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Project Title


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A project paper submitted in partial fulfillment of the requirement of the degree of Master of Business Administration (Human Resource Management), Kenyatta University.
DECLARATION

This project is my original work and has not been presented in any other institution or for any other award.

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Signed __________________ Date 15.10.2004

This project has been presented to me for examination as University supervisor.

Mr. Phares Ochola.

Signed __________________ Date __________________

I have approved this project as the chairman, Department of Business Administration.

Mr. Phares Ochola.

Signed __________________ Date __________________
DEDICATION
This work is dedicated to my parents Mr. and Mrs. S. Kanyanjua, my sister Wambui, her husband Mr. Njoroge and my nephew Albert.
ACKNOWLEDGEMENT

I am indebted to all those who contributed to the realization of this work. In particular I am indebted to my supervisors, the late professor Haggai Okello and Mr. Phares Ochola for their wise counsel during the process of carrying out this study. Special thanks go to all the lecturers of Kenyatta University, department of business administration.

I am also grateful to Kenyatta University’s Moi library staff for their support.

Special thanks are due to Mr. Kuria and his friends Gakinya and Peter for their special support in realizing this work.

Finally; am grateful to Thika district trade office for their guidance. To all others who offered me support I say God bless.
ABSTRACT

The main aim of this study is to assess the effectiveness of a HIV/AIDS policy in the workplace in manufacturing industries in Thika district. Thika district has the highest aids prevalence rate in central province, which stands at 34 per cent. (Republic of Kenya, 2002). In 1998 Thika district was among those districts ranked as having the second highest incidence of HIV/AIDS with a prevalence rate of 10-20 %.(Kenya Mulindi et.al., 1998). The sudden increase in rate of HIV/AIDS has provoked the researcher's interest on the subject especially as it affects the Human Resources. Thika is a rapidly expanding industrial center and has in recent years attracted many people from all over the country who come in search of employment. According to the Thika District Development plan of 2002-2008, out of the total population of 701,644 in the year 2002, 238,565 people are HIV positive. (Republic of Kenya 2002).

The workplace is a vital point for dealing with HIV/AIDS, primarily because employees can be enlightened on how to protect themselves, if not yet infected or how they can lead positive, and productive lives if they are already infected. This study therefore intends to carry out a survey of various industries in Thika district to establish how effective HIV/AIDS policies in the workplace are and the measures being undertaken to mitigate the effects.

This study was carried out through case studies of the selected industries in Thika district. A questionnaire was used for this study and was distributed to the various industries in Thika. With AIDS awareness standing at 95 per cent in the district, and the growth rate still high, there is need for multisectoral approach in curbing the menace and business
cannot be left behind. Furthermore, they need to translate awareness into action. This can be effectively addressed within a policy framework.

There is need to take action to slow down the spread of HIV/AIDS, to avert the serious personal, social and economic consequences that will result from a continued AIDS epidemic. The world Health Organization once noted that:

"Improved health owes less to advances in medical science than to changes in the external environment and to a favorable trend in the standard of living ... We are healthier than our ancestors not because of what Happens when we are ill, but because we do not become ill." (WHO 1957).

It is necessary to formulate, implement and revise policies in the workplace as the need arises because in the words of Nelkin, et.al.

"More than a passing tragedy, AIDS will have long term, broad-ranging effects on personal relationships social institutions and cultural configurations...the future will be different from both the past and the present."(Nelkin, et.al 1991:1-2).
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DEFINITION OF TERMS USED IN THE STUDY

AIDS- Acquired Immune Deficiency Syndrome.

HIV Human Immunodeficiency Virus

NGO- None Governmental Organization.

CBOS- Community Based Organizations.

Prevalence rate – Percentage of people currently living with HIV, including those with AIDS (NACC 2002).

Policy – A plan of action that provides a way of managing a situation or an issue that affects the way in which work can be done. (Ranchod, S. et. al. 2002)

NACC-National AIDS Control council

STD-sexually transmitted Diseases.

NASCOP-National AIDS and STD Control program

VCT - Voluntary counseling and testing.

ILO-International labor organization

FKE - Federation of Kenyan employers.

Industries – For purposes of this study, the term industry is taken to mean the firms or companies involved in the manufacture of finished products from raw materials. The term will be used as synonym to company, firm, and organization.

Reasonable accommodation – measure to reasonably accommodate the workers living with HIV/AIDS

PLWA – people living with AIDS

KHBC—Kenya HIV AIDS Business council

G I P A model – Greater involvement of people living with HIV/AIDS.
ARV—Antiretroviral

COTU—Central Organization of Trade Unions.

GBC—Global Business Coalition on HIV and AIDS.

ICTU—International Confederation of Free Trade Unions
CHAPTER ONE

1.1 Introduction

Compared to many other districts, industry and commerce are significant economic activities in Thika District, especially Ruiru and Thika Towns which have more than 60 industries (Republic of Kenya 1997: 28). Industries in the district can be broadly classified into Agro-based, textile, chemical and motor vehicle assembly. Thika town has both large and small industries and is a major commercial centre for the district. Some of the large industries include, Kenya Vehicle Manufacturing Company, Kenya Nut Company, Bidco, Del Monte Kenya Limited and Thika Coffee Mills. In addition there are many smaller industries supported by these big industries. For example Carnaud Metal Box provides packaging for the canning industries and other engineering industries provide equipment and services to the big industries. The types of industries located in Thika District vary from agro-based to textile and chemicals. There are various types of industries like bakery, oil processing, steel fabrications, clothing factories and leather tanneries. These industries provide employment to over 17000 people from both within and outside the district, according to District Industrial and Trade Development Office, Thika 1996.

1.1.1 Background to the problem

HIV/AIDS has been declared a national disaster. In an attempt to contain the situation in Thika district, all stakeholders including private sector, Non Governmental Organizations, Community Based Organizations, Local Authorities, Government Departments and Churches have been called upon to intensify the campaign against the
spread of AIDS since there is no cure. However, with AIDS awareness in the district standing at over 95 per cent, and prevalence still high, the challenge that faces the district is to translate the awareness into practice so that the rate of prevalence is reduced.

As stated earlier, Thika is an industrial town. It provides employment to many people. Most of the industries in Thika district are located in Thika and Ruiru towns because of the proximity of these two towns to Nairobi, accessibility to raw materials, reasonable proximity to other industrial activities which are mainly based in Nairobi and Athi River, easy access to various forms of transportation especially roads, railway (Nairobi-Nanyuki line), Airports (Jomo Kenyatta Airport Nairobi), closeness to the labour market (both skilled and unskilled) and availability of a reasonable market. However, the labour market which is a major factor determining industrial locations is threatened by the prevalence of HIV/AIDS. There is therefore a need to examine what these industries can do in terms of developing a workplace policy on HIV/AIDS in their organizations. HIV/AIDS prevalence in Thika district stands at 34 per cent, which is the highest in Central Province (Republic of Kenya, 2002). The implication of this is that out of the total population of the district of 701, 664 in 2002, about 238, 565 people are HIV positive. The ages most affected are between 20-49 years, the majority of who are females. This scenario has a negative implication on labour force. Decline and weakening of the labour force will have adverse effects on both agricultural and industrial output. To avoid this, there is therefore, the need by the industries to develop a workplace policy on AIDS to guide both the employees and their employers on ways of mitigating the adverse effects.
According to the sessional paper number 4 of 1997, surveys in Kenya indicate that a productive person can be defined to be one aged between 15 and 65 years. An adult therefore has 50 years available for work. On average, a Kenyan is employed for 36 years. Combining productive life-years lost with the age of those who develop AIDS, each new AIDS case results in a total loss of 22 years of productive life. The direct cost per new AIDS case is estimated to be Ksh. 34,680 assuming that 55 per cent of AIDS patients receive hospital treatment plus an estimated indirect cost of Ksh. 538,560 in wages lost. This gives the combined cost of AIDS to Ksh. 573,240 (Ministry of Health, 1997:2).

The AIDS prevalence rates in Thika district can be construed to mean that in every workplace there is likely to be at least one person who is HIV positive. This proposed study is therefore designed to analyze the process of addressing HIV/AIDS in the workplace. It aims at helping those employers who now have to develop an HIV/AIDS policy to start to address the issues for themselves. Developing an effective HIV/AIDS policy and programmes in the workplace can help to reduce and better manage the impact of HIV on the company and the individuals serving in it. Because of insufficient understanding and knowledge of the disease, and the fears attached to this lack of understanding, people living with HIV/AIDS are also exposed to stigmatization and unfair discrimination based on their HIV status.

Medical care often requires time off from work and can put an additional strain on both the HIV-positive person (who could fear losing their source of income, and their position in the workforce) and their co-workers (who could resent having to take on tasks that could need to be done due to the absence of those who are ill). This has an impact on
company morale, benefits (ensuring adequate medical aid cover, productivity and economic and social sustainability). Not only do these factors have an impact on the position of the company itself, but also have implications for the economic and social capacities for the country as a whole. This raises the question of “what can employers do to prepare themselves?” To start with, employers should educate themselves and their employees about HIV infection and AIDS. Effective workplace education programmes can help protect business by reducing worker’s fears, work disruption, and concerns relating to interacting with clients. Workplace education programmes could form part of the company’s overall workplace policy on HIV/AIDS, and would need to be revised on a regular basis, depending on the changes within the company. Further, developing policy is an important footstep to setting the tone for communicating about HIV as a workplace and productivity issue. An effective policy sets forth the company’s position and procedures and informs employees of what is expected of them. Companies with effective policies on place are better prepared to manage AIDS in their workplace.

There are a number of situations, which could arise in the workplace requiring an employer to deal with issues related to AIDS. Not only could the presence of an HIV-infected employee in the workplace raise numerous legal issues for the employer but it could also create hysteria and fear amongst other employees, which could have serious consequences on work morale. Employers typically don’t know exactly what they should do if informed that an employee has tested positive for HIV. For example, is someone with AIDS considered disabled for purposes of the fair employment law? Can someone with HIV/AIDS be placed on an indefinite medical leave? What about issues related to co-workers? The impact of AIDS in the employment relationship is multi-faceted.
revolving around all the major human resource issues, starting from recruitment, selection, placement, retention, training, employee benefits and their related costs, absenteeism due to frequent illness, human resource planning as well as job changes. All the above human resource functions as AIDS in the workplace affects them need to be put in a policy framework and many organizations have not developed such a policy.

1.2 Statement of the problem

AIDS has the potential to create a severe economic impact in Kenya. It causes a reduction in the size and experience of the labour force, increases health care expenditure, raises the cost of labour, and reduces savings and investment. It is different from most other diseases because it strikes people in the most productive age groups and is essentially 100 per cent fatal. Individuals will feel the economic effect of AIDS and their families then will ripple outwards to firms and businesses and the macro economy.

The economic impact of HIV/AIDS on companies is manifested by reduced labour productivity through AIDS-related deaths, absenteeism and loss of skilled workforce. Other effects include expenditures on staff recruitment and training, funeral expenses, medical costs and increased employee benefits. These costs could be enormous for a firm, depending on the HIV prevalence among its employees.

According to a World Bank strategy report (World Development Sources, 1996), a Kenyan company spent about US $ 45 per employee per year for HIV/AIDS-related costs or 3 per cent of company's profits. The report projected that this cost would increase to US $ 120 per employee per year, equivalent to 8 per cent of company profits, by the year 2000. It further noted that in 1992, an average company in Kenya incurred
mean annual costs associated with AIDS of approximately US $ 140,000. This cost was expected to rise to US $ 403,000 by the year 2005.

In a study of Auto Kenya, Western Wood Kenya Transport (all fictitious names for anonymity) and Muhoroni Sugar Company, Roberts and Rau (1994) showed that in 1994, Auto Kenya spent Ksh. 1.1 million (US $ 21,312) on HIV/AIDS-related costs, West Wood Ksh. 2 million (US $ 40,630), Kenya Transport Ksh. 3.1 million (US $ 61,132) and Muhoroni Sugar Company Ksh. 2.9 million (US $ 58,303).

Besides sectoral effects, AIDS negatively affects the macro economy in a number of ways. This occurs when key macroeconomic variables are destabilized as a result of AIDS. Some of these macro effects are reduction in savings and investment as health expenditure on AIDS escalates, decline in labour productivity as a result of HIV morbidity leading to absenteeism, and AIDS mortality culminating in the loss of experienced workers.

According to Hancock et.al (1996), the macroeconomic effect of HIV/AIDS also manifests itself through increased medical expenses, absenteeism, a decline in labour productivity, and the costs of mortality including funerals. For example, employer-paid medical costs in the agro-estate surveyed rose from a modest Ksh. 300,000 in the 1980s to Ksh. 8.1 million in 1997. Employee-paid costs also rose from a mere Ksh. 1.5 million in 1989 to Ksh. 11.3 million in 1997; records of labour time lost from morbidity kept by a company in Nyanza Province showed that between 1995 and 1997, the company lost a total of 8007 labour days from employee illness. A significant portion of this time lost was attributed to HIV-related illness (Rugalema et. al. 1999). All the above show vividly that there is need for development of effective policy on HIV/AIDS in the workplace to
help mitigate the adverse effects of HIV/AIDS on employees' productivity and the company's bottom line profits. Based on the problem stated, the purpose of this study is to provide ways and means of effecting workplace policies on HIV/AIDS as a policy strategy for mitigating the effects of the scourge on employees' productivity and profitability.

1.3 Objectives of the study

The general objectives of this study are to examine what employers are doing to prepare themselves for situations emanating from HIV/AIDS in the workplace. The specific objectives are:

(i) To identify and examine the extent of policy relevance to HIV/AIDS impact at the workplace and the level of commitment, within the various organizational levels as regards the impact of HIV/AIDS.

(ii) To analyze the strategies in place for dealing with HIV/AIDS at the workplace.

(iii) To quip the researcher with knowledge and understanding of the relationship between HIV/AIDS and Human Resource Management practices

1.4 Research Questions.

(i) What is the importance of a specific workplace policy on HIV/AIDS?

(ii) How does the company management communicate with employees regarding issues relating to HIV/AIDS in the workplace?

(iii) How can an employer legitimately respond to employee's concerns regarding AIDS in the workplace?
(iv) Does the company have specialists who engage in providing counseling and education on HIV/AIDS to employees? Are there training programs specifically dealing with issues relating to HIV/AIDS in workplace?

1.5 Justification/significance of the study

Human resource management is a growing discipline in which HIV/AIDS in the workplace has manifested itself as an emerging issue. Management of HIV/AIDS in the workplace has not been fully addressed in management literature. This study will recommend that this be incorporated in human resource management literature or as a special function of the human resource department.

The study is significance in that it targets one of the most significant industrial towns in Kenya. As a country targeting to be industrialized by the year 2020, there is need to ensure that as a country we maintain the right quantity and quality of people that we need. In this light, this study will highlight some of the ways through which loss of labour can be prevented to attain these targets. The results of this study will be used to enlighten the employers on the need to be proactive on issues relating to AIDS in the workplace. By pointing out at issues affecting efficiency and effectiveness emanating from the impacts of the AIDS epidemic, the study will be useful in calling upon the management to play a more active role in mitigating the effects of HIV/AIDS.

According to Duh, 1991: 67, “AIDS is not killing millions of people in Africa yet; it has the potential to do so, however”. This quote shows that there is need for continuous research on all dimensions of the AIDS scourge if there is any hope of reducing mortality and other impacts of the disease. It is also in line with an International Labour
Organization (ILO) code of practice on HIV/AIDS and the world of work issued in Geneva Switzerland in the year 2001 that states in part that

"In order to achieve coherence with national AIDS plans, to mobilize the social partners, to evaluate the costs of the epidemic on workplaces, for social security systems and for the economy and to facilitate planning to mitigate its social-economic impact the competent authorities should encourage, carryout and publish the findings of demographic projections, incidence and prevalence studies of best practice". (ILO 2001).

1.6 Scope of the study

The study was limited to manufacturing industries in Thika. It covered both small and large industries. It focused on human resource managers where the department exists or the directors of various small industries as they play the key human resource function. It will focus on the period between 1999 when aids was declared a national disaster to the present to try and assess the ongoing activities at the workplace since the scourge continues to ravage the workplace, robbing it of its most useful and vital assets.
2.0 LITERATURE REVIEW

2.1 INTRODUCTION.

This chapter starts by reviewing literature regarding management of HIV/AIDS as researched by various scholars. The first HIV/AIDS cases were diagnosed in Kenya in 1984. The spread of AIDS has assumed serious proportions and is the most dangerous disease still lacking a cure. (Republic of Kenya 1997).

2.1.1 THE AIDS EPIDEMIC IN KENYA

The statistics regarding the actual number of HIV infection in Kenya is not clear. It is estimated that 2.2 Million Kenyans are now living with HIV infection, but its hard to know whether they are infected or shows outward symptoms of the disease. Only about 200,000 have AIDS virus. 80 % of the reported cases of HIV/AIDS occur in the age group of 15 – 49 years, thus, threatening effective labor force for the country. There is thus a need to address the AIDS epidemic in the context of company policy framework. This will help firms in avoiding being taken to task for unfair labor practices such as discrimination, as well as healthy productive work force.

The prevalence of HIV Infection is based on the percentage of people currently living with it, including those with AIDS (National AIDS council 2001).

The National AIDS and Sexually Transmitted diseases (STD) control program estimates that by June 2000, the number of adult with HIV had increased to 13.5%. In urban areas it is estimated to be 17% to 18 %. (National AIDS council 2001). As health expenditure
on AIDS escalates, decline in labor productivity as a result of HIV morbidity leading to absenteeism, and AIDS mortality culminating in the loss of experienced workers results with serious ramifications.

Simulation result by Hancock predicted a fall in labor productivity when experienced workers with an average age of 34 years would have to be replaced by relatively young workers with an average age of 25 years. In a study carried out in Nyanza, Rugalema et al (1999) reported that according to the engineering manager of one of the companies he studied, working longer hours had produced stress among employees and was responsible for a decline of both quality and quantity of the final product, sugar. He further noted that in a labor-intensive industry such as agriculture, labor productivity is the most important determinant of output and profitability. Illness compromises labor productivity because a sick person is unable to work. Even when the person still works, physical and psychological factors lower performance. Thus the cost of illness does not end by paying an employee who is not working; it includes other costs related to delays in the production process and loss of quality and quantity of the final product. Workers interviewed pointed out that when they had a sick family member (spouse or child), it was unlikely that they could be as productive as was expected because their presence at work was more physical than mental and hence they performed poorly (Hancock et al 1996).

AIDS is the first epidemic of the age of globalization and responding to the AIDS crisis constitutes a major challenge to all societies. The 14th international AIDS conference, held in Barcelona in July 2002, confirmed two basic concepts. First, the cure for AIDS is still far off. Second, the illness can be effectively treated. Some 15,000
scientists, government officials, industry executives and activists at the Barcelona conference agreed that access to the antiretroviral treatment has become a major policy issue in combating AIDS. In 2001, the 57th session of the United Nations Commission on Human Rights issued Resolution 33/2001 declaring that access to drugs to treat AIDS is a human right. Currently, only 4% of the 36 million people living with the HIV infection around the world receive antiretroviral drugs. (Partnership with other interest groups in lobbying for cheaper antiretroviral is therefore a necessary component of effectiveness of a HIV/AIDS policy towards this end).

In 2000, Africa trade unions and the International Confederation of Free Trade Unions (ICFTU) adopted the 17-point Gaborone Declaration by which they pledged to bring the fight against the HIV epidemic into the workplace. The union programs include anti-discrimination clauses in collective bargaining, prevention through education, training at the workplace and campaigns to lower the price of treatment. With support from the ILO's Bureau for workers Activities, pilot programs have been launched in three regions. HIV/AIDS should be considered not only a health issue, but also, a human rights issue, an economic issue and a general development issue, says the Gaborone Declaration. With support of the ILO's Bureau for Employers' Activities, the ILO program on HIV/AIDS and in close coordination with the International Organization of Employers (IOE) and the Pan African Employer's Confederation (PEC), the African employers' organizations initiated and adopted in 2000 for the French speaking countries and 2001 for the English speaking countries section plan for fighting HIV/AIDS in the workplace. These action plans aim at moving from the employers' awareness program to concentrate actions at the enterprise level. But what have manufacturing industries in Thika achieved? How
effective have they been in implementing workplace HIV/AIDS policies in their workplace? If they are effective, why haven’t they had an impact in bringing down the level of infections especially in the district? This study sets forth to assess how effective the initiatives being undertaken to curb AIDS in the workplace are. The workplace ‘a vital entry point for tackling HIV/AIDS’. But is this so in the study region? Definitely not! Or is it?

Organizations operating at the forefront of the struggle with HIV/AIDS understand that the winning strategy is to work in partnership to find and replicate efficient and cost effective interventions that limit the spread of infections and mitigate its impact. Companies must understand the need to work with the broader community, including families, sub-contractors, supplier’s networks and others, if they are to meet the challenges of HIV/AIDS. At the same time, participants realized the need to support, rather than sideline, existing health infrastructure and help build capacity within the community.

Co-operation between stakeholders makes sound business sense. A survey by the Kenyan Federation of Employers revealed that HIV/AIDS is costing even small companies the equivalent of US $50 per employee annually. For multinationals, this can run into thousands of dollars per head. While those companies who presented their companies efforts to fight AIDS in their workplace could not quantify in exact terms, the financial benefits of implementing initiatives over not dealing with the epidemic, it was clear that workplace programs contributed to substantial cost savings in terms of training new staff, absenteeism, productivity etc as well as positive effects on morale.
2.2.1 EMPLOYMENT OF INDIVIDUALS WITH AIDS

According to Tuju, employers are wary of the prospects of incurring huge medical bills on new employees who are HIV positive, in addition to the ones already on the payroll. They are keen to ensure that they do not employ people who will end up costing them more, even before they make any tangible contribution to the company’s growth and development. In addition, the literature gives examples of organizations which now insist on mandatory HIV/AIDS test for all prospective employees to include the blue chip employers such as banks, Insurance companies and even some NGO’s. According to Tuju, discrimination against persons with HIV/AIDS in the workplace is widespread in many countries including Kenya, despite World health organization( WHO) and International labor organization( ILO) guidelines on the treatment of HIV/AIDS employees.(Tuju,1996)

2.2.2 AN ILO CODE OF PRACTICE ON HIV/AIDS AND THE WORKPLACE

Beyond the sufferings it imposes on individuals and their families, the epidemic is profoundly affecting the social and economic fabric of societies. HIV/AIDS is a major threat to the world of work; it is affecting the most productive segment of the labor force and reducing earnings, and it is imposing huge costs and loss of skills and experience. In addition, HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV/AIDS. (ILO 2001).

Key principles of the International Labor Organization

- Recognition of HIV/AIDS as a workplace issue.
HIV/AIDS is a workplace issue and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggles to limit the spread and effects of the epidemic.

- Nondiscrimination
In the spirit of decent work and respect for human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV/AIDS status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.

- Gender equity
The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by HIV/AIDS epidemics than men due to biological, social-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV.

- Social dialogue
The successful implementation of an HIV/AIDS policy and program requires cooperation between employers, workers and their respective government, where appropriate with the active involvement of workers infected and affected by HIV/AIDS.

- Care and support
Solidarity, care and support should guide the response to HIV/AIDS in the world of work. No discrimination in access to and receipt of benefits from statutory social security program and occupational schemes.

- **Multisectoral participation**

Public agencies, the private sector, workers’ and employers’ organizations, and all relevant stakeholders should participate in efforts to curb the scourge so that the greatest numbers of partners in the world of work are involved for effectiveness to be achieved.

- **Research**

In order to achieve coherence with national AIDS plans to mobilize the social partners, to evaluate the costs of the epidemic on workplace, for social security system and for the economy, and to facilitate planning to mitigate its social-economic impact, the competent authorities should encourage, support, carry out and publish the findings of demographic projections, incidence and prevalence studies and case studies of best practice. Governments should endeavor to provide the institutional and regulatory framework to achieve this. The research should include gender-sensitive analyses that make use of research and data from employers and their organizations ad workers organizations. Data collected should, to the extent possible, be sector-specific and disaggregated by sex, race, sexual orientation, and age employment and occupation status and be done in a culturally sensitive manner. Where possible, permanent impact assessment mechanisms should exist.

- **Legislation**

In order to eliminate workplace discrimination and ensure workplace prevention and social protection government in consultation with the social partners and experts in the
field of HIV/AIDS should provide the relevant regulatory framework and, where necessary, revise labor laws and other legislation.

- **Enforcement.**

The competent authorities should supply technical information and advice to employers and workers, concerning the most effective way of complying with legislation and regulations applicable to HIV/AIDS and the world of work. They should strengthen enforcement structures and procedures, such as factory/labor inspectorates and labor courts and tribunals.

- **Mitigation**

Government should strive to ensure access to treatment and where appropriate to work in partnerships with employers and workers' organizations. Workplace policy consultation with stakeholders e.g. workers, employers representatives etc should be encouraged.

National, sectoral and workplace/enterprise agreements should be put in place. Employers should adhere to national law and practice in relation to negotiating terms and conditions of employment about HIV/AIDS issues with workers and their representatives and endeavor to include provisions on HIV/AIDS protection and prevention in national sectoral and workplace/enterprise agreement.

- **Education and training**

Employers and their organizations in consultation with workers and their representatives, should initiate and support programs at their workplaces to inform educate and train workers about HIV/AIDS prevention, care and support and the enterprises policy on HIV/AIDS, including measures to reduce discrimination against people infected or affected by HIV/AIDS and specific staff benefits and entitlement.
• Personnel policies

Employers should not engage in nor permit any personnel policy or practice that discriminates against workers infected by HIV/AIDS screening or testing.

Ensure that work is performed free of discrimination or stigmatization based on perceived or real HIV status. Encourage persons with HIV and AIDS related conditions to continue to work and where alternative working arrangements including extended sick leave have been exhausted the employment relationship may cease in accordance with anti-discrimination and labor laws and respect for general procedures and full benefits.

Employers should ensure a safe and healthy working environment, including the application of universal precautions and measurement such as the provision and maintenance of protective equipment and first aid. To support behavioral change by individuals, employers should also make available, where appropriate male and female condoms, counseling, care support and referral services. Where size and cost considerations make this difficult employers and \or their organizations should seek support from government and other relevant institutions.

• Reasonable accommodation

Measures to reasonably accommodate the workers with HIV/AIDS related illnesses should be undertaken. For Example: -

- rearrangement of working time-flexible sick leave
- Special equipment.
- Opportunities for rest breaks-return to work arrangements. (ILO 2001)

According to the ILO, there is need for legislation that should protect all prospective employees so that they should not be tested for HIV when applying for a job unless the
employer has received special authorization from the industrial court i.e. No person should be discriminated against on the basis of their HIV status. Legislation should be passed to ensure that no employee can be dismissed as a result of HIV status. Fair procedures to be followed when an HIV positive employee can no longer do their work should be outlined. Legislation should be put in place to specifically state and outline the responsibility of employers to reduce the risk of HIV transmission at work. This applies specially in settings where injury is common for example in the industries.

2.2.3 Desirable components of a corporate HIV prevention program.

1) Risk assessment
-Evaluate the scale of the problem on company’s workforce; reviewing what existing barriers may hinder effective action.

2) Non-discriminatory policy.
- Establish company-wide policies to ensure confidentiality and to enable infected employees to remain productive members of the workforce.

3) Prevention awareness
-Initiate HIV education for all employees on how HIV is –and is not- transmitted.

The leadership and commitment of senior management is critical to success.

4) Voluntary counseling and testing.
-Offer confidential testing and counseling in on –site clinics or in partnership with local health officials.

5) Care support and treatment.
-Provide a range of care and support services through company clinics or in partnership with other health care providers. This should include treatment of opportunistic infections
such as TB. Where possible, companies should implement antiretroviral treatment program for employees and their families. 

HIV infection is not a cause for termination of employment. Persons with related illnesses should be able to work for as long as medically fit in appropriate conditions (Global Business Coalition on HIV/AIDS 2001).

2.3 THE LEGAL AND ETHICAL CHALLENGES

The Government of Kenya has responded to the problem of HIV/AIDS by addressing the problem of AIDS in the Seventh National Development plan and the 5th edition of District Development plan and developed various manuals and policy guidelines on the control and management of HIV/AIDS. (Ministry of health 1997). Furthermore, it has established the National AIDS control council in the office of the president,( AIDS control units)and also at Provincial and District levels, and the constituency AIDS control committees. (NACC 2001). However, no uniform legal standards have been developed to address the problem. Consequently, there is need to assess the effectiveness of workplace policy on AIDS in addressing these issues at the workplace.

The labour laws in Kenya have no specific provisions dealing with discrimination based on HIV status. As per the provisions of the Employment Act chapter 226, part (2) and section 12 (1) and (2), the law addresses only issues relating to general illness. However, there is need to have a way of addressing specific issues pertaining to HIV/AIDS in the workplace. A well-designed and implemented workplace policy can come in handy.

Although there is no specific statute dealing with HIV/AIDS in Kenya, some of the existing statutes have provisions which are of direct relevance to the management of
AIDS epidemic. Other legal and ethical aspects can be inferred from customary law and cultural practices. At the workplace, such an inference can be well understood or applied in the context of a policy framework.

The issues emanating from these legal positions include: human rights in which all forms of discrimination regarding people with AIDS will be assessed; requirements regarding testing of HIV will be examined based on voluntary consent; confidentiality must be maintained in the workplace, although, healthcare providers are allowed to disclose the HIV status to persons considered to be at risk of infection, after the individual has been provided enough opportunity to disclose his/her HIV status to those concerned. The policy also recognizes employee rights, whereby the employer does not have to know the HIV status of their employees without the consent of the employee.

2.4 SEXUAL HARASSMENT/SEXUAL ABUSE

In a study of Agricultural and Textile manufacturing sectors in Kenya, Karega (2002) reported that respondent in the study identified sexual harassment to mean coerced or forced sexual intercourse as a condition of continued employment or advancement. She further reported that the existing labor laws had not adequately addressed sexual harassment in the workplace. There is need therefore to assess how effective a workplace policy on HIV/AIDS is in addressing issues related to sexual harassment. In the study, Karega (2002), reported that 66 percent of the women interviewed believe that workplace sexual abuse is a strong contributing factor to the spread of HIV/AIDS. An assessment of the effectiveness of a work place policy is a concurrent effort to curb sexual harassment as well as sexual abuse at the work place.
One of the first steps that organizations need to take is to acknowledge that HIV/AIDS is a potential threat to their business. According to a survey undertaken by accounting firm PriceWaterhouseCoopers (2003), assuming that workers have a similar infection profile to the general population, it would be reasonable to expect infection rates of at least 10-15% of the workforce of most of the companies surveyed. Most companies did not know what percentage of their management might be infected with HIV/AIDS. Companies in Uganda (92%) and Tanzania (82%) were more likely to say that they do not know the HIV/AIDS prevalence than in Zambia (63%) and Kenya (69%). Of the companies that did offer an opinion on this question, most (14%) thought that less than 5% of their management might be HIV/AIDS positive. Similarly, most companies were not sure about HIV/AIDS infection levels among the rest of their workforce. However, more companies (7%) considered the possibility that 5% - 9% of their workforce may be infected with HIV/AIDS.

According to the same survey, despite the fact that few organizations are aware of how many of their employees are HIV positive, the majority stated that they had experienced a death due to AIDS in the previous 5 years. Given the fact that most people would not have disclosed that they were sick with AIDS, this is significant. Organizations in Kenya and Zambia were more likely to report having lost someone due to HIV/AIDS than organizations in Tanzania and Uganda (PWC 2003). There is need therefore to assess the situation in Thika district, which is one of the leading districts in Kenya in terms of new infections, to see what the industries are doing in terms of workplace policy
on HIV/AIDS and be able to assess whether they are effective in mitigating the effects of HIV/AIDS.

A desirable component of an effective HIV/AIDS policy in the workplace is the participation of all stakeholders. Such stakeholders include employer organizations for example the Kenya HIV/AIDS Business Council (KHBC), Employee Organizations such as Central Organization of Trade Unions (COTU), Non Governmental Organizations (NGOS) and government agencies. By being a member of the KHBC, a firm stands a better chance of effecting its policy on the fight against HIV/AIDS in the workplace. The KHBC lobbies for greater access to Antiretroviral, wellness programs such as Voluntary Counseling and Testing, among others in the community. It also plays a key role in the fight against HIV/AIDS, mobilizing the private sector Chief Executive Officers, Human Resource Directors and managers to dedicate resources in fighting HIV/AIDS. For example, it works closely with the National Aids Control Council, UNAIDS and other HIV/AIDS related community based organizations. While the main focus of the Kenya HIV/AIDS business council is in the workplace, it also works in collaboration with other, non-governmental and community based organizations in designing and implementing a multidisciplinary multisectoral, innovative approaches to responding to HIV and AIDS at the workplace and in the community. (George Wainaina 2002).

Strategic Objectives of KHBC

- To advocate for private sector participation in HIV/AIDS
- To develop and encourage workplace program and policies on HIV/AIDS.
- Empowering business to invest resources in fighting HIV/AIDS.
- To partner with other organizations involved in HIV/AIDS.
• To mainstream HIV/AIDS interventions in the workplace.

Strategic Priorities

• Strengthen the capacity of the private sector in fighting HIV/AIDS through prevention care and support.

• Identifying, adopting and replicating innovative techniques of fighting HIV/AIDS in Kenya.

• Promoting integrated approach to fighting HIV/AIDS.

Activities undertaken by Kenya Business Council On HIV/AIDS include: -

• Implementation of training program in collaboration with partners with special emphasis on prevention, care and support.

• Provide technical support to members.

• Identifies and disseminates new approaches.

• Sensitizes management through advocacy and policy education.

• Provides, disseminates information and encourages development of comprehensive HIV/AIDS program in the workplace and community at large

• Training sessions for peer educators and human resource managers as a way of equipping them with the skills and competencies to drive workplace HIV/AIDS programs.

• Training of company based health care providers on emerging issues related to Antiretroviral, post-exposure phlaxis etc.

From the above activities, it is evident that businesses and especially the industries can benefit by undertaking the efforts to curb HIV/AIDS in the workplace in partnership with other players in the multisectoral spirit of cooperation. This can go along way in
making workplace policies effective in addressing the needs of the employees in the wake of HIV/AIDS.

One of the most successful ways of removing stigma in the workplace is involving of HIV positive people in the education and behavioral changes communication. Going beyond the occasional use of people living with AIDS (PLWA) to visit and give lectures, the greater involvement of people living with Aids (GIPA) model, involves the appointment of a PLWA to run the HIV/AIDS programs in the workplace. The objective of such a program is to involve people living with AIDS in the development and implementation of workplace program and to remove stigma among the employees. This provides a positive role model, removes stigma, and send out a very clear signal to other employees of the company’s commitment to fighting HIV/AIDS. (KHBC 2002).

This has the potential of making a HIV/AIDS workplace policy more effective in that it can create a positive impact and more and more employees can allude to voluntary counseling and testing, and this could be a strong indicator that less and less stigma is being associated with the disease at the workplace, thus leading to policy effectiveness.

2.5 ABSENTEEISM, RECRUITMENT, AND TRAINING

Absenteeism is a cost in the sense that absent employees continue to be paid for the job they did not perform. The indirect effects of absenteeism are that it means extra work for healthy employees, who have to stand in for sick colleagues. Employees having to work extra hours to compensate for the time lost by their absent, sick colleagues implies that companies pay more in overtime and employees are overworked and exhausted. This has adverse effects on both quantity and quality (NACC 2001).
Firms also incur recruitment and training cost. These are replacement recruitment to take care of those who have left due to either death or incapacitation emanating from AIDS. New employees so recruited needs to be trained and this is costly. They also incur increased medical expenses and benefits. These include the cost of drugs, radiology, and hospital overhead costs. Employee benefits such as increased sick leave, Counseling services and specialized treatment.

2.6 MITIGATING THE EFFECTS OF HIV/AIDS AT THE WORKPLACE

2.6.1 COUNSELING ON HIV/AIDS RELATED ISSUES

Counseling is primary dialogue between a person in need and a care provider in an effort to reduce the impact of stress on the individual. Counseling aims at promoting and maintaining the maximum possible level of psychological and physical wellbeing. It helps HIV positive people to cope with the complex and multiple social and medical effects of AIDS on their lives. According to Tuju “It is an established medical fact that counseling is vital to people with HIV/AIDS and the sooner it is done the better”.

It is generally recognized as vital for one to go for counseling both before an HIV test and also after the test and especially when one is diagnosed to be HIV positive. Counseling helps HIV positive people to cope with the complex and multiple social and medical effects of AIDS on their lives (Tuju, 1996).

According to NACC (2001) there is need to promote voluntary counseling and testing. In voluntary counseling and testing, a person receives the counseling needed to make an informed choice about whether to undergo confidential testing for HIV. HIV voluntary
Counseling and testing has been shown to have a role both in preventing HIV infection and, for people with the infection, as an entry point to care. This gives people an opportunity to learn and accept their HIV status in a confidential environment with counseling and referral for ongoing emotional support and medical care.

It is therefore evident that business can work closely with the government in enlightening their employees on why they should allude to voluntary counseling and testing. This can be effective if it is put in a policy framework. Workers should be encouraged to know their serostatus so that appropriate and early medical care interventions to treat or prevent HIV associated illnesses can be undertaken.

2.6.2 EDUCATION ON HIV/AIDS RELATED ISSUES IN THE WORKPLACE.

A compelling reason to direct special attention towards AIDS is that it’s preventable by modifying behaviour that brings people into contact with the virus (Mbuai, P. 1995). Without a doubt, education is the best tool to control the AIDS epidemic, as there is no cure or vaccine for the disease. Modification of population and individual characteristics through education is the only means of controlling the spread of HIV. Education on AIDS serves two purposes;

i) To alleviate unreasonable fears about AIDS and

ii) To prevent the spread of HIV.

Both purposes require dissemination of accurate, up-to-date and understandable information about AIDS and HIV infection (Duh, S.V. 1991: 130–131).

The major issues of AIDS in the workplace involve the rights of HIV infected people to employment, as well as protecting uninfected employees from contracting the virus. Employers in both public and private agencies should have periodic conferences in which
experts can speak to employees on AIDS. Selected employees should be trained to be
resource person to provide ongoing education. Experts should be invited to discuss legal,
personnel and insurance issues.

The contents of an Aids education curriculum should be revised and updated, as new
information on AIDS becomes available. All employees should be provided with up-to-
date, accurate information on HIV and how to reduce the risk of exposure. Ultimately, an
educated work force will be the best defense against panic at the prospect of AIDS in the
workplace.
2.7 CONCEPTUAL FRAMEWORK.

The studies so far carried out in the area of AIDS in Kenya are many and far-reaching. This is partly due to the seriousness of the epidemic and its social, economic and demographic impacts. However, in these studies none has focused directly on the assessment of effectiveness of workplace policy on AIDS.

This study covers eight factors that determine the effectiveness of a workplace policy on HIV/AIDS. These factors are:

1. Awareness and commitment of top managers (to policy on hiring, training, promotion of HIV positive employees, health benefits, issues of sexual abuse/harassment)
2. Method of relaying information on AIDS to employees.
3. Expertise (both legal and medical).
5. Participation of all the stakeholders.
6. Workplace education for managers and employees
7. Training of employees and managers on HIV/AIDS related issues
8. Employee counseling for the infected, uninfected and affected workers

The researcher proposes the following model to help in capturing the relationship between the effectiveness of a workplace policy on HIV/AIDS (the dependent variable) and the factors determining the effectiveness of a workplace policy on HIV/AIDS (the independent variable). The double arrow indicates that factors may act and react upon
each other in producing effectiveness while the single arrow show a factor's influence on effectiveness (page 31).
FIGURE 1: CONCEPTUAL MODEL
Relationship between effectiveness of workplace policy on HIV/AIDS and the factors that determine the effectiveness.

Source: Own
CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

The study was carried out through the case study design. A questionnaire was also used for data collection. The questionnaire comprised of both structured- closed ended and open-ended questions to ensure uniformity of responses.

The researcher has used descriptive research to assist him in attaining data to answer the research questions in the study and the research objectives concerning the current status of workplace policy on HIV/AIDS and its impact. This also served the purpose of determining and reporting the situation as it is. It describes factors such as actions, behaviour, attitudes, perceptions, values and characteristics. Effectiveness of workplace policy will be captured through the use of indicators such as lowered cases of discrimination based on sero-status; reduced stigmatization in the workplace, reduced work disruption, reduced morbidity and mortality related to HIV/AIDS in the workplace, and increased support for the infected, uninfected, and affected so that they can lead a normal productive life. The study utilized both qualitative and quantitative techniques of data collection.

3.2 Target Population

The target population was all the manufacturing industries in Thika district. The researcher surveyed all the manufacturing industries in Thika’s industrial area. A list of the 65 manufacturing industries in Thika district has been obtained from Thika district trade office. The researcher then listed all the industries in the industrial area to constitute
the accessible population. The population was categorized into two, that is, small and large industries. The stratification criterion was the number of employees. Small industries will be taken as those with less than 200 employees while large industries will be taken as those with 200 employees and above.

3.3 Data collection Methods

The study employed both primary and secondary data. Primary data was derived through the administration of questionnaires. This however was used in conjunction with secondary data from government publications as well as private sector publications. The questionnaire comprises both closed-ended and open-ended-structured questions to facilitate uniformity of responses for comparison purposes. Each questionnaire includes a series of questions that focus on various issues related to the background characteristics of the respondents as well as their organization. The questionnaires were self-administered. They were hand-delivered to the respondents in the industrial firms and the purpose of the study explained to them. Filled in questionnaires were picked from the respondents after two weeks In the meantime, follow up was made via telephone calls.

3.4 Data analysis

The data collected was edited, coded and tabulated. It was analyzed through the use of descriptive statistics. Percentages, frequency distribution tables, and graphs were used to present the data analyzed. Content analysis was used for qualitative data, whereby, it was theme formulated and used to support the quantitative data. The researcher has analyzed the information in a systematic way in order to come to useful conclusions and recommendations.
3.5 Expected output

More vigorous action in training of human resource managers so that they can be able to handle HIV/AIDS related issues in the workplace more effectively.

This will be indicated by increased proactive participation of human resource managers in advocacy, prevention and uninterrupted productivity.

More knowledgeable and committed leadership in the fight against HIV/AIDS in the workplace as demonstrated by decreased cases of discrimination, increased counseling, low incidents of work disruption and more long-term responses.

All stakeholders within companies will be convinced of the real business rationale for action. This will be indicated by increased participation by all the stakeholders in the formulation, implementation and evaluation of workplace AIDS policy.
4.0 DATA PRESENTATION AND DISCUSSIONS OF FINDINGS

4.1. INTRODUCTION

These findings are the results of data obtained through questionnaires from 16 manufacturing industries in Thika. The respondents were human resource managers, human resource personnel or any other staff designated to undertake the human resource function for example the company directors or managers of small companies. Most firms covered by the survey employed less than 200 staff (62.5%) these were categorized as small industries. Those that employ 200 staff and over are categorized as large industries for purposes of comparison to see if they had any difference in their policy matters pertaining to HIV/AIDS. A list of 65 industries was obtained from Thika Trade and Industrial Development office. From this list, the following observations were made.

(i) Twelve of the industries were actually not manufacturing industries.

(ii) One industry had been overwritten. (Listed twice).

(iii) Three industries had been closed down between the time of the preparation of the list and the time of the field research.

The target population was 49 manufacturing industries. Thirty-three of these fall in the study area. (Thika town and industrial area).

From the 33 industries visited by the researcher, 11 industries stated that they did not wish to participate in the research as a matter of their policy. This left the researcher with 22 industries for the survey. Of these, 16 completed the questionnaires fully, two returned blank questionnaires stating that they did not have the required information and were not
willing to participate in the research, one returned a partially filled questionnaire and three did not respond at all. (Table 1)

Table 1: Response rate

<table>
<thead>
<tr>
<th>Description of Response</th>
<th>Percentage of the target population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not respond</td>
<td>13.7%</td>
</tr>
<tr>
<td>Returned blank questionnaires</td>
<td>9.1%</td>
</tr>
<tr>
<td>Returned incomplete questionnaire</td>
<td>4.5%</td>
</tr>
<tr>
<td>Completed the questionnaire fully</td>
<td>72.7%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

The data collected in this research was analyzed by the use of descriptive statistics. Similar studies undertaken by PriceWaterhouseCoopers (2003) were analyzed and presented using similar descriptive statistics thus supports their use in this particular study. This chapter presents the finding of data collection and discussions of the results of data analyses

4.2: Background information of the respondents

Most of the organizations surveyed had below 200 employees (68.75%) while 31.25% had from 200 employees to 6000 employees. Those organizations with less than 200 employees were classified as small while those industries with over 200 employees were classified as large industries. This was necessary for comparison purposes.

Majority of the respondents (93.75%) were male while only 6.25% were female. This may militates against an ILO code of practice that states that more equal gender relations and empowerment of women are vital to successful preventing the spread of HIV Infection and enabling women to cope with HIV/AIDS
### Table 2: Job title of respondents

<table>
<thead>
<tr>
<th>Job title</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resources manager</td>
<td>6</td>
<td>37.5%</td>
</tr>
<tr>
<td>Director</td>
<td>1</td>
<td>6.25%</td>
</tr>
<tr>
<td>Manager</td>
<td>5</td>
<td>31.25%</td>
</tr>
<tr>
<td>Factory manager</td>
<td>1</td>
<td>6.25%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>18.75%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

37.5 percent of the organizations surveyed had a human resources department headed by a human resources manager or a human resource/personnel director. 62.5 percent of the organizations reported that human resource issues were either under the director, manager or works manager administrators or other such people.

### Table 3: Year of incorporation.

<table>
<thead>
<tr>
<th>Year</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1963</td>
<td>2</td>
<td>12.5%</td>
</tr>
<tr>
<td>1963-1970</td>
<td>2</td>
<td>12.5%</td>
</tr>
<tr>
<td>1971-1978</td>
<td>3</td>
<td>18.75%</td>
</tr>
<tr>
<td>1979-1986</td>
<td>4</td>
<td>23.00%</td>
</tr>
<tr>
<td>1983-1994</td>
<td>1</td>
<td>6.25%</td>
</tr>
<tr>
<td>1995-2004</td>
<td>4</td>
<td>25.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

75% of the industries were formed before Aids was declared a national disaster and over 50% were formed even before the emergency of the epidemic thus they have to devise mechanisms of dealing with this new threat and challenge.

### 4.3 HIV/AIDS related workers’ perceptions

### Table 4: Workers spread HIV/AIDS to each other.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>3</td>
<td>18.75%</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>3</td>
<td>18.75%</td>
<td>2</td>
</tr>
<tr>
<td>Neutral</td>
<td>3</td>
<td>18.75%</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>6</td>
<td>37.5%</td>
<td>4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1</td>
<td>6.25%</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>
Those who strongly agree or agree were also quick to hot that the majority of their employees are women. The rest viewed this just as a perception yet it is a fact supported by statistic requiring special attention for women who are considered a more vulnerable group.

Table 5: More female infected.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Neutral</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6: Perception on workers job grade and HIV/AIDS.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>3</td>
<td>18.75</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>3.25</td>
<td>2</td>
</tr>
<tr>
<td>Neutral</td>
<td>1</td>
<td>6.25</td>
<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>31.25</td>
<td>4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>12.5</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

It is a known fact that workers in the low cadre jobs are the worst hit by the AIDS Epidemic and that they are a vulnerable group that needs to be taken care of. However, The industries whose views are ranked three to five appear not to recognize this fact and this may influence the manner in which they formulate or even implement their policies. An effective policy should recognize factors that surround the epidemic. It is worth noting that AIDS thrives where economic, social and cultural rights are violated. On the economic side poverty merits as a major factor: the illiteracy and marginalization of the poor (mostly in low cadre jobs) make them more vulnerable to infection and poverty puts pressure on women to survive and support families and engage in unsafe sex. Poor diet,
inadequate housing, and lack of hygiene make HIV infected persons more vulnerable to AIDS related illnesses.

Table 7: Perception on vulnerability

<table>
<thead>
<tr>
<th>Perception</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Neutral</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>31.23</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>12.3</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 8: Sexual abuse at the workplace and the spread of HIV/AIDS.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Neutral</td>
<td>2</td>
<td>12.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>9</td>
<td>56.23</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Sexual abuse at the workplace was categorically denied. The respondents from both large and small industries vehemently disagreed with the perception that sexual abuse at the workplace is the main cause of spread of AIDS among women employees. These results are contrary to what Karega (2002) reported. However, this difference could be accounted for differently. First of all, as Karega herself admits, sexual abuse of women workers worldwide has been shrouded in silence. Secondly, this research did not collect data from the employees on whom sexual abuse may have been perpetrated; rather, it was dealing with policy matters, thus focused on the managers. If such cases of sexual abuse were occurring but not reported it would be very difficult for the managers to have the real picture.
Majority of the respondents (81.25%) agreed that the majority of the HIV positive employees in the workplace are aged between 18 years and 49 years. This is only logical because majorities of the employees in many workplaces fall in this aged bracket. The perception that are ranked three to five are extremely dangerous in the sense that these categories of respondents may not be priory to the fact that HIV AIDS is ravaging employees in the most productive age bracket. These are respondents whose firms have not sat back and tried to assess the impact of HIV AIDS on their business and if you do not understand the impact of the pandemic on your business, then you are not likely to do anything about it.

### 4.4 Education training and counseling on HIV/AIDS issues in the workplace.

According to the ILO, the social partners are in a unique position to promote prevention efforts through information and education and support changes in attitudes and behaviors (ILO code of practice on HIV/AIDS)

Table 10: Persons involved in the provision of AIDS education and training.

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer educators</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>Ministry of health officials</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Management consultants</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Local employees association</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Non of the above</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>
There is great need to involve local employees’ associations in training and counseling of employees. Such organizations could include the Central Organization of Trade Unions (COTU) and Federation of Kenya Employers (FKE) among others.

From table 10 above peer educator were reported as the leading providers of AIDS Education and training in the workplace. The use of peer educators is encouraging as it can go along way into destigmatizing the disease and conveying the real facts about the disease. However, it is important that the peer educators be drawn from people who are knowledgeable and they be trained themselves to be in a position to give up to – date and accurate information to employees. It was also noted that a lot needs to be done since the majority of the industries (62.5 %) do not have training session for manager and employees on how to handle HIV AIDS. This casts a shadow of doubt on the effectiveness of the information that such untrained people can disseminate to the employees.

Table 11: Persons involved in the dissemination of AIDS information.

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisors</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Fellow employees</td>
<td>6</td>
<td>37.5</td>
</tr>
<tr>
<td>HR/personal manager</td>
<td>5</td>
<td>31.5</td>
</tr>
<tr>
<td>Group leaders</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Consultant counselors</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Fellow employees were reported as the leading in the dissemination of AIDS information (37.5%) This means that there is need to train a group of employees on AIDS related information so that they can relay this information to Co – Workers in an accurate, knowledgeable manner to avoid misinformation, it is important to train Human Resource
manager on the same as they were reported to represent 31.5 of those who relay AID information in the work place. (Table 11).

4.5 **Awareness and commitment of top managers as pertains HIV/AIDS**

The researcher wanted to establish the commitment demonstrated by the organizations’ managers as well as their awareness of workplace issues related to HIV/AIDS.

Majority of the organizations surveyed indicated that they either did not know the percentage of their workforce who are HIV positive or that none of their employees were HIV positive. The response ranked two and three are dangerous. To state that a company has no one who is HIV positive without even attempting to estimate mirrors the stigma associated with AIDS leading to a natural desire to keep quiet about infection thus helping its spread. Denial masks the extent of infection thus making it harder to plan an effective response.
Figure 4.2 Responses on AIDS patients

From figure 4.2 above, it can be seen that most respondents stated that the employee must continue working till death. This is in line with the provision of the ILO code of conduct on HIV AIDS is not a cause for termination of employment. However 12.5% of the respondents stated the exact opposite of this provision. Majority of the 31.25% of the industries that stated that they could grant such an employee a medical leave made it clear that such a medical leave would be only for a period of time that the firm may deem reasonable. They stated that they could not grant an indefinite medical leave to a HIV AIDS patient.

Majority of the industries that reported that they did not have a formal policy on HIV/AIDS in their workplace were small organizations having less than 200 employees (37.5%). Only one of the small industries reported having a HIV/AIDS policy. However, this was discovered to be a branch of a big industry. These small organizations (31.25%) went ahead to say, that it is difficult for them to tell what are the constraining factors that
militate against the effective implementation of HIV/AIDS policy in their firms. For large industries having 200 employees and above, the most constraining factor that hinders the effectiveness of a workplace policy on HIV/AIDS is lack of support from the employees who are unwilling to change their behaviors.

Table 12: Inclusion of HIV/AIDS in health care in its package

<table>
<thead>
<tr>
<th>Response</th>
<th>Freq.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our health care package include HIV/AIDS</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>We provide antiretroviral drugs for employees</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>We only cater for half the cost of HIV/AIDS in our health care cover</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>We exclude HIV/AIDS from our health care cover</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

The study further investigated the formal support given to HIV employees; half of the industrial surveyed indicated that their health care package includes HIV/AIDS, although they stated that this is not explicitly stated. A dismal 6.25% of the industries indicated that they provide antiretroviral drugs for their employees who are HIV/AIDS positive. No firm reported that it excludes HIV/AIDS from its health care cover and this is quite encouraging, however, catering for only half the cost of HIV/AIDS in the health care cover is not convincing neither is it effective as it is discriminatory in nature, yet it is what 43.75% of the respondent’s reported. (Table 12).

Table 13: Constituents of an effective policy

<table>
<thead>
<tr>
<th>Response</th>
<th>Rank</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing fear and discrimination</td>
<td>1</td>
<td>6</td>
<td>37.5</td>
</tr>
<tr>
<td>Minimizing work stress</td>
<td>2</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Creates balance between rights and responsibilities of all</td>
<td>3</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Our company is not affected by Aids</td>
<td>4</td>
<td>6</td>
<td>37.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>
37.5% of the respondents indicated that an effective policy on HIV/AIDS constitutes reducing fear and discrimination. This is line with the provisions of ILO, thus it is ranked as one. The response ranked four in the table above is either a manifestation of ignorance of facts about HIV/AIDS or sheer arrogance. Minimizing of work stress and also creating a balance between rights and responsibilities for all constitutes an effective policy as identified by the respondents. Some respondents gave more than one response to this question. (Figure 4.3).

![Figure 4.3 Support offered to employees with HIV/AIDS](image)

Source: Own

Those firms that reported providing a range of care and support through company clinics were mainly large companies having over 200 employees although one small industry reported having a company clinic. Majority of the respondents (43.75%) reported providing these services in partnership with local health officials.
The study further sought to know the opinion of the respondents with regard to compulsory testing requirement for promotion, recruitment or career development. 43.75% of the respondents correctly pointed out that these should be de-linked with HIV status. On the same note, 37.5% thought it was necessary to perform compulsory testing. However, this should be discouraged as it amounts to discrimination based on serostatus and this leads to commitment of unfair labor practices and is against the labor laws as well as the international labor organizations (ILO) guidelines 12.5% of the respondents thought that it should be discouraged and the remaining 6.25% were not sure about it.

(Table 14).

Table 14: Opinion with regard to compulsory HIV testing

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is necessary</td>
<td>6</td>
<td>37.5</td>
</tr>
<tr>
<td>There is need to avoid recruiting wrong people</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Promotion and recruitment should not be HIV based</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>It should be discouraged</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Am not sure</td>
<td>1</td>
<td>6.25</td>
</tr>
</tbody>
</table>

12.5% of the respondents reported that they encourage prospective employees to undergo a comprehensive medical test. No organization reported that HIV is mandatory for prospective employees. However, 31.25% of the organizations reported that if a prospective employee disclosed that he/she is HIV positive such an employee couldn't be recruited in that firm. These findings conquer with what Tuju (1996) had observed. However, 50% of the respondents stated that if he/she meets the other requirements, he/she is recruited and counseled on how to lead a productive positive life. This is an effective policy statement as it is in line with the ILO code of practice on HIV/AIDS in the workplace.
Table 15: Frequency of review of HIV/AIDS policy

<table>
<thead>
<tr>
<th>Duration</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annually</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>After every 6 months</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Whether there are new findings</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>We have never reviewed our policy</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>We don’t have one</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Organizations should develop a culture of reviewing their HIV/AIDS policies regularly. Whereas no time limit has been set for reviewing such policies, it is advisable that they be revised whenever there are new findings because research on AIDS is a continuous one and firms can benefit by incorporating beneficial findings into their policies.

4.6. Stakeholders participation

This study aimed at establishing the participation and involvement of stakeholders in efforts to mitigate the adverse effect of HIV/AIDS in the workplace, it sought to determine the percentage of the industrial firms that were members of the Kenya HIV/AIDS business council. The finding of this inquiry indicated that 25% of the respondents were members of the council while 75% were not. One of the objectives of the Kenya HIV/AIDS business council (KHBC) is to expose Human resource managers on techniques of running successful HIV/AIDS programs in the workplace by training them and exposing them to best practice. With no doubt, being a member could carry with it, numerous benefits, thus organizations that are members are better placed to effectively fight the scourge. Most organizations ranked employees as the most involved stakeholders in the formulation and implementation of HIV/AIDS policies (rank 1). Lawyers on the other hand came on the far extreme and were ranked sixth or the least
involved category of stakeholders. Other stakeholders involved included medical practitioners (rank 2), trade unions (rank 3), shareholders (rank 4), and government agencies (rank 5). The variations in these rankings were slight, with some respondents swapping the rank of government agencies with that of shareholders. Although there appears to be some kind of resentment for lawyers (as some respondents would state so), legal counsel on HIV/AIDS is necessary during formulation and implementation of HIV/AIDS policies and programs in the work place and should not be overlooked. The fact that 43.5% of the industries reported that employees react to AIDS awareness sessions by raising questions means that there is great quest for knowledge, understanding, and information regarding HIV/AIDS. The firms' management should take advantage of this quest to put across the agenda of initiating effective HIV/AIDS training and awareness programs. 43.5% of the industries have had no AIDS awareness session (Table 19). This puts doubt on the commitment with which the managers and the owners of such industries have in the fight against the scourge. Failure to create awareness puts the firm in very bad light as socially irresponsible as far as HIV/AIDS is concerned.

Table 16: Employees response during Aids awareness session

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The respond by raising questions</td>
<td>7</td>
<td>43.5</td>
</tr>
<tr>
<td>They looked bored by the subject</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>They are indifferent</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>They look relaxed</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Others (have had none)</td>
<td>7</td>
<td>43.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 17: Factors constraining the effective implementation.

<table>
<thead>
<tr>
<th>Constraints</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization finds it expensive to provide medical support to HIV positive staff.</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Lack of support from the employees who are unwilling to change their behavior</td>
<td>6</td>
<td>37.0</td>
</tr>
<tr>
<td>The company owners are more concerned about the bottom line profits</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Implementing a HIV/AIDS policy is too expensive for the company</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Difficult to tell</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

12.5% of the organizations stated that they find it expensive to provide medical support to HIV/AIDS positive staff. 37.5% reported lack of support from the employees who are unwilling to change their behaviors. There is need therefore, for the employees to be trained and educated on behavioral changes for effectiveness to be achieved. Use of people living with AIDS towards this end can come in handy. 12.5% stated that the company owners are more concerned about bottom line profits; 6.25% reported that implementing a HIV/AIDS policy is too expensive for the company and 31.25% stated that it was difficult to tell. These were mainly small organizations with less than 200 employees. They also reported that implementing an HIV/AIDS policy is too expensive for their firms. On the question on requirement for prospective employees to undergo HIV tests, majority of the respondents reported that there is no requirement that before an employee joins their organization he/she should undergo and HIV test. This was represented by 69%. 12.5% reported that they encourage prospective employees to undergo a comprehensive medical test, while the rest reported that HIV test is voluntary.
even for prospective employees. 31.2% of the respondents reported that if a prospective employee reports that he/she is HIV positive such a person cannot be recruited in their company. This response is in line with what Tuju had noted. (Tuju 1996). However 50% of the respondents reported that if a prospective employee reports that he/she is HIV positive, if he/she meets the other requirement he/she is recruited and counseled on how to, lead a productive positive life. 18.8% of the respondents said that such a person could be recruited as a part timer or on casual basis to avoid a huge wage bill. There is need to try as much as possible not to discriminate against perspective employees on the basis of HIV status. 50% of the respondents reported that their policy with regard to HIV/AIDS testing is to encourage their employees to be tested independently. This is encouraging as it is in line with the ILO code of practice and the tenets of decent work. Only 6.25% reported that their policy is to perform HIV test priors to recruitment, 43.8% had a policy of voluntary and confidential testing. No industrial firm reported that they conduct HIV tests among their workforce.

Table 18: Opinion with regard availability and use of condoms.

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 strongly agree</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>1 agree</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>1 disagree</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 strongly disagree</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

There appears to be a near consensus that promoting the use and availability of condoms is an important intervention in the workplace. (Table 18).

The respondents were also required to indicate what effects they had suffered as a result of the presence of the AIDS epidemic. Eleven organizations indicated that they had
experienced increasing absenteeism (68.75 %). Two industries indicated increased organizational disruption (12.5%). Eight industries indicated increased cost of health care (50%). Six industries indicated increased funeral costs (37.5%). Three industries indicated that they had not experienced any effect from the effect of HIV/AIDS (18.75). This cannot be the real picture because even if the workplace does not have someone who is infected there could be others who are affected leading to psychological upsets which impact on morale. Industries were required to indicate which methods they used in conveying AIDS information to their employees. Thus respondents could indicate as many methods as were applicable to the industry. Discussions and bulletins / notice board are the most commonly used methods. In house educational seminars were also popular among the industries. Use of resource persons such, as doctors was not very popular, yet these are the people with the accurate as well as current information on AIDS. Firms should strive to procure the services of such experts through partnership especially with local health officials. Presence of resource centers with current information was least indicated.

The questions revolving around the future of the industry’s intervention on HIV/AIDS in the workplace was answered through a brief summary by the different respondents. In summary many firms were planning to increase their intervention by creating more awareness directed to prevention. This would be through education and training of employees, discussions and seminars. Counseling of employees on positive living for those already infected is also on the agenda for future intervention. Behavioral change advocacy, popularization of voluntary counseling and testing and support of treatment of opportunistic infections was reported as being in the plan for the future. One industry that
reported having developed its AIDS policy this year reported that they were in the process of establishing a comprehensive program on HIV/AIDS which would include training of peer educators among other things. The human resource manager had also ordered that condom dispensers be placed in all the washrooms. Others also reported that they were planning to avail condoms in strategic positions in their organizations. Others reported future interventions to include invitation of experts in training on HIV/AIDS issues. Others were planning to regularize continuous seminars on HIV/AIDS; use people living with AIDS (PLWA) as trainers and resource persons. Training of peer educators among employees and the community, formation of clubs by HIV positive employees and their dependents as well as continue working with communities and NGOs and government were also on the agenda for the future.

The researcher also wanted to establish the relationship between the variables. To achieve this, correlation coefficients between the variables were computed. The correlations coefficients were computed to determine the relationship between the independent variable (policy effectiveness). Similarly, the chi-square was used to determine the relationship between the dependent variables and the independent variables (factors that influence policy effectiveness). This was achieved by way of cross tabulating the variables.

4.7 CORRELATION RESULTS

There was a positive correlation between presence of policy (especially regarding HIV testing and frequency of review; expertise (legal and medical) and ethical considerations and commitment of top managers; education and stakeholders’ participation and expertise; as well as management’s commitment and training. This indicates that these
factors are related to each other such that the presence of one of the factors has an influence on the other. For example, commitment of managers can lead to presence of policy, education as well as education and training on HIV related issues.

Table 19: Correlation Coefficients between the dependent variables

<table>
<thead>
<tr>
<th>Variables correlated to assess their relationship</th>
<th>Correlation Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers of training * Time of policy publication</td>
<td>0.7831</td>
</tr>
<tr>
<td>Policy on HIV testing * Frequency of policy review</td>
<td>0.2887</td>
</tr>
<tr>
<td>Requirements for testing prior to recruitment * Time of policy publication</td>
<td>0.1291</td>
</tr>
<tr>
<td>Requirements for testing prior to recruitment * Persons who deal with HIV</td>
<td>0.0600</td>
</tr>
<tr>
<td>Opinion on compulsory testing * Providers of education and training</td>
<td>0.3565</td>
</tr>
<tr>
<td>Membership to KHBC * Requirements for testing prior to recruitment</td>
<td>-0.1013</td>
</tr>
<tr>
<td>Requirements for testing prior to recruitment * Constraining factors</td>
<td>-0.0803</td>
</tr>
</tbody>
</table>

Cross tabulations between the independent variables and the dependent variables were carried out to assess whether there is a relationship between them. The results of these cross tabulation were further subjected to chi square tests. The resulting significance values were so high indicating that there is no relationship between the independent variables and the dependent variable. This however, cannot be taken at its face value as experience shows that there is a relationship between factors affecting effectiveness of workplace HIV/AIDS policy and the indicators of efficiency. More data needs to be collected to come up with a valid conclusion on the relationship. These results are presented below.

Table 20: Year of incorporation * Presence of training sessions

<table>
<thead>
<tr>
<th>Chi square</th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linear-by-linear ass</td>
<td>7.84122</td>
<td>1</td>
<td>0.00511</td>
</tr>
<tr>
<td>Contingency coeff.</td>
<td>0.70711</td>
<td></td>
<td>0.31337</td>
</tr>
</tbody>
</table>
There is a significant linear by linear association between year of incorporation and presence of training sessions for managers and employees on HIV related issues.

Table 21: Organization include HIV/AIDS care *Frequency of policy review

<table>
<thead>
<tr>
<th>Chi square</th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linear-by-linear ass</td>
<td>1.46475</td>
<td>1</td>
<td>0.22622</td>
</tr>
</tbody>
</table>

The significance here implies lack of a linear by linear association. However, more data is required to reach this conclusion.

Table 22: Constraining factors*Opinion on HIV testing

<table>
<thead>
<tr>
<th>Chi square</th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linear-by-linear ass</td>
<td>2.02763</td>
<td>1</td>
<td>0.15446</td>
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<tr>
<td>Contingency coeff</td>
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<td>0.60464</td>
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</table>

The significance in the above table indicates that the observed relationship could be due to chance, since it is greater than 5%.

Table 23: Responses taken by company*Membership to KHBC

<table>
<thead>
<tr>
<th>Chi square</th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linear -by- by linear asso.</td>
<td>0.28378</td>
<td>1</td>
<td>0.59423</td>
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</table>

Table 24: Methods of relaying information*Employee response

<table>
<thead>
<tr>
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<tr>
<td>Linear-by-linear ass</td>
<td>3.34879</td>
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<td>0.06725</td>
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Table 25: Managers who deal with AIDS*Constraining factors

<table>
<thead>
<tr>
<th>Chi square</th>
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<tbody>
<tr>
<td>Linear-by-linear ass</td>
<td>2.36934</td>
<td>1</td>
<td>0.12374</td>
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</tbody>
</table>

Table 26: Organization include HIV in health*Requirements for HIV test

<table>
<thead>
<tr>
<th>Chi square</th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linear-by-linear ass</td>
<td>0.0000</td>
<td>1</td>
<td>1.0</td>
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</table>
The chi square value for a linear-by-linear association is zero, indicating the lack thereof. However, the significance value is very large to warrant such a conclusion.

Table 27: Membership to KHBC*Opinion on HIV testing

<table>
<thead>
<tr>
<th>Chi square</th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
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</thead>
<tbody>
<tr>
<td>Linear-by-linear</td>
<td>1.78063</td>
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<td>0.18207</td>
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Although most of the variables indicated that there is a linear by linear association between them, and some showed a contingency coefficient between them, the significance value was far above the required significance of 5% or less. This means that the relationship could be as a result of chance. However, more data is required to establish whether the relationship is genuine.
CHAPTER FIVE

5.0, SUMMARY, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

This chapter presents the summary of the result of the research findings. It also contains the conclusions of the research in relation to the stated research objectives and research question. It further discusses the limitations of the study and suggestion for further research.

5.2 SUMMARY OF THE FINDINGS

The purpose of this study is to identify ways and means of effecting workplace policies on HIV/AIDS as a strategy for mitigating effects of the scourge on employees’ productivity and profitability. The study also aims at creating awareness on what the managers and more so the human resource managers should and should not do in their dealings with HIV positive employees, so as to save their organization’s self images as socially responsible employers. The researcher was undertaking an assessment of effectiveness of workplace policy on HIV/AIDS as it affects human resources. Manufacturing industries in Thika were used for case studies. This was specifically prompted by the fact that there has been a sudden increase in the rate of HIV/AIDS in Thika district, which is an industrial center that employs more than 17000 people according to the Thika Trade and Industrial Development office 1996. With a population of 701,644 people in the year 2002, 238,565 people were HIV positive (Republic of
Kenya, 2002). This can be construed to mean that there is at least one individual who is HIV positive in the workplace. In light of this there is need to assess what interventions are being undertaken in the workplace owing to its unique position to fight the scourge.

To facilitate this assessment, the study was carried out through the case study design. A questionnaire was used to derive the primary data while private sector and government publications were used to derive the secondary data. The researcher used descriptive research to help him attain data to answer the research questions in the study and the objectives concerning the current status of workplace policy on HIV/AIDS and its impacts. The surrogate measures of effectiveness were indicators such as discrimination based on serostatus; in hiring, promotion, firing, health benefits, and stigmatization in the workplace, work disruption due to HIV/AIDS, education and training, morbidity, morality and support given to infected and affected employees in the workplace.

Qualitative and quantitative techniques of data collection were used. Collected data was analyzed by the use of descriptive statistics. Tables, graphs percentages and frequency distributions tables were used to present the data. For the qualitative data, content analysis was used. Most of the industrial firms surveyed in Thika district have not attempted to establish what proportion of their work force is HIV positive. Similarly, majority of the industries that reported that they did not have a formal policy on HIV/AIDS in their work place were small organizations having less than 200 employees. These small organizations find it difficult to tell what constraints militate against the effective implementation of HIV/AIDS policies in their firms. On the other hand for large industries with 200 employees and above, the most constraining factor that hinder the effectiveness of a work place policy on HIV/AIDS is lack of support from the employees.
who are unwilling to change their behaviours. No firm reported that HIV testing is mandatory for prospective employees. However, 31.25% of the firms reported that if a prospective employee disclosed that he/she is HIV positive, such an employee couldn't be recruited in those particular firms. On the same note, half of the firms stated that if he/she meets the other requirements, he/she could be recruited and counseled on how to lead a productive life. Workplace sexual abuse was categorically denied and ruled out as a main cause of spread of HIV/AIDS in the work place although Karega (2002) had reported that 66% of her respondents who were women had reported that it is a major cause of the spread of HIV/AIDS. On the stakeholders' participation, majority of the organizations did not seek legal counsel in drafting their policies (for those who have them).

Employees were the most involved stakeholders. Respondents were quick to note that they encourage their employees to be tested independently and that testing is voluntary and confidential. No firm indicated that it conducts HIV/AIDS test among its work force. They also indicated that the impact of HIV/AIDS in the work place were mainly increased absenteeism, followed by increased cost of health care and increased funeral costs. They also observed that reducing fear and discrimination is what they consider as constituting an effective HIV/AIDS policy and program in the work place. Other components of effectiveness were observed as minimizing work stress (rank 2), creating a balance between the rights and the responsibilities of all parties (rank 3) and involving all the stakeholders (rank 4).

Industries also reported working in partnership with local health officials as well as providing a range of care and support services through company clinics. Others have
antiretroviral programs as well as treatment programs for opportunistic infections such as T.B., although their number was small (12.5%). They also indicated that an employee who could no longer perform his/her duties due to AIDS related illnesses could be given a medical leave (definite one), and that he/she must continue working till death (continued work relationship). Over half of the organizations surveyed see themselves working more vigilantly in the future towards mitigating the impact of HIV/AIDS. They are planning to increase prevention and awareness as well as partnership with other stakeholders. This partnership is in education, training, provision of health care, provision of condoms, and voluntary counseling and testing services.

The responses to the question on persons involved in the dissemination of AIDS information showed that 43.75% are fellow employees while 31.25% are human resource managers, and the rest are either supervisors (18.75%), group leaders (6.25%) or management consultants (25%). 50% of the firm use notice board as the method of communicating AIDS information while only 12.5% use resource persons such as doctors (mainly large organizations). Large organizations were likely to have in house educational seminars.

5.3 CONCLUSIONS

From these findings, it was concluded that:

1. Many organizations have not attempted to establish the percentage of their workforce, which is HIV positive either through direct inquiry or through modeling. Due to this lack of knowledge, the HIV positive employees are not being assisted making it hard to tackle HIV/AIDS in the workplace.
2. Many organizations have not attempted to formulate HIV/AIDS workplace policies. This is despite the fact that HIV/AIDS is a workplace issue.

3. Many organizations have not accepted that HIV/AIDS is a workplace issue. They are still looking at it from either a social or a medical point of view. They do not appreciate the fact that they are stakeholders in the fight against HIV/AIDS.

4. The policies that are present in some organizations debilitate the workers who are HIV positive. Some fuel blatant discrimination especially when it comes to hiring, promotion and termination of employment.

5. Workplace policies on HIV/AIDS have not been effective in addressing the issues emanating from the disease and in lowering its pace of spread. Organizations have concentrated too much on short-term profits forgetting that one of their most valued assets is at stake. Human resources are faced with extinction if vigorous action is not undertaken.

6. Workplace policies on HIV/AIDS in many organizations are either inexistent, or ineffective. They have not had an impact in curbing the spread, thus there is need for review. Any AIDS policy should guide on compliance with the law, non-discrimination, confidentiality and privacy, safety, acceptable performance standards reasonable accommodation, co-worker concerns and employee education. It should help an employer avoid liability and provide a means of legitimately responding to employee concerns regarding AIDS in the workplace. The key element to any effective AIDS workplace policy, and in meeting legal responsibilities with respect to AIDS, is communication. All employees should be provided with up-to-date, accurate information on HIV and how to reduce the risk
of exposure. Employers are not required to maintain any specific policy regarding AIDS. However, many employees might be compelled by the contemporary reality to do so, as a mechanism to educate their personnel of the realities of AIDS and HIV related conditions.

7. There is great need for human resource managers in conjunction with other managers to consult widely with legal and medical experts in the formulation and implementation of workplace HIV/AIDS policy because a poorly formulated and implemented AIDS policy can create more problems for an employer than no policy at all. Current medical and legal information as well as human resources related information and management education should be provided to all the managers.

5.4 RECOMMENDATIONS

- There is need for workers and their representatives to consult with their employers on the implementation of an appropriate policy for their workplace, designed to prevent the spread of infection and protect all workers from discrimination related to HIV/AIDS.

Training for managers, supervisors and personnel officers is vital. In addition to participating in information and education programs that are directed at all workers, supervisory and managerial personnel should receive training to:

- Enable them to explain and respond to questions about the workplaces HIV/AIDS policy;
- Be well informed about HIV/AIDS so as to help other workers overcome misconceptions about the spread of HIV/AIDS or the workplace
- Explain reasonable accommodation options to workers with HIV/AIDS to enable them to continue to work as long as possible.
- Identify and manage workplace behavior, conduct or practices, which discriminate against or alienate workers with HIV/AIDS.
- Enable them to advice about the health services and social benefits, which are available.

- There is great need for industries and other business to play a leading role in the fight against HIV/AIDS. It is important that the human resources managers and other managers play a key role in developing workplace policies that will reduce the sufferings of the employees.
- There is need to review existing labor laws so as to include a clause that calls for mandatory workplace counseling on HIV/AIDS. Such counseling can go along way into enlightening more and more employees on the need for voluntary testing so that they can know their status and be assisted before they develop full-blown AIDS.
- Small and medium sized organizations should work closely with other partners. This will help them in attaining the benefits of a multisectoral approach so that they can be assisted where they are deficient. Organizations should include HIV/AIDS education in the new employees’ induction program. Programs on behavioral change & modification in terms of safety should be instigated to teach ways of living a safer life in the light of HIV/AIDS pandemic. In addition, condoms should be freely and readily available and demonstrations should be held on how to use them.
• Legislation should be put in place in which case, businesses should be compelled to report on their firms' HIV/AIDS policies as they speak to laws governing the country as a whole. That is, reporting on HIV/AIDS in that place should be made part of business reporting. Great deal of emphasis should be given to HIV/AIDS in human resource management literature as a work place issue. The main aspect of an effective corporate HIV/AIDS policy and intervention program is to reduce fear and discrimination (ILO code of practice). It is therefore important to provide suitable benefits that do not unfairly discriminate against people living with HIV/AIDS, dealing with human resource issues like dismissal and grievances procedures, ensuring that HIV positive employees are not dismissed on the basis of their serostatus.

• Introducing measures to curb the spread of HIV/AIDS (e.g. Workplace HIV/AIDS education programs), taking into account the disproportionate effect of HIV/AIDS on women by ensuring that a workplace policy does not further discriminate against groups that are already at risk of unfair discrimination and ongoing sustained management of strategies that deal with the social and financial costs of HIV/AIDS in the workplace i.e. ensuring a cyclical evaluation process that assesses the suitability of the policy on an ongoing basis, addressing the changing impacts of HIV/AIDS on the particular sector and work place are important measures for ensuring that the fight on the scourge is effectively won.

• Firms should be required to report on HIV as part of their business reporting process. This will ensure that the real picture of what is happening in the workplace in terms
of mitigating the impacts of HIV/AIDS. This will also compel firms to play their role effectively.

- Participation in the development of the policy from all people who are stakeholders in the company (i.e. everyone who is directly associated with the company) is necessary. This kind of consultative process ensures that the policy not only carries the support of all, but is ‘owned by all’, which in turn facilitates easier implementation.

- It is important to assess the levels of understanding and knowledge of HIV/AIDS in the company. A detailed baseline study should be done. This will inform the development of ongoing education program that speak to the needs of the company depending on the knowledge and make up of the staff. This information is also important in assessing what the most effective ways would be in addressing HIV/AIDS issues as they relate to the internal operations of the company. There is need to communicate the policy to all levels of the workplace. This is fundamental to ensuring effective practicing and consultation at all levels of the firm.

- Evaluation of benefits should be carried out. This includes reviewing whether the medical aid schemes in operation in the company are providing enough cover that support, rather than debilitate company and individual resources, whether individual staff members be HIV positive or not. A supportive, caring environment should be created for the benefit of both the employees and the employers.

- Industries should establish a team of managers to deal with the AIDS issues and to work on policy/guideline formation. It is necessary to provide management education to team members on current medical and legal information as well as human resources-related information and where possible, it is important to designate one
individual as the company’s AIDS resource person. That person should be familiar with the resources available to AIDS victims both inside and outside the company and are able to answer questions about the disease and the company’s policy on AIDS.

- It is vital to seek legal advice regarding the implementation of an AIDS policy. Guidelines to maintain the confidentiality of the records of the employees with AIDS should be laid down. When drafting an AIDS policy balance the interests of all the employees. Encourage everyone to work together and emphasize that those persons with AIDS be treated like any other employee with a degenerative non-infectious disease. Solidarity, care and support should guide the response to AIDS at the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes (ILO 2001).

5.5 LIMITATIONS

Lack of cooperation

Some organizations did not wish to participate in the study despite having been introduced to the research topic and its importance. Some had an ambivalent attitude towards the researcher, at one point accepting to participate in the study only to withdraw at the last minutes. Other firms viewed the researcher as a bother. They could neither give audience to the researcher nor even look at the questionnaire. They viewed the researcher with blatant arrogance. Some could not differentiate between a researcher and someone looking for employment or industrial attachment. The management of such firms had given firm instructions to their gatekeepers not to allow in researchers. Even making a call prior to the visit would at times yield no positive results. One would be
held outside the premises for hours only to be told to leave the questionnaire with the gatekeeper and on coming to pick it; the respondents would tell the researcher that the company management has instructed him/her against filling it in. Some gatekeepers were blatantly arrogant. The researcher had to wait for long hours before being allowed into the industrial premises and even on getting there some of the would be respondents would decline to participate in the study.

**Limited financial resources**

Whereas the researcher would have wished to cover a wider range of industries, financial resources did not allow this and therefore this must be acknowledged in generalizing the results of this study.

### 5.6 Suggestions for further Research

- There is need for an assessment of the suitability and appropriateness of medical schemes in the workplace and more so those provided through company clinics, in dealing with the problem of HIV/AIDS in the workplace. This should include reviewing whether the medical aid schemes in operation support, rather than debilitate company and individual resources.

- A study should be undertaken to develop ways of improving the labor laws so that they can have specific provision for HIV/AIDS. This should specifically aim at entrenching HIV/AIDS in to the Employment Act chapter 226, part (2) and section 12 (1) and (2) where the law only addresses issues relating to general illness.

- Research should be carried out to investigate the possibility of setting aside HIV/AIDS management in the workplace as a specialized function of human
resource management with the same (or greater) emphasis as other areas like performance appraisal, training, reward and compensation, labor relations among others.
### 1. Work plan

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<td></td>
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<td>Distribution of questionnaires</td>
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<td>Collection of questionnaires</td>
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<tr>
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<td>Data analysis</td>
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<td>Report writing</td>
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## 2. BUDGET

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<tr>
<td>Reference materials</td>
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<tr>
<td>Subsistence allowances</td>
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</tr>
<tr>
<td>Binding 6@200 (Final Project)</td>
<td>1200</td>
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<tr>
<td>Assistants' allowances</td>
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<tr>
<td>Binding 6@50 (Proposal)</td>
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<tr>
<td>Printing 100@30</td>
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<td>Computer services</td>
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<tr>
<td>Photocopies 420@2 (Final Project)</td>
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<tr>
<td>Other unforeseen expenses</td>
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3. LIKERT SCALE

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<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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<td>0</td>
<td>2</td>
<td>65*</td>
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</table>

* This is the summation of all the opinions (frequencies) multiplied by the score based on the likert scale. The likert scale used ranges from 1 to 5 with strongly agree having a score of 5 and strongly disagree having a score of 1.
4. QUESTIONNAIRE

Questionnaire to be answered by the firm's Human Resource Manager/Director/Assistant HR Manager or any other person designated to undertake the Human Resource function.

A: Background Information

Name of the company  

Number of employees.  

Year of formation.  

Job Title of the respondent.  

Sex  Male ( ) Female ( )

Location of the firm  

Contact address  

Please answer the question as per the instructions given.

B. Perception of both employees and employers regarding HIV/AIDS

Tick the one that is applicable to your company

1. There is a high possibility that workers who are HIV positive are most likely to be infecting others, either willingly or unwillingly.

a) Strongly agree ( )

b) Agree ( )

c) Disagree ( )

d) Strongly disagree ( )
2) There are more female employees who are HIV positive than their male counterparts.
   a) Strongly agree (    )
   b) Agree (    )
   c) Disagree (    )
   d) Strongly disagree (    )

3) Workers in the low cadre jobs are the worst hit by the AIDS epidemic
   a) Strongly agree (    )
   b) Agree (    )
   c) Disagree (    )
   d) Strongly disagree (    )

4) Managers, supervisors and other superiors view themselves as less vulnerable to HIV/AIDS than the other employees.
   a) Strongly agree (    )
   b) Agree (    )
   c) Disagree (    )
   d) Strongly disagree (    )

5) Sexual abuse at the workplace is the main cause of the spread of AIDS among women employees.
   a) Strongly agree (    )
   b) Agree (    )
   c) Disagree (    )
   d) Strongly disagree (    )
6) Majority of the HIV positive employees in the workplace are aged between 18 years and 49 years.
   a) Strongly agree ( )
   b) Agree ( )
   c) Disagree ( )
   d) Strongly disagree ( )

C. Education, Training and counseling on HIV/AIDS issues in the workplace

7. Who provides education and training in your organization?
   a) Peer educators. ( )
   b) Ministry of Health officials ( )
   c) Management consultants. ( )
   d) Local employer association. ( )

8) Does your company have training sessions for managers and employees on how to handle HIV/AIDS in the workplace? Yes ( ) no ( )

9. Who is involved in the dissemination of AIDS information in your company?
   a) Supervisors ( )
   b) Fellow employees ( )
   c) Human resource/personnel manager ( )
   d) Group leaders
   e) Consultant counselors ( )

10. Which methods do you use in communicating AIDS information? Tick all that apply to your case.
    a) Discussions ( )
b) Handouts ( )

c) Bulletins/notice board ( )

d) Resource persons (experts like doctors)

e) We have a resource centre containing current information on AIDS. ( )

f) We have in-house educational seminars. ( )

D. Awareness and commitment of top managers as pertains HIV/AIDS in the workplace.

11. How many employees are HIV positive in your company? (State the estimated figures)

12. When an employee is adversely affected by full blown AIDS what responses does your company take? (Tick all that are appropriate to your company)

a) Grant him an indefinite medical leave. ( )

b) Terminate his employment ( )

c) Retire him early ( )

d) The employee must continue working till death ( )

13. When was your company’s HIV/AIDS workplace policy published?

a) Between 1999 and 2000( )

b) Between 2001 and 2002( )

c) Between 2003 and 2004( )

d) Before 1999 ( )

14. Does your organization include HIV/AIDS care in its health care packages?
a) Our health care package includes HIV/AIDS and it is explicitly stated ( )

b) We provide antiretroviral drugs to our employees ( )

c) We exclude HIV/AIDS treatment from our health care cover. ( )

d) We only cater for half the cost of HIV/AIDS in our health care cover. ( )

15. What do you consider as constituting an effective HIV/AIDS policy and program in the workplace? Rank them in order of priority from 1 to 4.

a) Reducing fear and discrimination ( )

b) Minimizing work stress. ( )

c) Creates a balance between the rights and the responsibility of all parties ( )

d) Involves all the stakeholders ( )

16. Does your company have a manager or team of managers who deal with AIDS issues or work in policy guidelines formation?

a) It is done by human resource managers ( )

b) It is done by one individual designated as the company’s AIDS resource person ( )

c) AIDS is secondary to the role of managers ( )

d) Our company is not affected by AIDS ( )

17) Does the employer through the supervisors and the human resource managers discuss the subject of AIDS freely to the employees?

Yes ( ) No ( )

18) What kind of formal support does your company offer to employees who are infected with HIV/AIDS? (Tick that which applies to your company)

a) Provide a range of care and support services through company clinics ( )
b) Provide a range of care and support services in partnership with local health officials.

c) We have antiretroviral treatment programs for employees and their families.

d) We offer treatment of opportunistic infections, such as T.B.

19) What is your opinion with regard to compulsory testing requirement for recruitment, promotion or career development?

a) It is necessary

b) There is need to avoid recruiting the wrong people

c) Employee recruitment should be based on qualification while promotion should be based on merit and not on HIV status.

d) It should be discouraged

20. How often does your company review its HIV/AIDS policy?

a) Annually

b) After every six months

c) Whenever there are new findings

d) We have never reviewed our policy since we established it

E. Stakeholders' participation.

21. Is your organization a member of the Kenya HIV/AIDS Business Council?

Yes ( ) No ( )

22) How do employees respond during AIDS awareness session?

a) They respond by raising question

b) They look bored by the subject

c) they are indifferent

d) They look relaxed
23). What are the constraining factors that militate against the effective implementation of a HIV/AIDS policy in your organization?

a) The organization finds it expensive to provide medical support for HIV/AIDS positive staff (    )

b) Lack of support from the employees who are unwilling to change their behaviors (    )

c) The company owners are more concerned about the bottom line profits (    )

d) Implementing a HIV/AIDS policy is too expensive for the company. (    )

24). Whom do you involve in the following policy issues in the workplace? (Please rank them in order of priority in terms of their contribution)

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>POLICY</th>
<th>ISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Shareholders</td>
<td>Employees</td>
</tr>
<tr>
<td>Formulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**F. Expertise (medical and legal) and ethical considerations.**

25) Before an employee joins your organization is there a requirement that he/she undergoes an HIV test? (Tick appropriately).

a) It's a must (    )

b) It is not a must (    )
c) We encourage prospective employees to undergo a comprehensive medical test (   )

d) HIV is voluntary even for prospective employees (   ).

26) What happens if a prospective employee reports that he/she is HIV positive?

a) Such a person can not be recruited in our company (   )

b) if he/she meets the other requirements, he/she is recruited and counseled on how to lead a productive positive life(   )

c) his status must be communicated to all the other employees to ensure that he doesn’t spread the disease to them.(   )

d) Such a person can be recruited as a part-timer or on casual basis with less medical cover (   )

27) What is your company’s policy with regard to HIV/AIDS TESTING?

a) We encourage our employees to be tested independently (   )

b) We test prior to recruitment (   )

c) We conduct HIV/AIDS tests among our workforce (   )

d) Testing is voluntary and confidential (   )

28). Promoting the use and availability of condoms is an important intervention in the workplace. Do you agree with this statement?

a) I strongly agree (   )

b) I agree (   )

c) I disagree (   )

d) I strongly disagree (   )

29). Which one of the following has your company experienced as a result of HIV/AIDS presence in the workplace? (Tick all that apply to your company)
a) Increased absenteeism (  )
b) Increased organizational disruption (  )
c) Increased costs of health care (  )
d) Increased funeral costs (  )

30). What is the future of your company’s intervention in HIV/AIDS in the workplace?
(Please give a brief summary).
5. SAMPLE LETTER OF INTRODUCTION TO THE RESPONDENTS

KENYATTA UNIVERSITY,
SCHOOL OF BUSINESS,
DEPARTMENT OF BUSINESS ADMINISTRATION,
P.O BOX 43844,
NAIROBI.

TO ALL RESPONDENTS

RE: QUESTIONNAIRE ON THE TOPIC: AN ASSESSMENT OF THE EFFECTIVENESS OF WORKPLACE POLICY ON HIV AIDS IN MANUFACTURING INDUSTRIES IN THIKA.

I am an MBA student at Kenyatta University, specializing in Human Resource Management (HRM). Currently; I am undertaking the above study in partial fulfillment of the course requirements.

To facilitate this study, a number of firms have been randomly selected. I take this opportunity to kindly request you to fill in this questionnaire. The information derived from this questionnaire will be treated confidentially and shall be used by the researcher for academic purposes only.

This is an important study whose findings are likely to benefit your firm in its fight against HIV/AIDS in the workplace. Your full support will be highly appreciated.

Thank you in advance.

Yours sincerely,

Kanyanjua David Mwangi.


ILO (online)


International labor organization, Geneva, Switzerland


*Interventions and policy*; Nairobi: Ministry of Health.


Available from [http://www.pwcglobal.com](http://www.pwcglobal.com)


World health organization (1957). *World heath organization monograph* no. 34. Geneva Switzerland,