

**Managers' Knowledge and Perceptions of the Firm's HIV/AIDS Policy and
Programme**

by

Mbuso Mabuza

**Assignment presented in partial fulfillment of the requirements for the degree of
Master of Philosophy (HIV/AIDS Management) at Stellenbosch University**



Africa Centre for HIV/AIDS Management

Economic and Management Sciences

Study leader: Prof. JCD Augustyn

March 2010

Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

March 2010

Abstract

A number of firms fail in their endeavours to run successful HIV/AIDS workplace programmes and as a result they incur not only an unmitigated risk but also the costs and opportunity costs of the projects. The purpose of this study is to explore senior managers' knowledge of, feelings about, and perceptions towards their firm's HIV/AIDS Policy and Programme, in order to identify strategies to gain their support for successful implementation. A qualitative research study was carried out from 21 to 24 December 2009. Semi-structured interviews were used to collect data from the 12 senior managers purposively selected.

The results indicate that only 8.3 per cent of the senior managers have a good grasp of the firm's HIV/AIDS Policy and they also express positive feelings about the policy. There are 16.7 per cent of the senior managers who have incomplete basic knowledge of the firm's HIV/AIDS Policy and they also express positive feelings about the policy. 75 per cent of the senior managers have no knowledge of the firm's HIV/AIDS Policy.

As far as the firm's HIV/AIDS prevention and care programmes are concerned, 75 per cent of the senior managers perceive the firm's HIV/AIDS prevention and care programmes as value-adding to the business and as the responsibility of the Human Resources department through the Employee Assistance Programme or the clinic. The remaining 15 per cent of senior managers perceive the firm's HIV/AIDS prevention and care programmes as non-value-adding to the business.

The rather poor knowledge of the firm's HIV/AIDS Policy and the lack of ownership of the firm's HIV/AIDS prevention and care programmes by senior management suggest that considerable work still needs to be done to ensure that the firm implements an effective and sustainable management of HIV/AIDS.

It is recommended that the firm's HIV/AIDS Programme must be transformed into a broader Wellness Programme covering a wide range of health and wellness issues affecting staff. The workplace Wellness Programme must be driven by a sense of ownership between the company and employees.

Opsomming

Menige firma se poging om 'n suksesvolle MIV/vigs-werkplekprogram te bedryf, loop op 'n mislukking uit. Sodoende loop dié ondernemings nie net 'n risiko nie, maar verkwis ook die projekgeld en -geleentheid. Hierdie studie was dus daarop toegespits om senior bestuurders se kennis en opvattinge van, en gevoelens oor, hulle firma se MIV/vigs-beleid en -program te ondersoek, ten einde strategieë te bepaal om die bestuurders se steun vir die suksesvolle inwerkingstelling van sodanige programme te bekom. Vir hierdie doel is 'n kwalitatiewe navorsingstudie vanaf 21 tot 24 Desember 2009 onderneem. Semigestruktureerde onderhoude is gebruik om data van die 12 doelbewus gekose senior bestuurders in te win.

Die resultate toon dat slegs 8,3% van die senior bestuurders betreklik vertrou is met, en positief voel oor, die firma se MIV/vigs-beleid. Sowat 16,7% van die navorsingsgroep beskik oor 'n onvolledige basiese kennis van die firma se MIV/vigs-beleid, hoewel ook hulle positiewe gevoelens oor die beleid het. Driekwart van die senior bestuurders blyk geen kennis van die firma se MIV/vigs-beleid te hê nie. Wat die onderneming se MIV/vigs-voorkomings- en -sorgprogramme betref, reken sowat 75% van die senior bestuurders dat die firma se programme waarde toevoeg tot die onderneming, maar dat dit die verantwoordelikheid van die Departement Menslike Hulpbronne deur die werknemberbystandsprogram of die kliniek is. Die orige kwart van die senior bestuurders glo nie dat die firma se MIV/vigs-voorkomings- en -sorgprogramme enige waarde tot die onderneming toevoeg nie.

Die bestuurders se bra power kennis van die firma se MIV/vigs-beleid, en hulle gebrekkige verantwoordelikeheidsbesef met betrekking tot die firma se MIV/vigs-

voorkomings- en -sorgprogramme, dui daarop dat 'n aansienlike hoeveelheid werk nog gedoen moet word om te verseker dat die onderneming MIV/vigs doeltreffend en volhoubaar bestuur. Daar word aanbeveel dat die maatskappy se MIV/vigs-program in 'n algemene welstandsprogram omskep word wat 'n wye reeks gesondheids- en welstandskwessies met betrekking tot personeel dek. Dié program moet aangevuur word deur 'n verantwoordelikebesef by sowel die maatskappy as die werknemers.

Acknowledgements

The researcher gratefully acknowledges the senior management of the firm where this research was conducted.

Professor Johan Augustyn is kindly acknowledged for his support and guidance.

The following members of the researcher's family are sincerely acknowledged for their unwavering support and love:

- The researcher's mother – Teresa
- The researcher's father – Andreas
- The researcher's siblings – Paulson, Portentia, Polsia, Powell and Penelope
- The researcher's niece – Blessings

Table of Contents

Declaration	i
Abstract	ii
Opsomming	iv
Acknowledgements	vi
Acronyms	
Chapter 1: Introduction	1
1.1 Background	3
1.2 Research problem	3
1.3 Aim of the study	4
1.4 Objectives of the study	4
1.5 Research questions	5
1.6 Rationale	5
1.7 Conclusion	5
Chapter 2: Literature Review	7
2.1 Introduction	7
2.2 The issue of HIV and AIDS in business	7
2.3 Corporate response to the HIV and AIDS epidemic	10
2.4 Conclusion	14
Chapter 3: Research Methodology	18
3.1 Introduction	18
3.2 The Research Design	18
3.3 Data collection	19
3.4 Sampling	21
3.5 Triangulation	21
3.6 Data analysis	21
3.7 Limitations of the study	22

3.8 Ethical requirements	22
3.9 Conclusion	22
Chapter 4: Results and Analysis	23
4.1 Results	23
4.2 Analysis	34
Chapter 5: Discussion	37
Chapter 6: Conclusion and Recommendations	40
6.1 Conclusion	40
6.2 Recommendations	41
References	45
Appendix	50

Acronyms

AIDS – Acquired Immuno-Deficiency Syndrome

CDC – Centre for Disease Control and Prevention

CEO – Chief Executive Officer

EAP – Employee Assistance Programme

HIV – Human Immuno Virus

HR – Human Resources

IFC – International Finance Corporation

ILO – International Labour Organisation

ILOAIDS – International Labour Organisation Programme on HIV/AIDS and the World of Work

STI – Sexually Transmitted Infection

TB - Tuberculosis

USAID – United States Agency for International Development

WELCOA – Wellness Councils of America

Chapter 1: Introduction

This chapter lays the foundation for the research topic and it explains the format of the research study. An exploration of managers' knowledge and perceptions of the firm's HIV and AIDS Policy and Programme is a strategic imperative, as this will inform how well the firm responds to the HIV and AIDS pandemic. The firm where this research study was based is one of the major freight companies in its home country located within the Southern Africa region. The researcher prefers not to disclose the name of the firm in order to protect its identity. It shall therefore only be referred to as the firm.

1.1 Background

HIV and AIDS have brought about a pandemic far more extensive than what was predicted approximately a decade ago. Still rapidly growing, the pandemic is reversing development gains, obliterating millions of lives, widening the gap between rich and poor, and undermining social and economic security. It has become a major cause of disease burden in sub-Saharan Africa and South Africa in particular, and – arguably – the single most important phenomenon that will shape future demographic, health and development trends in most of Africa. The pandemic mainly impacts on the following sectors: health, business/industry, households and the community (Muller, Bezuidenhout and Jooste, 2006).

The HIV/AIDS epidemic is likely to remain the pre-eminent global health concern for the foreseeable future. It has led to a resurgence of other diseases, notably tuberculosis, a paucity of hospital beds available for the treatment of other illnesses and poses an immense threat by reversing the gains made over many years of trying to improve public health service delivery in sub-Saharan Africa. This region bears the brunt of the global HIV/AIDS epidemic and yet by a cruel twist of fate, it is also the region where poverty is

most pervasive and hence has the least resources to effectively cope with an epidemic of HIV's enormity (Kironde and Lukwago, 2002).

Global consensus on the need for comprehensive AIDS responses was sealed at the United Nations General Assembly when the Special Session on AIDS in June 2001 set broad and ambitious targets for the global mobilisation against HIV/AIDS. Underpinning these goals was the realisation that efforts at the current level were simply inadequate to turn back the epidemic, and that every part of society – from governments of affected countries to civil society, from donors to business – must be involved (Taylor and De Young, 2004).

The efforts of businesses, large and small, formal and informal, operating in the developing and developed worlds are still far from reaching their full potential impact on the course of the epidemic. To bridge that gap, companies have four key dimensions of action available (Taylor and De Young, 2004):

- Businesses in countries where the HIV epidemic is still in its infancy should actively manage risks by investing in HIV/AIDS workplace policies and programmes focusing on prevention.
- Businesses in countries which are already hard-hit by AIDS should protect their investments in human capital by providing employees with access to testing, care, support and treatment for HIV/AIDS as a necessary counterpart to full-scale workplace HIV prevention programmes.
- Leading businesses everywhere should do more by extending HIV/AIDS efforts to families, communities and business partners along their supply chains, alongside community and faith-based organisations, and in close cooperation with governments – integrating an AIDS focus into fundamental considerations of securing the future investment climate.
- All businesses should work to reduce the stigma of HIV/AIDS, as it undermines all other efforts.

1.2 Research Problem

In recent years, there has been a proliferation of workplace HIV and AIDS programmes throughout the world. Some of these programmes look very impressive on paper and they are launched with great promise.

The reasons why companies embark on HIV/AIDS programmes in sub-Saharan Africa are well-founded, given the direct and indirect costs associated with the disease on businesses in the region. Some organisations, however, fail in their endeavours to run successful HIV/AIDS workplace programmes and as a result they incur not only an unmitigated risk but also the costs and opportunity costs of the projects (Zuccarini, 2005). When HIV/AIDS epidemics become generalised, all organisations suffer from rising employee attrition, increasing absenteeism, declining morale, and low productivity (Human Sciences for Health, 2003).

A global survey conducted by the World Economic Forum reveals that only 20 per cent of the firms surveyed judge HIV/AIDS to pose a serious business threat. Even in countries such as those in Southern Africa where HIV/AIDS is prevalent, many firms do not see a significant risk to their performance (Taylor and De Young, 2004).

Workplace HIV and AIDS Policy development and implementation are often shifted to the Human Resources Department or an external consultant. Caring for employees living with HIV and AIDS is sometimes seen as the government's responsibility, and not as a strategic business imperative. However, government hospitals and clinics are often faced with many challenges of their own, including issues of capacity and service delivery.

According to Strydom (2005), the cost to employer of losing one person to AIDS through medical retirement or death is as high as 4-5 times the annual salary of a blue collar employee and 7-9 times the annual salary of a manager or professional employee. Added to this is the macro-economic impact all companies face in the wake of HIV/AIDS.

The macro-economic argument says that any employed person will buy groceries, a car, a cell-phone, will have a fixed-line telephone account, consume electricity, buy clothes and have a savings account. If that employee is lost; that spend is also lost. As such, the HIV/AIDS management programme of any one employer has far reaching impact on many other companies and the economy at large. Future customers and employees are today's children, but if their parents die and they are no longer able to receive an education and go on to become meaningful contributors to the economy, they will no longer be the clients of tomorrow. The problem of the past was that while directors might have understood the long term consequences of not undertaking a workplace management programme for HIV/AIDS, they were incentivised on the basis of annual profit, and all too many deferred the costs of treatment, with the justification that it would be someone else's problem in the years to come. Today, many companies face the consequences of these decisions (Strydom, 2005).

If boards, executive committees and CEOs do not demonstrate leadership with respect to this issue early on, stigmatisation, misinformation and trivialisation will continue and the lives lost as a result will not only have a significant social impact but an economic impact as well (Manser, 2005).

1.3 Aim of the study

The aim of the study is to identify the perceptions of Senior Managers towards the firm's HIV and AIDS Policy and Programme in order to identify strategies to gain their support for effective implementation of the HIV and AIDS Policy and Programme.

1.4 Objectives of the study

The objectives of the study were:

- To establish Managers' knowledge of the firm's HIV and AIDS Policy
- To establish how the Managers feel about the firm's HIV and AIDS Policy

- To identify the Managers' perceptions of the HIV and AIDS Programme
- To propose strategies and to provide recommendations regarding the firm's HIV and AIDS Policy and Programme.

1.5 Research questions

The research questions for the study were:

- What is the Managers' knowledge of the firm's HIV and AIDS Policy?
- How do the Managers feel about the firm's HIV and AIDS Policy?
- What are the Managers' perceptions of the firm's HIV and AIDS Programme?
- What strategies could be proposed to provide recommendations regarding the firm's HIV and AIDS Policy and Programme?

1.6 Rationale for the study

The rationale for this research study derives from the strategic viewpoint that the leadership of organisations have a key role to play in combating the HIV and AIDS pandemic.

The reality is that very few companies have implemented well coordinated HIV/AIDS interventions. Most company-led HIV/AIDS interventions tend to be of a very limited scope. Such corporate responses may in part be due to the lack of will power to commit what is often thought of as massive financial resources towards a cause whose exact business impact is difficult to quantify (Kironde and Lukwago, 2003).

The need has therefore arisen for complete ownership and commitment by the leadership of companies, including the firm of focus in this study. Given the very little available literature on managers' knowledge and perceptions of HIV and AIDS Policies and Programmes, it is envisaged that this study will contribute to the body of knowledge regarding the alignment of HIV and AIDS Policies and Programmes to the core business strategy.

1.7 Conclusion

If top management of companies do not take complete ownership of the HIV and AIDS problem, the risk posed by HIV and AIDS becomes more pronounced, particularly in sub-Saharan Africa which is the hardest hit region by the pandemic. This presents itself as an opportunity to explore the knowledge and perceptions of managers on the firm's HIV and AIDS policy and programme.

Chapter 2: Literature Review

2.1 Introduction

This chapter is divided into two sections. The first section reviews the literature on the issue of HIV and AIDS in business, particularly in the African context. The second section explores the literature based on the corporate response to the HIV and AIDS epidemic, with particular focus on leadership.

2.2 The issue of HIV and AIDS in business

The consequences of the HIV/AIDS epidemic are felt by enterprises, national economies and workers and their families (ILOAIDS, 2004). The HIV/AIDS epidemic is a human tragedy of epic proportions and global reach. More than 40 million people are now living with HIV/AIDS, and the epidemic continues to grow rapidly in many parts of the world. A health epidemic of this scale and reach poses significant economic and business risks especially in hard-hit regions like sub-Saharan Africa, home to roughly two thirds of those with HIV (Tyson, 2004).

For African businesses to attract new investors; they must demonstrate a competitive advantage. In much of Africa, businesses already have a competitive advantage because labour is abundant, affordable and productive. Countries inevitably compete against one another to attract investors. In turn, investors seek to locate their businesses in a country that has the most productive, lowest-cost workforce (USAID, 2001).

There are several mechanisms by which HIV/AIDS affects the international competitiveness of African businesses (USAID, 2001):

1. Labour supply. AIDS deaths lead directly to a reduction in the number of available workers. These deaths occur predominantly among workers in their most productive years. As younger, less experienced workers replace experienced

workers worker productivity is reduced, which in turn results in a decline in international competitiveness.

If businesses are to succeed financially, they require a steady supply of adequately skilled labour. For companies requiring skilled workers, it is likely that HIV/AIDS will present a particularly significant problem. Professionals are in short supply, and the costs required to train a new worker are often significant. One study demonstrated that firms took, on average, eight times longer to replace a deceased professional than a skilled worker.

The bulk of infections generally occur among young people who are just entering the workforce. This should be particularly worrisome to African businesses, as it demonstrates that the future supply of labourers and managers are likely to be the ones most affected by HIV/AIDS. At the same time, this fact demonstrates the critical importance of spending money on HIV/AIDS prevention among young people. In order to safeguard the future labour supply, it is necessary to stress prevention programmes for youth today (USAID, 2001).

2. Profitability. AIDS reduces the profitability of African businesses by both increasing the cost of production and decreasing the productivity of African workers. The loss of profitability clearly will reduce Africa's competitive advantage.

HIV/AIDS can affect a company's profitability by either increasing expenditures or decreasing revenues. During the early stages of infection, managers may observe an unexplained increase in the number of sick days taken. The employee, his or her spouse, and children may incur higher care costs, many of which are reimbursed by the employer. The productivity of the worker may decline, particularly when opportunistic infections such as tuberculosis (TB) become more common.

As the epidemic progresses, managers may observe within their workforce an increase of diseases, such as TB, sexually transmitted infections (STIs), skin rashes, diarrhoea, and possibly even malaria. (Some evidence suggests that HIV-infected individuals are much more susceptible to serious bouts of malaria as a consequence of their suppressed immune system.) There is likely to be a corresponding increase in health care costs and sick days. Employees who are identified as being infected may be retained, moved to a less demanding position in the company, or fired outright (with or without compensation) depending on corporate policy.

A loss in revenue attributable to HIV/AIDS can occur when infected workers take leave due to illness, the need to care for other infected family members, or the need to attend the funerals of co-workers or loved ones. Productivity can also decline when workers in poor health come to work but are unable to produce at their normal levels.

The extent to which people living with HIV/AIDS will continue to be employed depends on the type of work performed and the existing policies of the relevant company. Presumably, employees involved in heavy manual labour will be less likely than desk workers to maintain their jobs when they become infected. Certain companies are required (by government mandate or union contract) to continue offering benefits. However, other companies are able to shift the burden to the government or the families of the employee living with HIV/AIDS.

There are various ways in which expenditures are likely to increase when African businesses are affected by HIV/AIDS. An increase in health care costs is likely to be one sign that a company is experiencing the effects of the epidemic. Companies with private health insurance policies may find that their premiums are increasing. Other companies with in-house health care services may find an increased need for services that may not immediately be identified as HIV-related.

As more workers die of AIDS, it is likely that the private sector in Africa will observe increased costs in terms of death benefits. When a worker dies, many larger African companies offer a death benefit to the surviving family. In some cases, these death benefits equate to as much as three years of salary plus funeral-related expenses. Some companies also pay workers a death benefit if their spouse or children die. With the advent of HIV/AIDS epidemic, companies have tried to mitigate the impact of benefit costs in various ways. For example, some African companies have reduced the amount of their contribution to funerals. Other companies have required funerals to be conducted on weekends to minimise the disruption to work.

The cost of recruiting and training new workers may also be substantial. The cost of replacing unskilled workers may be small, particularly when the rate of unemployment in the community that houses the business is high. As a result, most unskilled workers can be replaced within a week with little or no cost of recruitment. However, many African countries have a shortage of experienced senior managers. In this case, positions may be left unfilled for months or even years; which represents a significant cost to the company. Some companies even have had to resort to hiring highly paid expatriates following the death of senior managers.

As with recruiting, the cost of training and of general human resource development depends on the education and skill level required for the position as well as on the capacity of the pool of available workers. Training of unskilled workers often occurs over a period of a few days and does not generally represent a high cost to the company. The costs involved in training a director of finance, marketing, accounting, or sales, however, can be significant, particularly as such training is typically performed overseas.

In the end, HIV/AIDS is likely to have a variable impact on expenditures depending on the prevalence of HIV; cost of training and providing benefits;

availability of prevention activities; and extent to which the company can shift the economic burden of the disease from itself to workers, their families, and the public sector (USAID, 2001).

3. Other impacts. The indirect impacts associated with HIV/AIDS are much more difficult to quantify but can nonetheless be an important factor in influencing investment decisions. The indirect impact incurred in African businesses refers to those outcomes that cannot be directly attributable to an increase in revenues or a loss in expenditures over the short term, but that still can create a significant burden for a company. For example, HIV/AIDS can result in a substantial decline in morale among workers. As employees watch many of their co-workers die of AIDS, they may adopt a generally fatalistic attitude toward life and work.

One direct effect of absenteeism is that it results in extra work for other healthy employees who have to stand in for sick colleagues. In some companies, healthy employees were increasingly working extra hours to compensate for the time lost by their absent (sick) colleagues. In so doing, not only did companies pay more in terms of overtime, but interviewed workers also pointed out that they were overworked and exhausted. The spread of the epidemic can also contribute to worsening labour relations. If employees do not feel that their employers are providing adequate prevention or care services, the relationship may degenerate. In some cases, workers demand the dismissal of their colleagues when learning of their colleagues' illness (USAID, 2001).

Managers may not always be aware of the ways in which HIV/AIDS is affecting their business. One way to address the indirect effects of HIV/AIDS is to establish a workplace policy that explains how the needs of infected workers should be addressed. Such a policy should promote a positive relationship among infected workers, their employer, and their colleagues.

HIV/AIDS can also result in a significant demand for some products. HIV/AIDS is known to be a disease that tends to impoverish families, particularly because infected individuals are often the main income earners in the household. As a result, families end up earning less but spending more on health care, leaving few resources available to purchase other goods. Thus, most businesses are likely to observe at least some decline in demand for their products, especially the “luxury” goods that consumers can forego during difficult economic times.

HIV/AIDS is a workplace issue not only because it affects labour and profitability, but also because the workplace has a vital role to play in the wider struggle, to limit the spread and effects of the epidemic (ILOAIDS, 2009).

2.3 Corporate response to the HIV and AIDS epidemic

The role of the workplace in providing prevention and care, as well as the protection of human rights was recognised by the UN Assembly in its 26th Special Session of 2001 on HIV and AIDS. While important strides have been made in getting business to acknowledge its role in the fight against HIV/AIDS, it is only a scratch on the surface (Holbrooke, 2006).

Several multinational companies with global brand names and operations have identified HIV/AIDS as one of their core business issues and have developed company-wide programmes to respond to the business threats posed by the disease. Despite some high profile examples, however, we still know surprisingly little about the impact of HIV/AIDS on individual companies, about how they assess the risks they face, and about how they are responding to these risks. Findings from the first global survey of business leaders’ opinions on and responses to the threat of HIV/AIDS begin to address these gaps in our knowledge and establish baseline measures of how global businesses are responding to the HIV/AIDS epidemic. Overall, the results indicate that there is still considerable work to be done (Taylor, 2004).

Only 20 per cent of the firms surveyed judge HIV/AIDS to pose a serious threat. Even in countries where HIV/AIDS is prevalent, many firms do not see a significant risk to their performance. Fewer than 20 per cent of the firms surveyed have conducted quantitative studies of HIV prevalence among their workers, and more than 80 per cent have no HIV/AIDS specific written policy. Nonetheless, only about 20 per cent of firms judge their responses to be insufficient or ineffective. Overall the survey results suggest three basic conclusions. First, most companies have poor information on which to assess the actual risks to their business posed by the epidemic and design appropriate responses. Second, to date most companies have not developed company-wide policies to contain business risks posed by the epidemic, even when such risks are judged to be substantial. Third, despite their relative inaction, most companies express support for a broad societal response in which the business community can play an integral part (Tyson, 2004).

The findings and conclusions of the survey should encourage more companies to take a closer look at the risks posed by the HIV/AIDS epidemic and to study the best-practice examples of successful company programmes to address these risks. Companies can actively manage risks by investing in HIV/AIDS workplace policies and programmes that emphasise education and prevention, by providing employees with access to testing, care, support and treatment for HIV/AIDS, and by reducing the stigma of HIV/AIDS in their corporate cultures. They can also offer their support for community-wide efforts outside the workplace in partnership with other companies, trade associations, or non-governmental organisations (Tyson, 2004).

Taking into consideration the global extent and impact of HIV and AIDS on developing countries such as those in Southern Africa, it is crucial for strategic managers to consider workplace HIV and AIDS Policies and Programmes as strategic business imperatives. Non-sustainable workplace HIV and AIDS programmes are like immediate piece-meal changes. This has socio-economic implications not only to the firms but also to the community and the country as a whole.

According to Ramsingh and Carel (2006), the key issues influencing the success and failure of the implementation of the HIV and AIDS policy, include, leadership, communication, and budget and resources. Vass (2008) identifies the key factor in the effective governance of HIV/AIDS in the workplace as the collaboration of employers and employees. Overall, confidence in workplace HIV/AIDS policies has remained more or less steady. Although still among the most sanguine respondents, companies in countries with prevalence of over 20 percent express decreased confidence (Bloom, Bloom, Steven and Weston, 2006).

However, there is very little research available that explores the perceptions of leadership or senior management about HIV and AIDS policies and programmes at the workplace in Southern Africa. The existing literature indicates a wide variation in workplace policies and programmes currently in place in Southern Africa. The effectiveness of workplace interventions at the firm level, including prevention and treatment programmes is difficult to assess with currently available data. Further research on workplace programmes that addresses operational challenges to implementation and development of monitoring and evaluation strategies is urgently needed (Mahajan, Colvin, Rudatsikira & Ettl, 2007).

The problem of the past was that while directors might have understood the long term consequences of not undertaking a workplace management programme for HIV/AIDS, they were given incentives on the basis of annual profit, and all too many deferred the costs of treatment, with the justification that it would be someone else's problem in the years to come (Strydom, 2005).

Phooko (2009) observes that although many companies have initiated fantastic HIV workplace programmes, one difficulty is that leadership continues to see HIV as a 'soft' HR issue. Very few people are coming forth and making use of the programmes. There are several possible reasons, including trust issues, stigma and the simple fact that employees may not be aware of the services available to them. On the other hand, the content and effectiveness of the programmes themselves are not evaluated.

Consistent with Phooko's observation the firm of focus in this research study has also implemented a fantastic HIV/AIDS policy and programme, which is also regarded as a 'soft' HR issue and is run by the Employee Wellness Manager. The challenge is that very few people are coming forth to make use of the programme, and getting support from company leadership can be challenging for someone in the Wellness Manager's position.

In theory, the firm's senior leadership acknowledge that HIV/AIDS is a business risk that needs to be addressed. However, in practice, the operational demands of the core business result in a complete shift of priorities towards the bottom-line. Ironically, the risk posed by HIV and AIDS has a huge bearing on the firm's bottom line.

The lesson that came out of the field research by the Centre for Disease Control and Prevention (CDC) (2009) is that in order for HIV/AIDS policies and programmes to be sustainable, they have to be endorsed, initiated and owned by senior management and labour leaders.

In a high prevalence HIV/AIDS environment such as sub-Saharan Africa (Bureau for Economic Research, 2003), executive management investments may require some hard choices. Management Sciences for Health (2003) states that executive Human Resources Managers need to recognise this and convey to other executive managers that any investment in strengthening the human resource capacity of an organisation is an investment in the people who will make the difference between success and failure in the fight against HIV/AIDS.

If executive management advocate strongly for an appropriate and sustainable HIV and AIDS Policy and Programme in their organisation and thoroughly implement action plans resulting from investigation of the problem, the organisation will be in a position to develop a strong HIV and AIDS policy and programme to proactively manage the threat posed by HIV/AIDS (Ellis and Terwin, 2004). In this regard, Lipman (2003) highlights that businesses can no longer afford to ignore the growing epidemic. Given the fact that HIV/AIDS is a contextual factor (Dieleman, Bwete, Maniple, Bakker, Namaganda,

Odaga and van der Wilt, 2007), investment now will save greater expenditure later (International Labour Office, 2007).

There are three reasons why it is necessary to deal with HIV/AIDS in the workplace. Firstly, because, HIV/AIDS has a huge impact on the world of work – reducing the supply of labour and available skills, increasing labour costs, reducing productivity, threatening the livelihoods of workers and employers, and undermining rights. Secondly, it is because the workplace is a good place to tackle HIV/AIDS. Standards are set for working conditions and labour relations. Workplaces are communities where people come together and they discuss, debate, and learn from each other. This provides an opportunity for awareness raising, education programmes, and the protection of rights. Thirdly, it is because employers and trade unions are leaders in their communities and their countries. Leadership is crucial to the fight against HIV/AIDS (ILOAIDS, 2002).

Therefore, firms should start fighting the disease, proactively (Management Sciences for Health, 2003). The fact that many companies recognize the HIV/AIDS epidemic as a serious threat to productivity and profitability (Rau, 2002) is a good starting point.

The purpose of this research study is therefore to explore managers' knowledge and perceptions of the firm's HIV/AIDS policy and programme in order to gain their support for effective implementation of the HIV and AIDS policy and programme.

2.4 Conclusion

Given the high prevalence of HIV in Africa, particularly, sub-Saharan Africa, it can be concluded that HIV/AIDS harms the viability and competitiveness of African businesses. Although a number of firms have increasingly implemented HIV and AIDS policies and programmes to address the risk posed by HIV/AIDS, most of these policies and programmes have not been successful, largely due to a lack of complete ownership by the leadership of these firms. It would therefore be important to explore the knowledge and

perceptions of managers to the firms' HIV and AIDS policies and programmes in order to gain their support to address this challenge.

Chapter 3: Research Methodology

3.1 Introduction

A qualitative research methodology was used in this study. The target population was all the 12 senior managers of the firm, and all 12 participated in the study. The target population was purposively sampled. An interview guide was used as a data collection and data analysis instrument. This instrument was considered because semi-structured interviews can assist the researcher in finding out why things are the way that they are, as well as aid in understanding the barriers and opportunities for change. Despite the lack of a p-value, a report with quotes can be effective at persuading decision-makers to pay closer attention to workplace HIV and AIDS issues (Roelofs, 2004).

Qualitative research is designed to reveal a target audience's range of behaviour and the perceptions that drive it with reference to specific topics or issues. It uses in-depth studies of small groups of people to guide and support the construction of hypotheses. Unlike in quantitative research, the results of qualitative research are descriptive rather than predictive (Qualitative Research Consultants Association, 2009).

3.2 The Research Design

A qualitative research design was employed in this descriptive and exploratory study as it sought to understand the senior managers' knowledge and perceptions of the firm's HIV and AIDS policy and programme. The senior manager therefore formed the unit of analysis (Kangethe, 2009). The information obtained through the qualitative research approach not only provided answers but it also provided reasons for the answers. This allowed the researcher to generate a hypothesis about managers' knowledge and perceptions of the workplace HIV and AIDS policies and programmes.

The descriptive research design aims at capturing and describing the central themes or principal outcomes that cut across a great deal of participant variation. For small samples

such as in this study a great deal of heterogeneity can be a problem if a quantitative approach was used because individual cases are so different from each other. The maximum variation strategy turns that apparent weakness into strength by applying the following logic: Any common patterns that emerge from great variation are of particular interest and value in capturing the core experiences and central, shared aspects or impacts of a program (Saunders, 1997).

The great contribution of qualitative research is the culturally specific and contextually rich data that it produces. Such data are proving critical in the design of comprehensive solutions to public health problems in developing countries, as scientists, medical doctors, pharmaceutical companies, and humanitarian organisations have come to recognise that biomedical solutions are only partial remedies. Rather, the success of a health intervention – that is, whether it actually reaches the people it is intended to help – rests on how well it addresses socio-behavioural factors such as cultural norms, ethnic identities, gender norms, stigma, and socioeconomic status. Success measured on this basis has a bearing, in turn, on the cost-effectiveness, efficiency, and efficacy of interventions, concerns not insignificant in the eyes of project managers and funding agencies (Mack, Woodsong, MacQueen, Guest and Namey, 2005).

3.3 Data collection

An interview guide was used as the instrument to obtain primary data from the 12 senior managers of the firm. An interview guide is a list of questions or general topics that the interviewer wants to explore during each interview (Saunders, 1997).

Each subject was approached individually, and the researcher interviewed him/her based on the interview guide questions. Key points mentioned by the interviewee were restated at the end of each session to ensure correct interpretation and to eliminate bias. After having recorded each subject's responses the researcher collected and kept the interview guides in a safe where only the researcher had access.

3.3.1 Interview guide construction

The interview guide was based on a written script of one kind with varying levels of flexibility designed into the interview guide. It comprised some closed questions with the interviewer having the freedom to ask the subject to enlarge upon his/her responses as well as a test of open-ended questions and themes for discussion. The interview questions covered aspects of knowledge, perceptions and feelings about the firm's HIV and AIDS policy and programme.

Although an interview guide is constructed to ensure that basically the same information is obtained from each person, there are no predetermined responses, and in semi-structured interviews the interviewer is free to probe and explore within these predetermined inquiry areas. Interview guides ensure good use of limited interview time; they make interviewing multiple subjects more systematic and comprehensive; and they help to keep interactions focused. In keeping with the flexible nature of qualitative research designs, interview guides can be modified over time to focus attention on areas of particular importance, or to exclude questions the researcher has found to be unproductive for the goals of the research (Case, 2009).

3.3.2 The interview guide items

The first section of the interview guide served as an introduction and to confirm permission of the subject to participate in the study. The second section was used to record personal information including: interviewee's name code, interviewee's length of service at the firm, interviewee's gender, interviewee's age, location and date of the interview. The third section of the interview guide comprised questions some of which were closed and the rest were open-ended. This allowed both the interviewer and the interviewee the flexibility to probe for details or discuss issues. The interviews were aimed at answering the following research questions:

- Managers' knowledge of the firm's HIV and AIDS Policy
- Managers' feelings about the firm's HIV/AIDS Policy

- Managers' perceptions towards the firm's HIV and AIDS Programme

3.4 Sampling

Convenience sampling was employed and all 12 senior managers of the firm were selected for study inclusion, and all 12 actually participated. All these managers were interviewed (face-to-face) by the researcher. Each interview lasted approximately 30 minutes.

Convenience sampling is a component of non-probability sampling which exists within the qualitative research paradigm. In contrast to probability sampling which exists within the quantitative research paradigm, convenience sampling is non-random and purposive in that the researcher may select the sample using criteria other than those associated with randomness of selection. Its concentration is on specific cases and in-depth analysis of the specific (Saunders, Lewis and Thornhill, 2003).

3.5 Triangulation

Key points mentioned by the interviewee were restated at the end of each session to ensure correct interpretation. In addition, the researcher presented written accounts of his own conclusions to the interviewees for them to verify the content. According to Saunders, Lewis and Thornhill (2003), this form of triangulation could be a source of new interpretations that have not occurred to the researcher.

3.6 Data analysis

The responses from the 12 senior managers of the firm were analysed, and themes emerging from the primary data were identified and the phenomena observed were grouped into conceptual categories. The next stage of analysis involved re-examination of the categories identified to determine how they were linked, as described by Pope, Ziebland and Mays (2000).

3.7 Limitations of the study

Although the interview is an excellent technique for gathering certain kinds of research information, interviewer bias is greatest in face to face interview because the interviewee may be influenced by the interviewer's appearance, tone of voice, and wording of the questions (Saunders, Lewis and Thornhill, 2003). It is possible that the interviewees were influenced by the interviewer's appearance, tone of voice, and wording of the questions.

3.8 Ethical requirements

The study followed all the ethical protocols. Approval for the study was granted by the Ethics Committee of the University of Stellenbosch. Permission to collect data was obtained from the authorities of the firm where the study was based. All participants gave written consent, having been informed of their rights and freedom to withdraw voluntarily if they wished to do so or if they felt uncomfortable with research proceedings (Kangethe, 2009).

3.9 Conclusion

A qualitative research methodology was employed in this study because it allowed the researcher to gain a more in-depth understanding of why the managers' knowledge and perceptions of the firm's HIV and AIDS policy and programme were the way that they were as well as aid in understanding the barriers and opportunities for change. This was in line with the aim of this research study which was to explore the managers' knowledge and perceptions of the firm's HIV and AIDS policy and programme in order to gain their support for the effective implementation of the firm's HIV and AIDS programme.

Chapter 4: Results and Analysis

4.1 Results

The following is a summary of the findings obtained from interviewing the twelve senior managers with regard to their knowledge and perceptions of the firm's HIV/AIDS Policy and Programme. The twelve interviewees were given name codes from F100 to F1200, respectively.

Interview with F100

Interviewer: Does your firm have an HIV/AIDS Policy?

F100: Yes, my firm does have an HIV/AIDS Policy.

Interviewer: How did you get to know about the policy?

F100: All managers were given copies of the HIV/AIDS Policy. The EAP also sends us HIV/AIDS updates on a regular basis.

Interviewer: What is your understanding of this policy?

F100: We should not discriminate against people living with HIV. Encourage people to test. Promote the use of condoms.

Interviewer: How do you feel about your firm's HIV/AIDS Policy?

F100: I feel it is well aligned with what government is doing. There is still a need for more involvement of employees so that it favours minimisation of the spread of HIV.

Interviewer: Is your firm doing enough to address the issue of HIV/AIDS? Please explain?

F100: The clinic, HR department, structures in operations and support services are doing their best to address the issue of HIV/AIDS. For example the EAP and the clinic organise wellness days to remind us that we need to take care of our health. Issues of health and HIV are mentioned during the green area talks at operations. Condoms are always

available in the ablution blocks. Employees who are ill are taken care of by the EAP and the clinic.

Interviewer: Do the activities you have just mentioned add any value to the business?

F100: Yes, I think they add value because the awareness makes people to be warned beforehand. If there is a healthy workforce, this benefits the business in terms of profit.

Interview with F200

Interviewer: Is there an HIV/AIDS Policy at your firm?

F200: Yes, there is a policy. However, I have no knowledge of its contents because I have not had the time to read it.

Interviewer: How does that make you feel?

F200: I feel ok. No problem. As long as our business performance is good, I am happy.

Interviewer: Does HIV/AIDS have any impact to your business?

F200: Yes, of course. It does.

Interviewer: Please elaborate.

F200: If we lose our staff through AIDS, employing new people and training them could prove costly to us.

Interviewer: What is your firm doing to prevent that from happening?

F200: We have been bombarded with information about HIV/AIDS for a long time now, to such an extent that people are no longer taking it seriously. Maybe the company needs to come up with new ideas of getting the message across.

Interviewer: Please elaborate on what you mean by new ideas.

F200: I cannot say exactly what the new ideas are, but something must be done to make sure that there is no conflict between the operation of the business and the HIV/AIDS

programme. The HIV/AIDS campaigns disrupt the business operation and cause unnecessary delays, and as a result the company loses revenue. It is really a challenge for our operations when employees attend the clinic or visit the EAP during work hours, especially when it is very busy at operations.

Interviewer: Who is supposed to play a critical role to ensure that these new ideas are successfully implemented and aligned with the business strategy?

F200: I guess it has to be championed through the clinic and EAP. Employees are still dying because of lack of knowledge, despite the fact that the issue of HIV/AIDS has been discussed for many years in this company.

Interview with F300

Interviewer: Does your firm have an HIV/AIDS Policy?

F300: No, I do not think it does.

Interviewer: How important is it for your firm to address the issue of HIV/AIDS?

F300: It is very important.

Interviewer: Please elaborate.

F300: Employees are affected at work due to sick family members. The operation of the business is affected due to sick employees. The replacement costs for employees who are sick, dead or affected impacts on the company's bottom line.

Interviewer: Whose responsibility is it to ensure that the issue of HIV/AIDS is effectively addressed at your firm?

F300: I do not know, but I think it is the responsibility of EAP.

Interviewer: Why do you think it is the responsibility of the EAP?

F300: The EAP deals with employees' problems, including illness, stress and other problems. Employees go to the EAP if they have any problems, including HIV/AIDS.

Interview with F400

Interviewer: Does your firm have an HIV/AIDS Policy?

F400: Yes

Interviewer: What is your understanding of this policy?

F400: It is a formal document governing the management of HIV/AIDS within the organisation, and it is duly approved by the CEO. It assists employees and the organisation to deal with HIV/AIDS matters.

Interviewer: How do you feel about your firm's HIV/AIDS Policy? Why?

F400: As an individual, I feel happy about it, and it is great that the EAP regularly reminds us about HIV/AIDS matters throughout the year. There have been many campaigns, posters, billboards and email messages about HIV/AIDS in this organisation, over the years. In my view, most, if not all employees know about the HIV/AIDS Policy, the importance of knowing their HIV status and living a positive and productive life. However, my main concern is that the HIV/AIDS Policy is more of a must-do than a long-term value-adding process. I think the company can do more in terms of allowing more employee involvement in the planning and implementation phases. As it is, I do not think the HIV/AIDS Policy is employee-friendly because it was not developed from the perspective of the employees, but was developed at corporate level.

Interviewer: If you were to be infected with HIV, what kind of assistance could you get from your firm?

F400: I would get support and get more informed about the infection itself. I would also get guidance in terms of treatment and the way forward through the EAP and clinic as they are responsible for managing HIV/AIDS in this organisation.

Interview with F500

Interviewer: Does your firm have an HIV/AIDS Policy?

F500: I am not sure

Interviewer: What is your point of view about HIV/AIDS in your firm?

F500: It is a good thing that there is an on-site service and campaigns to encourage employees to test for HIV. This makes it much easier for HIV-positive employees to get help quickly. The on-site service is value-saving to the company because people do not need to go to external doctors.

Interviewer: Whose responsibility is it to ensure that the issue of HIV/AIDS is adequately addressed in your firm?

F500: I think it is the responsibility of the HR department via EAP.

Interviewer: Why?

F500: Because it has always been EAP who organises campaigns and awareness about health matters in the company.

Interview with F600

Interviewer: Does your firm have an HIV/AIDS Policy?

F600: Yes, it does.

Interviewer: Please elaborate

F600: Although I have a vague knowledge of the policy, but I am aware that once an employee is infected or affected, the company is there to assist. Confidentiality is guaranteed. The company makes arrangements for HIV-positive employees to go for regular assessments in order to monitor and manage the illness. The family members of these employees also get support from the company. If the employee is too sick to come to work, special sick leave is given to that employee. Sometimes, the sick employee is

reasonably accommodated at work until such time that he/she is fit enough to resume his/her normal duties. The EAP department is very active with regard to issues related to HIV/AIDS or any other problem an employee may have. The EAP department also organises VCT and Wellness days on an annual basis in order to remind us about the importance of a healthy lifestyle.

Interviewer: In your opinion, are all the activities that you have just mentioned adding any value to the business?

F600: Yes, there is a lot of value in this. For instance, the regular campaigns remind and motivate HIV-negative employees to stay HIV-negative, and those who are already infected to live a positive life. If this did not happen, lots of employees would become very ill and be absent from work for a very long time, and many would also die. When many employees are absent or die, the company is affected because of replacement costs. And yet, when employees are motivated to stay HIV-negative and those who are HIV-positive receive support and treatment, the company does not suffer so much, because not many employees will be lost. Those who are living with HIV/AIDS have a better chance of remaining productive at work.

Interviewer: How important is all of this to you personally?

F600: It is comforting to know that the company is always there for you

Interview with F700

Interviewer: Does your firm have an HIV/AIDS Policy?

F700: Yes

Interviewer: What is your understanding of this policy?

F700: It is there to assist employees to gain more knowledge about HIV/AIDS. It caters for employees that have contracted the virus. It assists in the monitoring of the wellness of the infected individual. It promotes fairness at work, and ensures that HIV-positive employees are not discriminated against.

Interviewer: How do you feel about the policy?

F700: I feel it is good for the company and for the employees. It covers both.

Interviewer: Do you think HIV/AIDS is adequately addressed in your firm? Why?

F700: I think so, because employees are always given the opportunity to test for HIV and encouraged to stay healthy. The EAP is there to support them when they are sick or have problems related to HIV/AIDS. The Peer educators also assist in spreading the message and to support infected and affected employees.

Interviewer: To what extent does the HIV/AIDS information that you have just mentioned align with the firm's business strategy?

F700: It helps the business in terms of planning for resources. For example, it makes it easy to determine how many fit and unfit employees there are in the company, and this could inform the recruitment process of new staff.

Interview with F800

Interviewer: Is there an HIV/AIDS Policy at your firm?

F800: Yes

Interviewer: What is your understanding of this policy?

F800: Although I have a copy of the policy, I have never read it. I have been lazy.

Interviewer: Besides the HIV/AIDS Policy, how is the issue of HIV/AIDS being addressed at your firm?

F800: I have seen posters, billboards, and email messages raising awareness about HIV/AIDS. One of the most striking messages is marked in big white letters on the huge red tower near the main entrance, and it reads thus: "It is vital to know and to do something about your health status. Your life is very precious." This message always makes me think and reminds me that I must not take my life for granted. It also reminds

me that I must take the responsibility and not expect everything to be done for me by the company. It is a powerful message.

Interviewer: What impact does what you have just mentioned have on the business?

F800: Everything that affects employees also affects the company. Everything that improves the wellbeing of employees also improves the overall performance of the business. Be as it may, please allow me to make a suggestion. The company must make it compulsory for every employee to read the HIV/AIDS Policy. However, the policy must be user-friendly. The reason why I say that is because I have seen very positive results of a user-friendly HIV/AIDS Policy of the company that I used to work for before I came here. There, everybody knew the HIV/AIDS Policy inside out because there was pressure from the top to ensure that all employees including senior managers read and answered questions about the company's HIV/AIDS Policy. The good thing was that the questions were set out on the computer and were in the form of cartoons. Deadlines were set, to ensure that each individual attained a score of at least 95 per cent. Failure to do that came with a penalty. Attaining 100 per cent came with an incentive. It really worked!

Interview with F900

Interviewer: Does your firm have an HIV/AIDS Policy?

F900: I am not sure. There is just no time to go through all the many company policies.

Interviewer: In your opinion, does HIV/AIDS have any impact to the business? Please elaborate.

F900: I think it does have a major impact. Judging from the increasing cost of absenteeism that is always reflected at our monthly business review meetings, I can imagine that illness due to HIV contributes a lot to that figure.

Interviewer: What needs to be done to address this challenge?

F900: I know that this company is doing everything possible to address the challenge posed by HIV/AIDS. The main problem is that when people are not affected, they tend to

look at HIV/AIDS from a distance. I must confess that I am also guilty of that. It is for us as individuals to start taking this issue seriously.

Interviewer: Please explain what you mean when you say the company is doing everything possible to address the challenge posed by HIV/AIDS.

F900: Ever since I first joined the company almost three years ago, there have been a number of health and wellness campaigns incorporating almost all aspects of health, including HIV/AIDS, diabetes, cancer, high blood pressure, stress, financial wellbeing, and many other issues. The company clinic is also giving us an opportunity to test for HIV and to get treatment when needed. Messages about HIV/AIDS are prominent throughout the company's premises. I cannot blame the company for anything when it comes to HIV/AIDS matters. It is well covered.

Interview with F1000

Interviewer: Is there an HIV/AIDS Policy at your workplace.

F1000: Yes, there is an HIV/AIDS policy in place. I remember putting it on file. But, I must admit that I have not studied it. I hope you will not put me on the spot by asking me difficult questions regarding the policy.

Interviewer: Since you have already indicated that you have not studied the policy, I will definitely not ask you any further details about its contents. However, please help me understand the reasons why you have not studied the HIV/AIDS Policy.

F1000: Plain laziness. That's it.

Interviewer: In your view, would you regard HIV/AIDS as a challenge to your firm?

F1000: Yes, it is definitely a challenge.

Interviewer: Why is it a challenge?

F1000: There have been so many deaths in our company in recent times. It is really shocking!

Interviewer: Why do you attribute these deaths to HIV/AIDS?

F1000: I cannot be sure, but it is highly possible due to the huge HIV/AIDS problem facing this country.

Interviewer: What is being done to address the HIV/AIDS challenge at your firm?

F1000: There are health campaigns about preventing and managing the spread of disease, including HIV and other diseases. I think the company also provides ARVs for employees that are HIV-positive.

Interviewer: Do you think your firm is doing enough to address the HIV/AIDS challenge?

F1000: Not enough.

Interviewer: Why is it not enough?

F1000: Actually, there is a lot that is being done, but I do not think that there is clear focus. I think employees are getting more confused about the heavy load of information. We as senior management must start prioritising HIV/AIDS, and get the basics right.

Interview with F1100

Interviewer: Does your firm have an HIV/AIDS Policy?

F1100: To be honest, I am not sure.

Interviewer: Do you have any concern about HIV/AIDS at your firm?

F1100: No, I don't have any concern. I am content.

Interviewer: Please explain what you mean by that.

F1100: I think the EAP is doing a good job about addressing the HIV/AIDS issue.

Interviewer: What exactly does the EAP do to address the HIV/AIDS issue?

F1100: The EAP Manager arranges VCT, HIV/AIDS education for managers and junior employees, information updates on HIV/AIDS, puts up posters, and always communicates not only about HIV/AIDS issues, but about life issues in general.

Interviewer: If you were to be infected with HIV, what kind of assistance could you receive from your firm?

F1100: I would get counselling and support, and also get treatment when required.

Interview with F1200

Interviewer: Does your firm have an HIV/AIDS Policy?

F1200: No

Interviewer: How big a challenge is HIV/AIDS at your firm?

F1200: I am not sure because I do not deal with HIV/AIDS issues.

Interviewer: Who is responsible for planning and implementing HIV/AIDS Programmes at your firm?

F1200: I am not sure. I really am not sure.

Interviewer: Have you ever been invited to attend any HIV/AIDS workshop at your firm?

F1200: Yes, I have been invited a few times. Unfortunately, I could not attend due to work pressure.

4.2 Analysis

The results were arranged into the following three large categories: Knowledge of the firm's HIV/AIDS Policy, Feelings about the firm's HIV/AIDS Policy, and Perceptions toward the firm's HIV/AIDS Programme. The themes that emerged under Knowledge of the firm's HIV/AIDS Policy include: Managers who are aware that the firm has an HIV/AIDS Policy and have read or studied it, managers who are aware that the firm has an HIV/AIDS Policy but have never read or studied it, and managers who have no knowledge whether the firm has an HIV/AIDS Policy or not. The themes under Feelings about the firm's HIV/AIDS Policy include: Managers who feel it is important for the firm to have an HIV/AIDS Policy, managers who feel indifferent about the firm's HIV/AIDS Policy and managers who feel unhappy about the manner in which the firm's HIV/AIDS Policy was implemented. The themes under Perceptions towards the firm's HIV/AIDS Programme include: Managers whose perception is that the firm's HIV/AIDS Programme is the responsibility of the Human Resources department through the Employee Assistance Programme or the clinic, and managers whose perception is that the firm's HIV/AIDS Programme adds value to the business.

The next stage determines how the identified categories are linked. The analysis specifically focuses on the link between Knowledge of and Feelings about the firm's HIV/AIDS Policy, the link between Knowledge of the firm's HIV/AIDS Policy and Perceptions towards the firm's HIV/AIDS Programme, and the link between Feelings about the firm's HIV/AIDS Policy and Perceptions towards the firm's HIV/AIDS Programme.

Link between Knowledge of and Feelings about the firm's HIV/AIDS Policy

The 16.7 per cent managers who indicated that the firm had no HIV/AIDS Policy were unable to respond to the question of how they felt about the firm's HIV/AIDS Policy. The 25 per cent managers who were unsure about the existence of the firm's HIV/AIDS Policy were also unable to respond to the question of how they felt about the policy. There were 8.3 per cent of managers who had a clear grasp of the firm's HIV/AIDS

Policy because they had read or studied it, and they all expressed positive feelings about the importance of the firm's HIV/AIDS Policy. The 16.7 per cent who claimed to have read the policy with limited understanding also expressed positive feelings about the importance of the firm's HIV/AIDS Policy. There were 33.3 per cent of managers who knew there was an HIV/AIDS Policy at the firm but they had never read or studied it, and they either expressed unhappy feelings about the policy or gave the excuse that they did not have time to read it.

Link between Knowledge of the firm's HIV/AIDS Policy and Perceptions towards the firm's HIV/AIDS Programme

There were 75 per cent of managers who had the perception that the HIV/AIDS programmes such as education and awareness campaigns, voluntary counselling and testing, support and treatment were the responsibility of the Human Resources department through the Employee Assistance Programme or clinic and that it added value to the business. This includes 16.7 per cent managers who had read the firm's HIV/AIDS Policy, 16.7 per cent managers who knew there was an HIV/AIDS Policy at the firm but had not read it, 16.7 per cent managers who denied that there was an HIV/AIDS Policy at the firm, and the 25 per cent managers who were not sure whether the firm had an HIV/AIDS Policy or not. There were 25 per cent of managers who perceived the firm's HIV/AIDS Programme not to be adding any value to the business. This includes 16.7 per cent managers who knew there was an HIV/AIDS Policy at the firm but had not read it, and 8.3 per cent managers who had read the firm's HIV/AIDS Policy.

Link between Feelings about the firm's HIV/AIDS Policy and Perceptions towards the firm's HIV/AIDS Programme

The 25 per cent managers who felt that it was important for the firm to have an HIV/AIDS Policy had the perception that the firm's HIV/AIDS programmes such as education and awareness campaigns, voluntary counselling and testing, support and treatment, added value to the business. The 41.7 per cent managers who were unable to answer the question of how they felt about the firm's HIV/AIDS Policy because they had no knowledge of the existence of an HIV/AIDS Policy at the firm also perceived the

firm's HIV/AIDS activities as value-adding to the business. The 33.3 per cent managers who were unhappy with the manner in which the firm's HIV/AIDS Policy was implemented perceived the firm's HIV/AIDS activities to have lost value.

Chapter 5: Discussion

The majority of the senior managers that were interviewed had no knowledge of the firm's HIV/AIDS Policy. Out of the senior managers, 8.3 per cent had a good grasp of the contents of the firm's HIV/AIDS Policy. There were 16.7 per cent of senior managers who appeared to have incomplete basic knowledge of the firm's HIV/AIDS Policy. Three quarters of the senior managers (75 per cent) had no knowledge of the contents of the firm's HIV/AIDS Policy even though 33.3 per cent of them claimed to have seen the policy. The main excuse that was given by the senior managers for not having read the firm's HIV/AIDS Policy was that they had no time or they were lazy. The following responses from two of the senior managers illustrate this point:

“There is just no time to go through all the many company policies.”

“Although I have a copy of the policy, I have never read it. I have been lazy.”

The rather poor level knowledge of the firm's HIV/AIDS Policy by senior management suggests that the impact of HIV/AIDS on the firm is still not taken seriously. This is compatible with Taylor and DeYoung (2004) whose findings from the first global survey of business leaders' opinions on and responses to the threat of HIV/AIDS indicate that only 20 per cent of the firms surveyed judge HIV/AIDS to pose a serious business threat.

It is not surprising that the 41.7 per cent of managers who had no knowledge of the existence of the firm's HIV/AIDS Policy could not express any feelings about the firm's HIV/AIDS Policy because feelings could only be expressed about something that one is aware of. The 25 per cent of managers who had read the firm's HIV/AIDS Policy all expressed positive feelings about the importance of the firm's HIV/AIDS Policy, even though only 8.7 per cent showed clear knowledge of the policy and 16.7 per cent had incomplete basic knowledge of the policy. Only 33.3 per cent of senior managers who claimed to have seen the firm's HIV/AIDS Policy and yet had no knowledge of its

contents said they felt unhappy with the manner in which the firm's HIV/AIDS Policy was implemented. One of these managers even made a suggestion about what needs to be done based on what worked in her previous employ. The following quotation is an illustration of her point of view:

“The company must make it compulsory for every employee to read the HIV/AIDS Policy. However, the policy must be user-friendly. The reason why I say that is because I have seen very positive results of a user-friendly HIV/AIDS Policy of the company that I used to work for before I came here. There, everybody knew the HIV/AIDS Policy inside out because there was pressure from the top to ensure that all employees including senior managers read and answered questions about the company's HIV/AIDS Policy. The good thing was that the questions were set out on the computer and were in the form of cartoons. Deadlines were set, to ensure that each individual attained a score of at least 95 per cent. Failure to do that came with a penalty. Attaining 100 per cent came with an incentive. It really worked!”

Knowledge or no knowledge of the existence of the firm's HIV/AIDS Policy did not prevent the senior managers from expressing their perceptions towards the firm's HIV/AIDS programmes such as education and awareness campaigns, voluntary counselling and testing, support and treatment. This suggests that the HIV/AIDS programmes were visible to everyone at the firm. Only the 33.3 per cent of senior managers who claimed to have seen the firm's HIV/AIDS Policy but had not read it perceived the firm's HIV/AIDS programmes to have lost value. It came through very strongly that the senior managers had so much trust in the Employee Assistance Programme Manager in being a champion not only of the HIV/AIDS programmes but other health and wellness programmes as well. Almost all the senior managers perceived the HIV/AIDS programmes to be the responsibility of the Human Resources department through the Employee Assistance Programme and the clinic. This concurs with the observation by Phooko (2009) that companies often regard HIV/AIDS as a 'soft' HR issue.

Overall, the results indicate that there is still considerable work to be done which concurs with Taylor and DeYoung (2004). According to Ellis and Terwin (2004), if executive management advocate strongly for an appropriate and sustainable HIV and AIDS Policy and Programme in their organisation and thoroughly implement action plans resulting from investigation of the problem, the organisation will be in a position to develop a strong HIV and AIDS policy and programme to proactively manage the threat posed by HIV/AIDS. The importance of top management taking complete ownership of the HIV/AIDS problem has been emphasised in other studies. Manser (2005) observes that if boards, executive committees and CEOs don't demonstrate leadership with respect to this issue early on, stigmatisation, misinformation and trivialisation will continue and the lives lost as a result will not only have a significant social impact, but an economic impact as well.

Chapter 6: Conclusion and Recommendations

6.1 Conclusion

The purpose of this study was to explore senior managers' knowledge of, feelings about and perceptions towards the firm's HIV/AIDS Policy and Programme in order to identify strategies to gain their support for effective implementation of the HIV/AIDS Policy and Programme.

Although all the senior managers received regular updates of the firm's HIV/AIDS Policy every month, the study revealed that three quarters of the senior managers had no knowledge of the firm's HIV/AIDS Policy. Only 8.3 per cent of the senior managers had a clear grasp of the firm's HIV/AIDS Policy, and 16.7 per cent appeared to have incomplete basic knowledge of the firm's HIV/AIDS Policy.

The 8.3 per cent senior managers who had a clear grasp of the firm's HIV/AIDS Policy because they had read or studied it, all expressed positive feelings about the importance of the firm's HIV/AIDS Policy. The 16.7 per cent senior managers who claimed to have read the firm's HIV/AIDS Policy with limited understanding also expressed positive feelings about the importance of the firm's HIV/AIDS Policy. The 33.3 per cent senior managers who knew there was an HIV/AIDS Policy at the firm but had never read or studied it, expressed unhappy feelings about the firm's HIV/AIDS Policy.

Three quarters of the senior managers perceived the firm's HIV/AIDS programmes as value-adding to the business and as the responsibility of the Human Resources department through the Employee Assistance Programme or the clinic. The remaining one quarter of senior managers perceived the firm's HIV/AIDS Programme as non-value-adding to the business. It can be discerned that knowledge or no knowledge of the firm's HIV/AIDS Policy did not prevent senior managers from expressing perceptions about the firm's HIV/AIDS programmes such as education and awareness, voluntary counselling and testing, support and treatment, among others.

The overall conclusion is that the firm's senior managers have not taken ownership of the management of HIV/AIDS. This indicates that there is still considerable work to be done in order to effectively implement the firm's HIV/AIDS Policy and Programme.

6.2 Recommendations

It may be advisable to evaluate the effectiveness of the firm's current HIV/AIDS Policy and Programmes such as education and awareness programmes, voluntary counselling and testing, support and treatment. It is recommended that the firm's Chief Executive be the champion of the development and implementation of the HIV/AIDS Policy and Programme. It is recommended that the firm's HIV/AIDS Policy and Programme be developed in cooperation with all disciplines in the firm, especially senior management, trade unions and employees living with HIV.

It is recommended that a component of HIV/AIDS be integrated into every training course and major meeting at the firm. These could include: Basic information on HIV/AIDS, and why it is a labour and development issue; Labour standards and HIV/AIDS; Safety and health at work; and gender aspects of HIV/AIDS (International Labour Organisation, 2002).

The firm's HIV/AIDS Programme must be transformed into a broader Wellness Programme covering a wide range of health and wellness issues affecting staff. The workplace wellness programme must be driven by a sense of ownership between the company and employees. The scale-up of the programme must also be driven by the company's sense of responsibility for the communities in which they operate (Global Business Coalition, 2009).

The benefits of such an engagement in health issues have been realised at the Serena Hotels Group where there has been reduced absenteeism and increased productivity, less AIDS mortality, much lower insurance premium, increased staff morale and an improved

corporate image. Serena Hotels Group, the largest hotel chain in East Africa, and a client of the International Finance Corporation (IFC), exemplifies best-practice in its comprehensive Wellness Programme for staff, a relatively new area of engagement by the private sector (Lutalo, 2007).

In addition to getting buy-in from senior management for the initial scale-up, the programme manager must also regularly communicate about the Wellness Programme's value. Communication must also help motivate volunteers to continue to give up their precious time to the initiative. Internal communications are vital to securing and maintaining support (Global Business Coalition, 2007).

It is advisable to begin by assessing the feasibility of transforming the firm's HIV/AIDS Programme into a comprehensive Wellness Programme. This will inform the implementation phase in terms of the required strategy to be followed. Once the comprehensive Wellness Programme has been implemented, it must be evaluated on a half yearly basis so that gaps and challenges could be addressed promptly.

According to Infinite Wellness Solutions (2009), WELCOA, an organization committed to workplace wellness programs, has identified the seven best practices ("The Seven C's") for businesses to follow when creating a comprehensive, effective workplace health promotion program within their corporation.

1. Capture senior-level support. Approval from senior management is critical to the success of any workplace wellness program. Management has to understand the benefits of the program for both the staff and the corporation and be willing to fund its development, implementation and evaluation. Descriptions of what other businesses are doing in the way of workplace wellness programs and linking wellness to goals of the business, values and strategic priorities will help to secure senior management support. Department Heads who "practice what they preach" and actively participate in the initiative will go a long way to encouraging others to participate as well.

2. Establish a workplace wellness team/committee. Workplace wellness teams / committees should include a variety of possible initiative participants including workers. Your workplace wellness team should include individuals who will be part of creating the workplace wellness program, implementing the wellness initiative and evaluating the wellness program. This creates ownership of the workplace wellness initiative and will produce more innovative ideas. A health promotion team will help to garner “buy in” from both management and the participants, develop a wellness program that is responsive to all participant needs, and will be responsible for managing all of the company’s health promotion efforts.
3. Collect information that will drive your workplace wellness initiatives. Once your wellness team is in place and management is on board, it is time to gather baseline information to help assess staff wellness interests and health risks. The results of your data collection will assist you in what kind of wellness initiatives to provide. This process may involve a survey of staff interest in various workplace wellness initiatives, health risk assessments, and claims review to determine current staff disease risk.
4. Develop a yearly operating plan. For your workplace wellness program to work, you must have a goal. A yearly operating plan should include a mission statement for the health promotion program in addition to specific, measurable short-and long-term goals and objectives. Your wellness program is most likely to be successful if it is linked to one or more of the company’s strategic plans, as it will have a better chance of retaining the support of the powers that be throughout the installation process. A written plan also provides continuity when members of the workplace wellness team change and is important in holding the team accountable to the goals, objectives, and timeline agreed upon.
5. Choose appropriate health initiatives. The health initiatives that you choose should flow naturally from your data (questionnaire, Health Risk Appraisal aggregate report, claims) to goals and objectives. They should address current risk factors in your employee population and be in line with

what both executive management and workers want from the workplace wellness initiative.

6. Develop a supportive atmosphere. A supportive atmosphere provides workers with praise, ample opportunity to participate in workplace wellness programs, and rewards. A culture of wellness that stands behind wellness programs might have such features as healthy food choices in their vending machines, may not allow smoking or tobacco products and flex-time that allow workers to workout. An employer that values wellness will applaud and praise workplace wellness achievements and have an executive team that models healthy behavior. Most importantly, an atmosphere of wellness involves workers in every part of the workplace wellness initiative from their design and promotion to their implementation and review.

7. Consistently assess your outcomes. Evaluation involves taking a close look at your goals and objectives and deciding if you attained your desired result. Evaluation allows you applaud goals that have been attained and to stop or change ineffective initiatives.

In a nutshell, the foregoing recommendations highlight the importance of a shared sense of ownership between senior managers and employees so that a successful and sustainable comprehensive Wellness Programme that incorporates HIV/AIDS could be realised. It is vital to get one of the senior managers to champion the implementation of the programme and to have internal communications about its value to the business in order to secure and maintain senior management support.

References

1. Bloom, D.E., Bloom, L.R., Steven, D. & Weston, M. (2006). *Business and HIV/AIDS: a healthier partnership?* World Economic Forum. Geneva.
2. Bureau for Economic Research (2003). *The economic impact of HIV/AIDS on business in South Africa*. Johannesburg: South African Coalition on HIV & AIDS.
3. Case, D.D. (2009). *Semi-structured interviews*. Retrieved August, 18, 2009, from http://www.fao.org/Participation/tools/Semi_structured_interview.html
4. Centre for Disease Control and Prevention (CDC) (2009). *HIV at work*. Retrieved December, 10, 2009, from <http://www.ogilvypr.com/case-study/centres-disease-control-and-prevention>
5. Christensen, L. (2007). *Experimental methodology*. Boston: Pearson.
6. Dieleman, M., Bwete, V., Maniple, E., Bakker, M., Namaganda, G., Odaga, J. & van der Wilt, G. (2007). An exploratory study on the impact of HIV/AIDS on staff in four rural hospitals in Uganda. *BMC Health Services Research*, 7, 205.
7. Ellis, L. & Terwin, J. (2004). *The impact of HIV/AIDS on selected business sectors in South Africa* [Electronic version]. Bureau for Economic Research. Stellenbosch.
8. Global Business Coalition (2009). *Leveraging workplace program assets*. GBC annual conference. Retrieved January, 06, 2010, from <http://www.gbcimpact.org/leveraging-workplace-assets>

9. Grant, K.B., Strode, A. & Smart, R. (2002). *Managing HIV/AIDS in the workplace: a guide for government departments*. Department of Public Service and Administration. Pretoria. Republic of South Africa (RSA).
10. Holbrooke, R. (2006). *Press Conference on Business Response to HIV/AIDS*. Retrieved July, 09, 2009, from http://www.un.org/News/briefings/docs/2006/060531_Holbrooke.doc.htm
11. ILOAIDS (2009). *ILO programme on HIV-AIDS and the world of work*. Retrieved December, 10, 2009, from <http://www.ilo.org/public/english/protection/trav/aids/indexmore.htm>
12. ILOAIDS (2004). Workplace action on HIV/AIDS [Electronic version]. *The Newsletter of ILO Programme on HIV/AIDS and the World of Work*, 4, 2-11.
13. ILOAIDS (2002). *Implementing the ILO code of practice on HIV/AIDS and the world of work*. Geneva.
14. Infinite Wellness Solutions (2009). *Workplace wellness*. Retrieved January, 12, 2010, from <http://www.infinitewellnesssolutions.com/workplace-wellness.html>
15. International Labour Office (2007). *HIV/AIDS + work: using the ILO Code of Practice on HIV/AIDS* [Electronic version]. Geneva.
16. International Labour Organisation (2002). *Implementing the ILO code of practice on HIV/AIDS and the world of work*. Geneva.
17. Kangethe, S. M. (2009). Occupational risks and challenges faced by caregivers of persons living with HIV/AIDS in Kanye community home-based care programme, Botswana. *Occupational Health Southern Africa*, 15(6), 22-25.

18. Kironde, S. & Lukwago, J. (2002). Corporate response to the HIV/AIDS epidemic in Uganda – time for a paradigm shift? *African Journal of Science*, 2(3), 127-135.
19. Lipman, S. (2003, July 28). Business learning to manage effect of HIV/AIDS in workplace. *Memphis Business Journal*, p.1.
20. Lutalo, M. (2007). *The wellness program of Serena Hotels, Kenya – a case study*. World Bank Global HIV/AIDS Program. Washington.
21. Mack, N., Woodsong, C., MacQueen, K. M., Guest, G. & Namey, E. (2005). *Qualitative research methods: a data collector's field guide*. Family Health International: North Carolina.
22. Mahajan, A.P., Colvin, M., Rudatsikira, J. & Ettl, D. (2007). An overview of HIV/AIDS workplace policies and programmes in Southern Africa. *AIDS*, 21, 31-39.
23. Management Sciences for Health (2003). *Human Resource Management Rapid Assessment Tool for HIV/AIDS Environments* [Electronic version]. Cambridge.
24. Manser, C. (2005). Leadership in the management of HIV/AIDS. *The Healthcare Journal*, 9, 17.
25. Miller, C. L., Druss, B. G. & Rohrbaugh, R. M. (2003). Using qualitative methods to distill the active ingredients of a multifaceted intervention. *Psychiatric Services*, 54(4), 568-571.
26. Muller, M., Bezuidenhout, M. & Jooste, K. (2006). *Healthcare service management*. Cape Town: Juta.

27. Phooko, P. (2009). *Leadership must actively engage with prevention programmes to tackle the HIV pandemic*. University of Cape Town. Retrieved December, 10, 2009, from <http://www.gsb.uct.ac.za/newsletter/v2/Story.asp?intArticleID=113>
28. Pope, C. Ziebland, S. & Mays, N. (2000). Analysing qualitative data. *British Medical Journal*, 320, 114-116.
29. Qualitative Research Consultants Association (2009). *What is qualitative research?* Retrieved September, 22, 2009, from <http://www.qrca.org/displaycommon.cfm?an=1&subarticlenbr=6>
30. Roelofs, C. (2004). Using qualitative methods to evaluate and make change in the environment. *Public Health and the Environment*, 6-8 November, p. 1. Retrieved September, 23, 2009, from http://alpha.confex.com/alpha/132am/techprogram/paper_94371.htm
31. Saunders, M., Lewis, P. & Thornhill, A. (2003). *Research methods for business students*. 3rd Edition. Harlow: Prentice Hall.
32. Saunders, M. (1997). Choosing qualitative research: a primer for technology education researchers. *Journal of Technology Education*, 9(1), 1-11. Retrieved September, 23, 2009, from <http://scholar.lib.vt.edu/ejournals/JTE/v9nl/hoepfl.html>
33. Ramsingh, O.R. & Van Ardt, C.J. (2006, Fall). An evaluation of the policy framework on HIV and AIDS in South African public service: the effectiveness of the current guidelines and the ability of the policy framework to absorb the impact of HIV and AIDS within the public service. *Public Personnel Management*, p. 4.

34. Rau, B. (2002). *Workplace HIV/AIDS Programs: an action guide for managers*. Family Health International. Retrieved July, 08, 2009, from <http://hrhresourcecentre.org/note/510>
35. Strydom, G. (2005). The viability of treating HIV/AIDS in the workplace. *The Healthcare Journal*, 10, 24-25.
36. Taylor, K. and De Young, P. (2004). *Business and HIV/AIDS: who me?* World Economic Forum. Geneva.
37. Tyson, L. (2004). AIDS is a global business challenge. In K. Taylor & P. DeYoung (Eds.), *Business and HIV/AIDS: who me?* World Economic Forum. Geneva.
38. USAID (2004). *Developing an HIV and AIDS Policy: Content, Process, Challenges and Implementation*. New York.
39. USAID (2001). *HIV/AIDS and business in Africa*. New York.
40. Zuccarini, G. (2005). Understanding VCT. *The Healthcare Journal*, 10, 22-23.

Appendix

Interview Guide

❖ INTRODUCTION

Hello, my name is *Mbuso Mabuza*. I am conducting a study on **managers' knowledge and perceptions of the firm's HIV/AIDS Policy and Programme**. I would be grateful if you could take part in this study.

Please answer all questions if you can. But you have a right to refuse to answer any question and stop the interview at any time. I guarantee confidentiality of your answers. Your answers will be inserted in computer together with answers of other respondents and the survey results will be used as a summary only. **It will not be possible to identify you or your organisation in any reports coming from this study.**

- Do you have any questions for me about the study?
- Do I have your agreement to participate?
- Do I have your agreement that I can record this interview?

Participant's signature: _____ Date: _____

❖ SECTION A: Personal Information

Interviewee name Code: _____

Duration of the interviewee's service at the firm: _____

Gender and age of interviewee: _____

Date of interview: _____

Location: _____

❖ **SECTION B: Knowledge of HIV/AIDS Policy and Programme**

Does your firm/group have an HIV/AIDS Policy?

If yes, what is your understanding of this policy?

In your opinion, do you think other managers know about the firm's HIV/AIDS Policy?

Please explain.

Has your firm implemented the following HIV/AIDS programmes?

- 1) HIV/AIDS workplace awareness
- 2) Voluntary counselling and testing
- 3) Care and support for employees who are infected with HIV
- 4) Antiretroviral treatment

How was your firm's HIV/AIDS programme planned and by whom?

To what extent does the HIV/AIDS Programme align with the firm's business strategy?

❖ **SECTION C: Feelings about HIV/AIDS Policy and Programme**

How do you feel about the firm's HIV/AIDS Policy and Programme?

Is the HIV/AIDS Programme adding any value to the business?

If yes, how is it adding value?

If not, why do you think it is not adding value?

❖ **SECTION D: Perceptions on HIV/AIDS Policy and Programme**

How important is the firm's HIV/AIDS Policy and Programme to you personally?

What is your view about employees living with HIV/AIDS?

If you were to be infected with HIV, is there any assistance that you could receive from your firm? Please explain.