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Management of HIV/AIDS Programmes at the Workplace: A Case Study of Selected Organizations in Chris Hani District, Eastern Cape Province, South Africa

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ABSTRACT This study investigated the management of HIV /AIDS programmes at the workplace using four selected organizations in Chris Hani District, Eastern Cape Province (two public organizations and two private organizations). Using a quantitative survey, two hundred employees were administered semi-structured questionnaires. The major findings revealed that all the four organizations had HIV/AIDS programmes and policies for their employees. However, there were no budget allocations for these programmes; hence, they were not fully and effectively implemented. Managers were blamed for negligence towards management of HIV/AIDS programmes. The study recommends that managers should positively show commitment and management skills through allocating funds towards HIV/AIDS management programmes at their workplaces. Also, managers should hire quality service providers to implement an intensive destigmatisation process, which adequately addresses the fears of employees pertaining to HIV/AIDS related issues at the workplace. By adopting these measures, organizations will be able to achieve their strategic business objectives and reduce the negative impact of HIV/AIDS at their workplaces.

INTRODUCTION

A report on HIV/AIDS by UNAIDS (2013) indicated that, globally, in 2012 an estimated 35.3 (32.2–38.8) million people were living with HIV. Also, there were 2.3 (1.9–2.7) million new HIV infections showing a thirty-three percent decline in the number of new infections from 3.4 (3.1–3.7) million in 2001. Additionally, the number of AIDS deaths was also declining with 1.6 (1.4–1.9) million AIDS deaths in 2012, down from 2.3 (2.1–2.6) million in 2005.

Nevertheless, the HIV/AIDS pandemic which is believed to have evolved over twenty years ago and founded its roots in the Sub Saharan Africa has left South Africa as the leading nation affected by the deadly pandemic (UNAIDS 2013). HIV/AIDS is maturing and prevalence rates still put South Africa squarely in the category of high prevalence countries. According to the Human Sciences Research Council's (HSRC) National HIV Prevalence, Incidence and Behaviour Survey (2014), the proportion of South Africans infected with HIV increased from 10.6 percent in 2008 to 12.2 percent in 2012. The report indicated that the total number of infected South Africans stood at 6.4 million which sums up to 1.2 million more than in 2008.

HIV prevalence varies considerably among the nine provinces in South Africa and the underlying districts due to social, behavioural, economic and structural factors. HIV prevalence in the Eastern Cape, which had remained stable since 2005, increased from 9.0 percent in 2008 to 12.2 percent in 2012. The province experienced the third largest epidemic (730 000 HIV positive people) and were relatively young and rapidly growing epidemic. Only forty-four percent of those in need of treatment were accessing it in the Eastern Cape (Nicolay 2008). Statistics SA (2013) estimated the population of Eastern Cape to be 6 620 100 whilst about ten percent of the population (667 000) over the age of two years were living with HIV of whom 81 000 were newly infected. Effects of this epidemic led to ineffective local economic development (Chris Hani District Municipality IDP review 2011-2012).

HIV/AIDS epidemic has presented itself as a major social and developmental challenge in South Africa. Statistics South Africa (2013) released statistics which showed that prevalence was more than fifteen percent among those aged 15-49, with some age groups being particularly more affected. Almost one-in-three women aged

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25-29, and over a quarter of men aged 30-34, were living with HIV. Businesses in South Africa like their counterparts on the continent face many challenges in standing up to the needs of a global business environment, one of these being the scourge of HIV/AIDS.

A workplace is a core center for production of the needs of society. Human Immune Virus /Acquired Immune Deficiency Syndrome (HIV/AIDS) provides a critical threat to it. Therefore, there is need for management of HIV/AIDS programmes in workplaces to ensure healthy workplaces for quality production. The HIV/AIDS epidemic constitutes a major setback to the development of South Africa as well as causing indescribable sufferings in the societies regardless of gender or racial boundaries. According to Code of Good Practice on aspects of HIV/AIDS Employment, it is still a disease surrounded by ignorance, stigma, prejudice and discrimination.

This study, therefore, sought to identify the effectiveness of workplace interventions programmes and to identify the benefits of such activities for both the individual and the organization. Despite the fact that, HIV/AIDS has profound effect on the personal lives of employees and employers, it also has an impact on the organizational and economical lives (Tanga and Tangwe 2014). On the similar note, the authors stated that the workplace should be seen as a gateway to HIV prevention and the starting point for the care and treatment of people living with HIV/AIDS. It is hoped that this study's findings will promote acceptance, reduce stigmatization and discrimination of employees affected and infected by HIV/AIDS at the workplace.

Literature Review

The impact of HIV/AIDS on society and its ripple effects are well documented, with the strongest call for action worldwide to stop the epidemic focusing on reducing new infections. The rate of infection affects the socio-economic development negatively (Code of Good Practice on Aspects of HIV/AIDS Employment). The household capacity to sustain itself is significantly reduced as members infected become economically inept. Many South African families are stretched to the limit, as they have to accommodate children whose parents have died from HIV/AIDS (SANAC 2010). Many families are caught in the web of unending poverty due to a series of deaths owing to HIV/AIDS in the workplaces thereby a decrease in income (Harrison 2009).

However, it has proven extraordinarily difficult to change behaviour with a view to reducing infection (Barnett 2012). According to SABCOHA Annual Report (2007-2008), it was noted that nutrition was a controversial but often neglected part of HIV treatment strategies, yet it can play a key role in managing infection. Mafuya (2007) concluded that the lack of resources to effectively implement HIV/AIDS policies was the single biggest challenge thereby recommending an assessment of resources needed to be conducted so that it coincided with the implementation of the policies. Furthermore, Weston et al. (2007) noted the vacuum of leadership on HIV/AIDS at all levels of the public sector, from the highest level of government to HIV/AIDS managers, many of whom lack the skills and knowledge to run the programmes.

Colvin et al. (2007) argued that, to reduce the effects of the epidemic many organizations adopted HIV prevalence studies on their workforces as a controlling measure of monitoring over time.In many South African workplace setups, HIV programmes are available on paper hence not practiced effectively. This is supported by Weston et al. (2007), who stated that the effectiveness of many workplaces is unconfirmed, monitoring and evaluation is limited, and the uptake of programmes elements is weak, partly due to the stigma surrounding the virus.

Barnett (2012) believed that HIV/AIDS has the potential to increase organizational costs over both the short and the long term. The South African government formed partnerships with other private organizations to fight the pandemic. Despite an excellent legislation in South Africa there is widespread discrimination, stigmatisation of people living with HIV/AIDS (5th Southern Africa AIDS Conference 2011). This has led to indescribable suffering on employees, early retirement and termination of work contracts upon discovering their HIV/AIDS status.

Bowler (2007) studied the impact and management of HIV/AIDS in manufacturing workplaces of the Nelson Mandela Metropolitan Municipal area. The study revealed that the levels of disease in the sample were lower than for the adult population of the Eastern Cape. The impact of the disease on workplace costs and

profitability had been surprisingly low due to high level of provision for access to health care and HIV-specific programmes, and management on the business environment.

The appearance of HIV/AIDS has compelled workplaces to focus on worker health as a way of maintaining productivity, though workplaces vary in their levels of willingness to promote workers health due to scarcity of resources (Bowler 2007). HIV/AIDS interventions in the South African private sector were largely led by corporate companies with extensive access to financial and information knowledge resources networks (Vass 2008). Thus, local studies show consistently that small companies (SMEs) tend to lag behind in the management of the epidemic and access to HIV/AIDS services, while medium-sized companies performed relatively better in this regard.

Rothberg and Huyssteen (2008), on their research on employee perceptions of the Aid for AIDS disease management programme, estimated that 18-20 percent of South Africa's more than 5 million HIV- positive individuals were formally employed. Disease management programmes for these employees varied in scope and sophistication, according to income and service providers. Their study surveyed 215 HIV positive employees in two organizations contracted to the Aid for AIDS (AfA) disease management programme through their in-house medical aid schemes. The two organizations differed in their overall approach to HIV and AIDS with one mainly relying on onsite access to voluntary counselling and testing (VCT) and AfA's management of registered HIV positive employees. On the other hand, the other organisation invested in and actively developed a comprehensive programme that also extended to families and the community as well as linking employees to the AfA programme. Donors, funding agencies and well-wishers were supporting the public sector with contributions to implement HIV/AIDS programmes at workplace (Mahajan et al. 2007). In his review of large companies Mahajan et al. (2007) concluded that the effectiveness of workplace policies and programmes was difficult to assess, and further research was urgently needed.

According to Van Zyl and Lubisi (2009), on their research on the extent of the negative impact of HIV/AIDS in the workplace on firm efficiency and firm competitiveness, they proved that HIV/AIDS was starting to exert a serious negative impact on the level of firm efficiency (skills levels, labour productivity, labour costs and production costs and ultimately on firm competitiveness, sales, prices and profitability). They stressed that HIV/AIDS programmes and the human resource base of firms required a greater level of effective management in order to limit the extent of the negative impacts of HIV/AIDS. Efficiency levels were also affected negatively by HIV/AIDS.

Theoretical Framework

This study is anchored on the Human Relations Management theory in order to understand the management of HIV/AIDS at the workplace for the benefit of both the employee and the employer. Human Relations Management theory began during the Industrial Revolution where productivity was the focus of business. According to Encyclopedia of Business and Finance (2007), human relation is defined as fitting people into work situations so as to motivate them to work together harmoniously. It covers all types of interactions among people their conflicts, cooperative efforts and group relationships. The theory encompasses a rich and diverse tradition of models, techniques, research findings, and ideas that often trace their roots back to the Hawthorne Experiments conducted in the late 1920s which examined the effects of social relations, motivation and employees satisfaction on factory productivity. George Elton Mayo did different experiments at the workplace and his purpose was to explore the relationship between changes in physical working conditions and employee productivity. He discovered that employees who participated in scientific studies may become more productive because of the attention they receive from the researchers and he discovered that there was a need for recognition, security and sense of belonging which is more important in determining workers' morale and productivity than the physical conditions under which he works.

DuBrin (2007) supported the idea that companies need their employees to have effective communication skills which create close compatibility at workplaces. Bowler (2007) used the UNAIDS cost impact model as a theoretical framework which shows Human Relations Management Theory by the way which it was designed where direct cost and indirect costs to

employees were the first priority on the model followed by costs in productivity for the organization. His study focused on the potential that HIV management might have on the organizations, whereas this study seeks to close the gap by addressing the nature of programmes which exist in the organizations, the extent of how they are managed in dealing with the problem of HIV/AIDS for the benefit of both the employee and the organization.

RESEARCH METHODOLOGY

This section explains the research methodology that was employed in the study.

Research Design

A research design can be defined as a strategic framework for action, to guide the arrangement of conditions for the collection and analysis of data in such a way that there will be a combination of research questions and the implementation of the research (De Vos et al. 2011). Shafeeksha (2009) described a research design as a set of fundamental beliefs, in lieu of a worldview which delineates the nature of the world and the individual's place in it, and the variety of probable relationships to that world for an individual. The study utilized quantitative approach.

Sample and Sampling Strategy

In this research the population referred to all employees and employers of the public and private organizations within the study area; that is Chris Hani District Municipality. Firstly non-probability sampling was used whereby two private and two public organizations were purposefully selected to avoid randomly selecting one type of organization. Furthermore, two hundred respondents were used as the study sample, fifty respondents from each organization. In selecting these participants stratified random sampling was used. The employees were firstly stratified according to age and work departments and then randomly selected so that the sample would be representative. This gave every employee an equal opportunity of being included in the sample representing their organizations.

Generation of Data

A semi-structured questionnaire which was mostly adopted for this study came from Bello et al. (2010). The semi-structured questionnaire was designed for employees. The researcher disseminated the questionnaires to the respondents. This enabled the respondents to have a greater opportunity to ask for clarity on the questions that they did not understand. Respondents answered questionnaires for short periods of about 15 minutes and data collection took the researchers one and half months to complete. The researchers were present to clarify and answer all questions that seem ambiguous to the respondents.

Analysis of Data

The data of the research were analysed quantitatively. The researchers used the Statistical Package for the Social Science (SPSS) to analyse quantitative data. These data were presented in the forms of frequency distribution tables, bar graphs and pie charts where percentages formed the principal basis of comparison amongst the variables that were analysed.

Validity and Reliability

De Vos et al. (2011) argues that in all cases it is essential that newly constructed questionnaires, those in their semi-final form, be thoroughly pilot-tested before being utilized in the main investigation to avoid errors at a minimal cost. This is done to avoid, ambiguity of results or sampling analysis hence this reduced leading questions and biased responses. In this regard, De Vos et al. (2011) recommend that it is vital to allow respondents to complete the questionnaire than to read through it looking for errors. This research used eight respondents to test the questionnaires in Chris Hani District who were not part of the study. Mbonyane (2006) indicated that the process of pre-testing helps to identify areas of the research tool that need necessary modifications made following the pilot testing of the questionnaire administered to the whole sample of 200 respondents.

Ethical Considerations

Firstly, ethical clearance to conduct the study was granted by the university. The study was dependent on the use of human subjects for completion, so the researchers treated participants ethically for continued effectiveness of

behavioral science as a scientific discipline (Stangor 2007). Information obtained from respondents was collected without exposing them to any form of harm hence this increased the validity and credibility of this research (De Vos et al. 2011). They were not forced or deceived into participating instead they participated out of their own free will. In essence, anonymity and confidentiality were strictly adhered to during and after the study and during dissemination of findings.

RESULTS

The quantitative data presented in this section were collected from the 200 employees who participated in the study.

Demographic Characteristics of Respondents

The findings of the study revealed that sixty eight percent of the respondents were female while thirty two percent were male. Regarding marital status, thirty eight percent of the respondents were never married, forty three percent were married, six percent were divorced, three percent were widowed, four percent were separated and eight percent were cohabitating. This shows that a large number of employees who participated in the study were married.

Regarding the ages of respondents, Table 1 shows the distribution in terms of frequencies and percentage.

Table 1: Age of respondents

Age	*Frequency*	*Percentage*
21-24	19	10
25-30	47	24
31-35	45	22
35-40	37	18
41 ++	52	26
Total	200	100

It is indicated in the table that the least number (10%) of the employees who participated were in the 21-24 years age group. The highest number (26%) of respondents were in the 41+ age group.

Regarding the educational qualifications of the employees, Table 2 indicates that all employees that participated in the study had attended school with educational qualifications ranging from matric to degrees.

Table 2: Highest level of education attained by respondents

Highest educational level	*Percentage*
Matric	10
National Certificate	13
Diploma	32
Degree	40
Other	5
Total	100

It is illustrated in Table 2 that, forty percent of employees had degrees closely followed by thirty two percent with diplomas. The least percentage of five percent percent consisted of those with other educational qualifications.

Respondents were further asked to indicate the number of years that they had worked for the organisation. Thirty seven percent of the employees highlighted that they had between 0-5 years' work experience within their respective fields, thirty percent were having experience ranging from 5-10 years, twenty percent were ranging from 10-15 years, eight percent were ranging from 15-20 years and only five percent had 20 years and above in the field.

The respondents were also asked about the type of contracts that they held within their respective organisations. Table 3 illustrates the findings and it depicts that ninety one percent of the respondents who participated were employed permanently, five percent were temporarily employed and four percent were employed on other bases not stated in the questionnaire.

Table 3: Types of contracts held by employees

Type of contract	*Percentage*
Permanent	91
Temporary	5
Casual/ Daily work	0
Other	4
Total	100

HIV/AIDS Policy/Programme in the Workplace

Concerning the existence of HIV/AIDS policy/programme in the workplace, ninety four percent of the respondents highlighted that they had an HIV/AIDS policy at their workplace and six percent employees said they did not have it. A large number (75%) of respondents supported the idea of an HIV/AIDS policy at the workplace and twenty five percent did not support it.

Those that mentioned that they supported the idea of an HIV/AIDS policy at the workplace indicated their reasons for that. The results indicate that eighteen percent supported the idea of HIV/AIDS policy at their workplace because they said it boosted their self-esteem, sixty five percent argued that it reduced stigmatisation, seven percent argued that it promoted support to those with low morale and ten percent had other reasons. Other employees who were having other reasons of not supporting the idea of a policy at the workplace had their reasons also. Two percent of the respondents did not support it because they argued that it led to low self-esteem, three percent argued that it led to stigmatisation, 87.5 percent maintained that it led to discrimination and eight percent mentioned labeling.

The introduction of HIV/AIDS management programmes for the employees at the workplace was said to have been introduced 15 years back. It was stated that the introduction of HIV/AIDS management was prompted by South African Government Legislation. This initiative was said to be as a result of many researches that has been done that had put South Africa on number one in Sub-Saharan Africa and the rest of the world where HIV infection is spreading fast and had high mortality rate and deaths as a result of HIV/AIDS. And it has been realized that it has a potential to impact on economy and production of an organization whether public or private. Dickinson et al. (2005: 287) highlighted that, the workforce is an important target group for HIV prevention activities. Economically active persons, as a sector of the population, can be viewed as being at increased risk of HIV due to their disposable income and ability to afford multiple sexual partners. Therefore this triggered the introduction of HIV/AIDS management programmes at the workplace.

Regarding sponsorship for HIV/AIDS programmes and the participants from organization A and B stated that the sponsorship came from government though the government had failed to budget for the programme. They stated that their organizations had no funds to run the programme effectively. This shows that there has been no follow up from SANAC and other responsible boards in monitoring the implementation of HIV/AIDS programmes at the workplace as well as evaluating the programmes. External support has been given to organization, A and B from private companies like Nedbank and Old Mutual when they do wellness programmes twice or thrice a year. It is not an everyday thing so there is no consistency. In organizations C and D the sponsorship was internally from the organizations and from external donors and they were doing much better in terms of programmes as compared to organizations A and B that are public sectors.

All the participants were asked about the programmes or intervention methods that were currently available in their organizations. Organizations A and B had only two programmes that were functioning, condom distribution and HIV/AIDS workplace awareness programmes that was implemented on wellness days. It was stated that some of the employees get training on HIV once–off so that they could assist infected and affected employees. But it was indicated that sometimes condoms were not found in their workplaces after they were finished and sometimes some condoms expired because employees were not taking them. In organization C and D, it was stated that four programmes were functional in their organizations, these include, a nurse for occupational health and safety, training on HIV/AIDS, HIV/AIDS workplace awareness programmes and counseling services for workers living with HIV and AIDS. Most of these programmes were 24 hours-online services. Organization C did have Employee Well-Being Programme (EWP) where it was helping by providing free therapy through an independent professional counseling organization such as Independent Counseling and Advisory Service (ICAS) as well as supporting staff affected and infected by HIV/AIDS. A simple service like condom distribution was not found in any of these two organizations even though it has been seen as best method that has reduced HIV infection and STDs in South Africa.

Many companies hesitate to undertake an HIV/AIDS program because they believe they do not have the needed funds and expertise. The solution is that they must partner with other companies to design a workplace program, train and support staff, provide medical commodities and access program effectiveness. Conspicuous leadership which entails willingness by senior managers and board of directors to speak out on HIV/AIDS prevention and care regularly and frankly at the workplace will lead to control of the spread of the disease (Keba Africa 2011).

All the organizations studies confirmed that they did not have their own clinics. Therefore the participants stated that they made use of government clinics and some of the employees with their different medical aids opt for private clinics of their own choice.

In addition, the data showed that twenty percent of the respondents viewed the main weakness of HIV/AIDS programme in the organizations as lack of support from top management whilst thirty five percent saw it as lack of interest among employees. Nevertheless, eight percent viewed this as lack of specialists support, twenty percent mentioned lack of information and seventeen percent had viewed it in other ways.

The employees were further questioned if their employers' HIV workplace policy was adequate and fifty two percent agreed that it was adequate whilst forty-eight percent stated that it was not adequate.Furthermore, five percent of the respondents agreed that the management of the organization had been very committed in making the HIV/AIDS activities or programmes they had implemented in the workplace success, eleven percent agreed that they were committed, twenty five percent of the respondents agreed that they were neither committed nor uncommitted and fifty nine percent said they were uncommitted.

Additionally, Table 4 illustrates the distribution in terms of percentages on the different variables that were asked to the respondents in terms of HIV/AIDS programmmes at their workplaces.

The respondents were asked whether HIV awareness programmes in their organizations were effective. As indicated in Table 4, thirty-nine percent agreed with a small number of seven percent strongly agreeing. Nonetheless, ten percent strongly disagreed and fourteen percent just disagreed. The remaining thirty percent were not certain. The respondents were further asked if there was any disciplinary action taken against those who discriminate against PLWHA in their workplace and sixty two percent agreed. More so a higher number (75%) agreed that they are encouraged to go for VCT at their workplace. When it comes to hiring of doctors and counselors to do counseling at the workplace, forty-six percent agreed that counselors are hired and thirty three percent did not agree with the statement.

Knowing one's HIV status is very important in order to prevent HIV/AIDS or taking treatment if one is infected. Therefore, the respondents were further asked for a place they would prefer to do an HIV test. Seventy percent mentioned that they would go to other places like their own private or family doctors, twenty percent would prefer to take up an HIV test at a clinic, five percent at the hospital and the other five percent at a private facility. No respondent highlighted that he/she would be tested at the organizations.

Employees Perceptions on HIV/AIDS at the Workplace

The respondents were asked if they could work next to someone who was HIV positive and ninety six percent agreed whilst only four percent disagreed. This suggests that many employees were now accepting the epidemic and were ready to fight stigma and discrimination in their workplaces and this can be realised when employers or managers take a leading role in supporting HIV/AIDS in their workplaces.

Respondents were further asked if the treatment of HIV/AIDS positive people was fair in their organisations and twenty seven percent agreed whereas seventy three percent did not agree. The main reason of not agreeing was that most of the employees who participated in the study stated that, most employees did not disclose their status and it was difficult to con-

Table 4: Some employees' responses on HIV/AIDS programmes

Variables	*Responses (%)*				
	Strongly agree	*Agree*	*Uncertain*	*Disagree*	*Strongly disagree*
HIV/AIDS awareness is effective	7	39	30	14	10
Disciplinary action taken against those who discriminate PLWHA	17	45	26	9	3
VCT for employees at workplace	20	55	12	8	5
Hiring of doctors and counselors	12	34	21	15	18

clude that HIV positive employees were fairly treated.

The respondents were further inquired if they knew someone who was forced by the employer to take an HIV/AIDS test. A large number of employees (99%) said that they did not know of anyone who was forced to take an HIV test by the employer while only one percent said they knew someone. Therefore it can be generalized from these results that employers were not forcing their employees to take an HIV test which is a good conduct of the codes of good practice on HIV management at the workplace.

The employees were further asked if being absent from work due to illness could affect their work, and seventy five percent said yes it could affect their work and the remaining twenty five percent said that it did not. Employees in this study were asked on what could happen in their organizations if they were absent from work due to reasons other than ill-health. Nine percent of the respondents agreed that there would be no promotion, thirty percent of the respondents stated that there would be salary cuts, eighteen percent highlighted that there would be no other leave days given and forty three percent indicated some other reasons.

DISCUSSION

This study was conducted with the main aim of finding out the HIV/AIDS management programmes that exist in organizations selected, how these programmes were managed for consistency, how employees of the organizations perceived these HIV/AIDS programmes as well as the effectiveness of the programmes in reducing the impact of HIV/AIDS in the organization. The study was conducted in four selected organizations in the Eastern Cape Province in South Africa under Chris Hani District Municipality. Two private sectors and two public sectors were studied for variability in trying to avoid bias. Organizations A and B were public thus government owned and organizations C and D were private (non-governmental). The study used a sample of 200 respondents who were administered questionnaires.

One of aim of the study was to find out if there is no difference in the management of HIV/AIDS programme between the public and private sector. The results show that there is a significant difference in the impact of HIV/AIDS interventions programmes between the Public and Private sector with the impact being high on the private as compared to the public. Also, another aim was to find out if there was no impact of not having HIV/AIDS programmes at the workplace and from the results we conclude that there is an impact of not having HIVAIDS programmes at the workplace.

The research problems emanates from the fact that HIV/AIDS epidemic has presented a major social and developmental challenge in South Africa. Businesses in South Africa like their counterparts on the continent face many challenges in standing up to the needs of a global business environment, one of these being the scourge of HIV/AIDS. The rate of infection affects the socio-economic development negatively (Code of Good Practice on Aspects of HIV/AIDS Employment). A large amount of income is spent on health care. The household capacity to sustain itself is significantly reduced as members infected become economically inept. Many South African families are stretched to the limit, as they have to accommodate children whose parents have died (SANAC 2010). According to Coetzee (2006), a particularly pertinent aspect for business environment is that infection levels are very high among young economically active persons. This will not only influence consumer power but has an overwhelming effect on the workforce and is thus a major threat to the achievement of strategic business objectives and related business risks, forming a great concern for management. Therefore it was vital to look into the management of HIV/AIDS programmes in the workplace for the benefit of both the employer and the employee.

The workplace provides an ideal gateway to HIV/AIDS prevention and care. The workplace has its own culture that connects its workers. Although staff members come from varying social backgrounds and cultures, speak different languages and follow different traditions, employers and employees all share the same organizational culture in which they have the same visions, follow the same guidelines and adhere to the same rules. The organizational culture is thus an equalizer, offering a consistent platform from which a comprehensive HIV/AIDS plan can be implemented (Dyk 2005: 462).Therefore there is need to find out and suggest improvement where there is a need to have effective and consistent HIV/AIDS management programmes in the workplace for the benefit of the employer and the organization.

The results shows that, a higher percentage of employees (45%) fell in the age group rang-

ing from 21 years to 35 years and only twenty six percent being over 41. Considering these results, it will be a good cause for organizations if HIV/AIDS programmes at the workplace can be managed consistently and effectively in order to maintain a healthy workforce for quality production. If the HIV programmes are correctly implemented, employees will be well-versed and work on improving their behaviors, attitudes and responsibilities towards the disease for their own benefit and of the community at large as well as the benefit of their employer. Principally, the disease affects people during their most productive years of life (Coetzee 2006:185). Using the participatory forum theatre to explore HIV/AIDS issues in the workplace, Durhen and Nduhura (2003) state that HIV prevalence rates climbs amongst the key economically active age group of 15-49 year olds. Furthermore, the authors stressed that business with a high number of HIV positive employees can result in reduced productivity, increased operating costs, a loss of trained and experienced workers, and depressed profits. Therefore, it is important for organizations to look into the HIV interventions programmes to avoid loss of employees in their organizations.

According to a study undertaken in 2005, commissioned by AIC Insurance, companies are losing as much as a month's work each year for every employee with advanced HIV/AIDS. The very same study also showed that the absenteeism rate for people living with HIV/AIDS was three times higher than that of people not infected with the virus. On average, people living with HIV/AIDS were absent 32 days a year, generally divided into four stints of about eight days each.

Economically active persons are at an increased risk of contracting HIV due to their disposable income, ability to afford multiple sexual partners and spending long time away from their immediate families hence they end up engaging fellow workers for sex to quench their hunger (Dickinson 2005). The sudden exit of wage earners in the formal economy, and loss of employment benefits has devastating effects on individuals and families supported. Awareness campaigns should be rendered with proper implementation of HIV/AIDS programmes to benefit employees, employers and community at large, since the disease affects people during their most productive years of life (Coetzee 2006).

As shown in the study and supported by Busaya and Mclean (2010), management is more likely to perceive an impact of HIV/AIDS when death or disability from the disease has occurred, rather than the mere knowledge of HIV positive workers whose productivity may not yet be affected.

CONCLUSION

Considering the findings of the research, it can be concluded that even though organizations studied did have HIV/AIDS policies and HIV/AIDS programmes, they were not effective. This was as a result of management or employers who did not pay much attention to HIV/AIDS issues in their own workplaces. Managers have a crucial role in the global fight against the epidemic particularly within their own workplaces they should engage in HIV/AIDS sensitization, providing counselling and testing, condom distribution, access to care and treatment, support for responsible sexual behaviour among employees and support for appropriate policies to address HIV/AIDS related situations that may arise at the workplace. Budget constraints have also led to unsuccessful HIV programmes in workplaces. Organisations need to source financial support for programmes within the workplace and surrounding communities while having a commitment to sustain HIV programmes overtime in order to fight HIV/AIDS at the workplaces.

RECOMMENDATIONS

Employers are encouraged to hire quality service providers to carry out an intensive destigmatisation process with the communication of their policy and procedure and educational interventions and also first creating a supportive environment and adequately addressing the fears of employees for an effective HIV/AIDS management in the workplace. The management should demonstrate a clear commitment to the HIV/AIDS management strategy. It is very crucial to employees to see this commitment in a concrete form through non-discrimination and support for the people living with HIV/AIDS. Clear unambiguous commitment will go far in developing mutual trust between employers and employees and facilitating an atmosphere where people are willing to undergo VCT and to possibly disclose their status.

Willingness by management, employees and employers to speak out on HIV /AIDS prevention and care regularly and frankly at the workplace will lead to control of the spread of the

HIV/AIDS epidemic. When developing HIV/AIDS policy and programmes for implementation all employees and other relevant parties should be consulted and integrated in the policy formulation process to enjoy overwhelming success. Also, Law and policy makers must and some responsible authorities like SANAC are recommended to strengthen workplace HIV prevention efforts.

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