented HIV/AIDS policies and programmes in their workplace.

Since only 23.6% of the respondents indicated that they do not have an HIV/AIDS workplace policy, hypotheses 1 (H1) cannot be accepted. The fact that 24.5% were not sure whether they have a policy does not justify an assumption that they have no policy in place. There might be a policy at their workplace, which they do not know of.

Previous studies indicated that larger organisation and those in areas with high HIV/AIDS prevalence normally have HIV/AIDS policies in place. Let us look at the size and location of the organisations from this study.

Size of the organisations

Table 2: Size of the organisations

	Size of the organisation	Frequency	Percent
Valid	Less than 100	83	36.2
	100-499	47	20.5
	500-1000	35	15.3
	More than 1000	63	27.5
	Total	228	99.6
Missing	System	1	.4
Total		229	100.0

The organisation size can be categorised as:

Less than 100 employees = small organisation (36.2%)
100-500 employees = medium-sized organisation (20.5%)
More than 500 employees = large organisation (42.8%)

The majority of the respondents (57.6%) are working for small and medium-sized organisations and 42.8% for large organisations.

This study confirms the findings from previous studies that larger organisations are more inclined to have a policy in place. This is confirmed by the 54% of large organisations that have a policy in place compared to 42.5% from medium and 36.1% of small organisations. The highest percentage of organisations not having a policy in place (43.3%) are among the smaller organisations. The percentage of respondents who are unsure whether their organisation have a policy is less significant in small organisations, there were 18% who indicated that they are unsure, comparing to 27.6% in medium-sized and 27.5% in large organisations. This might be due to the fact that employees are more aware of activities in smaller organisations. Table 3 illustrates how

the presence of an HIV/AIDS workplace policy correlates with the size of organisations.

Table 3: Correlation between presence of HIV/AIDS workplace policies and size of organisations

HavePolicy * Size Crosstabulation

		Size				
		Less than 100	100-499	500-1000	More than 1000	Total
HavePolicy	Yes	30	20	13	40	103
	No	36	9	6	3	54
	Being developed	2	4	1	6	13
	Unsure	15	13	14	13	55
	Developed but not implemented	0	1	1	1	3
	Total	83	47	35	63	228

Since the highest percentage of organisations not having a policy were among small organisations (< 100 employees), hypothesis 2 (H2) can be accepted.

Location of the organisations

These 229 respondents represent all 9 provinces of the country, with the majority from Mpumalanga (35.4%), followed by the Eastern Cape (19.7%), Gauteng (16.2%) and then Western Cape with 14%. The Mpumalanga Education Department sponsored 87 students to register for the diploma, therefore the high percentage of respondents from that province. Table 4 illustrates the presence of HIV/AIDS workplace policies per province.

Table 4: Correlation between presence of HIV/AIDS workplace policies and location of organisations

HavePolicy * Province Crosstabulation

		Province									
		Gauteng	Mpumalanga	North West	Western Cape	Eastern Cape	Free State	Limpopo	Northern Cape	KwaZulu Natal	Total
HavePolicy	Yes	19	39	2	15	15	1	2	2	8	103
	No	5	24	0	6	11	0	5	1	2	54
	Being developed	4	4	0	3	2	0	0	0	0	13
	Unsure	9	13	5	7	16	0	3	2	1	56
	Developed but not implemented	0	1	0	1	1	0	0	0	0	3
	Total	37	81	7	32	45	1	10	5	11	229

This study confirms that the location of an organisation do play a role in their response to HIV/AIDS. Previous studies indicated that the province with the highest prevalence, KwaZulu Natal, has the most comprehensive HIV/AIDS programmes in place. This study confirms that KwaZulu Natal is the province with the highest percentage (72.7%) of organisations that have policies at their workplace. This is compared to Gauteng, with 51.2%, followed by Mpumalanga with 48.1%. A province that is of concern is North West – there are 71.4% respondents that are unsure whether their workplace has a policy or not.

Since KwaZulu Natal is the province with the highest percentage of organisations that have HIV/AIDS workplace policies, hypothesis 3 (H3) can be accepted.

Type of organisation/sector

All of the 229 respondents are formally employed. The majority of the respondents (77.3%) are working in the government sector. Table 5 states the other sectors in which these respondents are employed.

Table 5: Type of organisation

Type of organisation	Frequency	Percent
Government	177	77.3
NGO/CBO	21	9.2
Corporate Sector	13	5.7
Faith-based organisation	3	1.3
Tertiary Institution	6	2.6
Trade union	1	.4
Private	6	2.6
Self employed	1	.4
Total	228	99.6
Missing	1	.4
Total	229	100.0

If one compares the type of sectors, it is the corporate sector that illustrates the highest occurrence of HIV/AIDS policies with 69.2%, followed by faith-based organisations (66.6%) and tertiary institution (50%). In the biggest sector in this study, the government, only 44.6% indicated to have a policy.

7. Weaknesses of this study

The following important aspects were not included in the questionnaire, it is recommended for future studies in this field :

- the government sector needs to be split into more detailed sectors
- include question on the content of the policies
- include questions that determine who were involved in developing/implementation of the polices
- include questions that determine whether the policies were communicated to employees and how it was done.

8. Conclusion

One way to manage HIV/AIDS in the workplace is to develop and implement an HIV/AIDS workplace policy, which provides the framework for action to reduce the spread of HIV/AIDS and manage the impact on the workplace. The policy shows that the organisation acknowledges the potential impact of HIV/AIDS and that they are committed to address the impact in a responsible way.

Since only 45% of the respondents indicated that their organisation has an HIV/AIDS policy and almost half of these were unsure of why the organisation implemented the policy, it can be assumed that the respondents do not understand the seriousness of the epidemic and the impact that it has on the workplace. The reasons given for those who have policies in their workplaces were: visibility of the disease, impact on production and skills, cost of interventions and pressure from trade unions.

Almost a quarter of the respondents were not sure whether their organisation has a policy or not. A possible reason might be that they do not see HIV/AIDS as a workplace issue or are not interested to know anything about it.

As previous literature stated, this study also confirms that size and location do influence an organisation's possibility of having an HIV/AIDS workplace policy in place. This study confirms that large organisations are more inclined to have HIV/AIDS policies and that a province such as KwaZulu Natal, which has the highest prevalence of HIV/AIDS in the country, has the highest percentage of organisations that have workplace policies.

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Appendix A: **HIV/AIDS WORKPLACE POLICY QUESTIONNAIRE**

The completion of these questions is voluntary and you are not required to give any personal information in order to identify yourself. The data will be used for research purposes – to determine the current situation regarding policy development and implementation. Your completion of these questions will be highly appreciated.

1. Where are you currently employed?

Town/City:

Province:

Country:

2. What is the size of your company?

☐ Less than 100 ☐ 100-499

☐ 500-1000 ☐ More than 1000

3. What type of company are you working for?

☐ Government ☐ NGO/CBO

☐ Corporate sector ☐ Other (specify):

4. Do your company currently has a HIV/AIDS workplace policy?

☐ Yes ☐ No

☐ Being developed ☐ Unsure

☐ Developed but not implemented

5. If you answered YES to question 4: when was the policy adopted?

☐ Last 6 months ☐ 1 year ago

☐ 2 years ago ☐ 3 or more years ago

☐ Don't know

6. If you answered YES to question 4: why was the policy adopted?

☐ Visibility of the disease (increasing illness and deaths)
☐ Impact on production and skills
☐ Cost of interventions
☐ Pressure from trade unions
☐ Don't know

7. If you answered NO to question 4: why was there no policy adopted?

☐ Company don't see HIV/AIDS as a workplace issue
☐ Company don't have the knowledge/skills to develop a policy
☐ Company don't have the capacity to develop a policy
☐ Don't know

8. Do your company currently has a HIV/AIDS workplace programme?

☐ Yes
☐ No
☐ Being developed
☐ Unsure

9. If you answered YES to question 8: what elements does your HIV/AIDS workplace programme include:

☐ HIV/AIDS awareness
☐ Voluntary counselling and testing
☐ Care, support and treatment
☐ Anti-retroviral therapy
☐ Other (specify):

Thank you for your time.