THE EFFECTS OF HIV/AIDS EPIDEMIC ON STAFF PERFORMANCE IN MANUFACTURING FIRMS

"A CASE STUDY OF THIKA DISTRICT"

BY

Jefferson N. Kariuki
Reg. No. D53/01/1859/02

A RESEARCH PROJECT SUBMITTED FOR PARTIAL FULFILMENT FOR THE REQUIREMENT OF DEGREE OF MASTERS OF BUSINESS ADMINISTRATION OF KENYATTA UNIVERSITY

OCTOBER 2005
DECLARATION:

This research project is my original work and has not been presented for any degree in any other university.

Jefferson N. Kariuki
Reg. No. D53/01/1859/02

Date 6.8.05

I confirm that the work reported in this project was carried out by the candidate under my supervision.

Mr. James Maingi
Department of Finance/Accounting
Kenyatta University

Date 6.10.05

This research project has been submitted for examinations with my approval as the Chairman of the Department.

Dr. G. Congera
Chairman
Department of Business Administration
Kenyatta University.
ACKNOWLEDGMENT

I thank the many individuals whose co-operation has made this study a reality. I am highly indebted to my supervisor Mr. J. Maingi for his guidance, patience, constructive criticism and personal interest in the progress of the study.

I am deeply grateful to my family for the inspiration, patience and support shown in the entire period of study. Above all I give thanks and glory to God for enabling me to complete this study successfully.

I am indeed grateful to Margaret and Rose for typesetting and organizing the first and final report respectively. Also to the firms that accorded me the opportunity to collect data and to my colleagues at Thika Technical Training Institute for their moral support.
DEDICATION

I dedicate this research project to my dear wife Margaret, my children Jacqueline, Steve and Lilian for their support, encouragement and patience which gave me the will and determination to complete my MBA degree programme.

To my late parents Kariuki and Ndogoni, posthumously, "I wish you were there to see the fruits of your labour"
ABSTRACT:

The main purpose of the study was to determine the effects of HIV/AIDS epidemic to the staff performance in manufacturing firms. The study was carried out in Thika District which as a number of industries in both Thika and Ruiru towns.

Descriptive statistics mainly frequency distribution and percentages were used to analyse the data.

The study report has five chapters, i.e. introduction, literature review, research method, Data analysis and interpretation and finally the summary, conclusions and recommendations and a number of appendices.

The study found that, HIV/AIDS is a major concern to many manufacturing firms for there are a number of employees in all firms who are infected by this epidemic. Many firms have formulated very elaborate programmes to assist HIV/AIDS workers such as counseling sessions, free supply of ARV's drugs, establishing and providing free medical treatment.

The study also found that, no employee has been sacked or temporary removed from his/her employment after his health statures confirm that he/she is HIV/AIDS positive.

HIV/AIDS awareness campaign is being carried out in all firms and thus all employees are aware of the problems caused by the epidemic.

Finally the report concludes by recommending a number of recommendations that may form a basis of further research on this epidemic.
LIST OF ABBREVIATIONS

HIV - Human Immune Deficiency Virus.
AIDS - Acquired Immune Deficiency Syndrome.
NACC - National Aids Control Council.
WHO - World Health Organisation.
KNASCOP - Kenya National Aids Sexually Transmitted Disease Control Programme.
M.O.H. - Ministry of Health.
UNAIDS - United Nations Programme on HIV and AIDS
ROK - Republic of Kenya.
USAID - United States Aids for International Development.
STD - Sexually Transmitted Disease.
G.D.P - Gross Domestic Product.
A.D.F. - African Development Fund.
V.C.T. - Voluntary Counselling and Testing.
LIST OF TABLES:

Table 1 ........................................ Pg. 31
Table 2 ........................................ Pg. 32
Table 3 ........................................ Pg. 33
Table 4 ........................................ Pg. 33
Table 5 ........................................ Pg. 33
Table 6 ........................................ Pg. 34
Table 7 ........................................ Pg. 34
Table 8 ........................................ Pg. 35
Table 9 ........................................ Pg. 35
Table 10 ....................................... Pg. 36
Table 11 ....................................... Pg. 36
Table 12 ....................................... Pg. 38
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration</td>
<td>(ii)</td>
</tr>
<tr>
<td>Dedication</td>
<td>(iii)</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>(iv)</td>
</tr>
<tr>
<td>Abstract</td>
<td>(v)</td>
</tr>
<tr>
<td>List of Abbreviation</td>
<td>(vi)</td>
</tr>
<tr>
<td>List of tables</td>
<td>(vii)</td>
</tr>
<tr>
<td>Table of contents</td>
<td>(viii)</td>
</tr>
</tbody>
</table>

CHAPTER ONE:

1.0 Introduction

1.1 Background of Study

1.2 Statement of the problem

1.3 Research Questions

1.4 Significance of study

1.5 Scope of study

1.6 Limitations of study

CHAPTER TWO

2.0 Literature Review

2.1 Empirical Review Framework

2.2 Empirical Specific to Kenya

2.3 Government Policy

2.4 Critical Framework

2.5 Summary

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Introduction

3.1 Research design

3.2 Target Population

3.3 Sampling

3.4 Data Collection

3.5 Data analysis method

3.6 Expected Output

CHAPTER FOUR

Data analysis and interpretation

Questionnaire return rate

Analysis and interpretation

CHAPTER FIVE

Summary

Discussion

Conclusions

Recommendation

Suggestions for Further Research

Appendices
CHAPTER I: INTRODUCTION

1.1. BACKGROUND OF STUDY

The Acquired Immune Deficiency Syndrome (AIDS) is a group of signs or symptoms of a disease. AIDS is caused by a virus which is known as the Human Immuno Deficiency Virus (H.I.V.). When H.I.V. infects a person, it attacks white blood cells that help the body fight off disease.

By attacking and slowly destroying the body’s defenses, the body is unable to resist various infections which would normally not be a problem when the body’s defense system is intact.

HIV/AIDS presents a significant societal threat to both developed and developing nations. Worldwide efforts to develop a drug or vaccine to combat this epidemic have been frantic but elusive (KNASCOP, 1996).

The United Nations Programme on H.I.V. and AIDS (UNAIDS, 2002) reported the following as some of the key statistics regarding the global HIV/AIDS pandemic.

- More than 60 million people have been infected with HIV/AIDS since the pandemic began.
- In 2002, the total number of those living with HIV/AIDS increased to 42 million, up by 2 million from 2001.
- HIV/AIDS is now the leading cause of death in sub-Saharan Africa and the forth leading cause of death worldwide.
- Five million people, including 800,000 children were newly infected with HIV in 2002 - 14000 per day.
- Approximately 3.1 million deaths, including 580,000 children less than 15 years of age were attributed to H.I.V/AIDS in 2000 or 8000 per day.

According to National Aids Control Council (2000) HIV/AIDS is an epidemic occurring in every district of Kenya. It is responsible for the deaths of 1.5 million Kenyans since the early 1980’s. About 500 Kenyans die each day from AIDS. Estimates suggests that 2
million people out of a population of 30 million are infected. According to NACC(2000) the cumulative number of deaths due to AIDS may rise to 2.6 million by the end of 2005.

There are a number of manufacturing firms operating in Thika District. The companies employ many permanent and temporary workers in different areas of specialization. Most of these companies have a major concern to the workers health.

This is because strong and healthy employees contribute immensely to the performance of the firm. But in the recent past, many firms have been experiencing problems with the health of their workers due to the many diseases that workers are exposed to. Some of these tropical diseases are malaria, typhoid, HIV/AIDS, T.B. and Pneumonia. Most of these diseases are curable and can be treated with the present technology except HIV/AIDS.

HIV/AIDS which is not curable has caused havoc to both companies and families where we have workers infected with it. As we reach the twentieth anniversary of the discovery of HIV/AIDS in this country, much remains unclear about the nature of HIV infections and other related diseases.

For the above reason, a good knowledge of HIV/AIDS is essential in order to maintain credibility with a patient group which is very well informed about the nature of the disease and new developments in the field.

It is also recognized in Kenya that, there is urgent need to address and resolve the problems created by the HIV/AIDS epidemic in all spheres of social and economic life. HIV/AIDS can severely disrupt the relationship of people especially the employee and employer and that is an area that the project shall explore.
Thika District is one of the seven districts in central Kenya. It is relatively new district having been created less than two decades ago from parts of Muranga and Kiambu district. It has a population of about 650,000 living in both rural and urban households (National census 1999) making it the third most populous district in the province and the eighth most populous nationally. Thika District has six divisions, Gatanga, Gatundu, Kamwangi, Kakuzi, Municipality and Ruiru.

The District Hquarters are in Thika Town. The District is well known for its concentration of industries, effectively functioning as a satellite industry node of Nairobi. Thika Town is sometimes considered a per-urban area to Nairobi due to its close proximity (about 40km) and it has been something of a real estate boom owing to the growing demand for residential sites among people based in Nairobi.

The economically active population according to National census 1999 are about 200,000 workers on paid up employment while the rest are working in their firms and businesses.

1.1.2: HIV/AIDS EPIDEMIC IN THIKA DISTRICT

A sentinel surveillance site was established in Thika Town in 1990’s to monitor the trend of the H.I.V. It has been found that, the H.I.V. positive prevalence rate among adults was 20%.

According to the Ministry of health department of public health, the scale of the epidemic in both urban and rural areas is huge and growing. This is attributed to the fact that despite a level of awareness of HIV/AIDS which is about 99%, there is little evidence of change in behaviour especially drinking habits and prostitution and reckless sexual activities(AIDS and the demography of Africa.

It is therefore, a good locality to conduct the study.
Aids pandemic has become a top item on the agenda of many corporate boardrooms around the world. This proves that, there is need to carry out a thorough study on the effects both socially and economically that HIV/AIDS epidemic has brought to the workplace. The performance of the staff has been affected since it is evident that, there is high operational costs. This is as a result of perpetual recruitment of workers to replace the victims who succumb to the diseases.

There are high costs in training new Employees which otherwise would have gone to improve the working conditions in these firms. This is a result of many skilled personnel leaving employment earlier than envisaged. Loss of skilled and experienced workers with increased entry of young unskilled personnel into the labour lowers both the quality and quality of the performance. The effects of the epidemic on company’s economic performance is complex; companies have found difficult to replace those workers who are terminated from employment due to poor performance.

Thika District being one of the areas with high HIV/AIDS prevalence rate is losing a number of experienced workers in the manufacturing firms. Managers, Supervisors and general workers are known to have been unable to perform effectively their duties when the disease advances after infection.

According to ROK(2001) study on impacts of HIV/AIDS to the economy, it was found that workers perform dismally due to the HIV/AIDS effects, company’s loose opportunities to invest some of their savings in more productive activities for they spend a lot of money in recruiting, hiring and training new employees to replace the lost labour. This is a general problem to many companies in Kenya and Thika District is no exception. And it was therefore of utmost importance to carry out a study of the effects of HIV/AIDS epidemic on workers performance in the manufacturing firms in both Ruiru and Thika Town to determine the effects of the diseases on staff performance.
1.1.3: INDUSTRIES BASED IN THE DISTRICT

There are many industries in both Thika and Ruiru Towns which produce different products. Amongst these are Bidco, Delmonte, Towel industry, united textile mills: Broadway and Kenblest Bakeries, spinners and spinners, Nairobi clay products etc. 

Amongst these firms, they have many workers who form a big portion of the population. Since the problem of HIV/AIDS has permeated to all social fabrics of the nation it was therefore important to carry out the study. Many of these organizations have been known to spend a lot of their funds to cater for the families health. Some operate staff dispensaries and most of the patients are those affected by HIV/AIDS complications.

Despite these effects few businesses are in a position to make a systematic approach to determine the effects of HIV/AIDS on the organization now and in the future. It was with this in mind that, the study was important.

1.2. STATEMENT OF THE PROBLEM

Since the HIV/AIDS was scientifically identified in Kenya in 1984, there are a number of studies, which have been carried out to find the origin of this epidemic. Many school of thoughts have been mooted but yet no known origin has been established.

As a result, to get a cure or even a vaccine has been elusive to many experts, and a lot of financial resources have been put in this area. The problem of getting a vaccine for Aids has now to wait for more than 15 years from 2005 WHO (2005).

Many organizations today through Federation of Kenya employers and Central Organization of Trade Union have been in the forefront to create awareness about the effects of HIV/AIDS to workers and how this can further be prevented.

Even now there is debate raging over whether employers should violate laws on privacy by profiling the HIV/AIDS status of their employees and whether firms can afford to shoulder medical expenses.
1.3 OBJECTIVES OF THE STUDY

The general objective of the study was to establish the effects of the HIV/AIDS epidemic to workers performance in the workplace in Kenyan Manufacturing sector.

The following were the research specific objectives:

- To establish the total percentage of workers infected by HIV/AIDS
- To identify problems faced by the workers who are infected by HIV/AIDS in carrying out their routine duties.
- To identify the measures the firms management have put in place to assist the workers to cope with HIV/AIDS infections
- To identify HIV/AIDS infected workers level of output in their daily tasks

1.4. RESEARCH QUESTIONS

The study addressed itself to the following questions

- What was the present percentage of the HIV/AIDS victims in manufacturing firms?
- What are the problems faced by the workers who are infected by HIV/AIDS in carrying out their duties.
- Were there programmes the management have put in place to assist the HIV/AIDS infected workers?
- Are there intervention measures manufacturing firms have put in place to reduce the workers suffering.

1.5 SIGNIFICANCE OF THE STUDY

The study on the effects of HIV/AIDS on staff performance in manufacturing firms was of great importance to many interested parties.

These parties include:
• Employer Organisations
The employer would like to learn how the HIV/AIDS has been affecting the individual workers performance and to large extent the effects on the firms performance. It is a well known fact that an employer is interested with the health of the worker. Many employers will find information from this study relevant to their future manpower plans.

• Workers Trade Unions
The Trade Unions shall have direct interest with this study, so that they establish the levels of infections in their membership. The percentage of those infected if high means in a short wile, trade unions shall lose their incomes form dead or retrenched workers. As a result the impact of the HIV/AIDS on workers performance levels known shall assist the unions to fight for workers rights and employers input to their health.

• Government
The Ministry of Labour shall put pressure to employers to put in place the measures to help infected workers in coping with the disease. It may also formulate policies to control and reduce the spared of HIV/AIDS in places of work. Manpower planning in the country shall be more appropriate since the study provided data that is reliable and most recent.

The ministry of health shall find the results useful in determining the level of infections and how to control the spread. Therefore Government through its many departments would benefit a lot from this study for its planning programmes in areas of policy, prevention and control.

• The workers
The employee would like to know through this study, the way firms assist HIV/AIDS victims, the programmes that have been put in place to assist the infected and what he/she stand to loose in terms of social interactions in the workplace.

• Researchers
Future scholars shall benefit from study by beefing up the data that may be documented after the study drug manufacturers may develop new scientific controls like Antiviral drugs which may be more affordable after learning how the workers are affected.

- The Health Providers like AAR may also like to be aware of the size of the problem in the working environment. They should learn how they may be affected by a loss of a worker who otherwise had good health when subscribing to the health scheme.

- The insurance industry would like to compute the much, to loose as a result of these HIV/AIDS infected death or medical care who may be policy holders.

It is therefore important to see the need for this study since many different parties shall gain a lot.

1.6:  **SCOPE OF THE STUDY**

The study was conducted in Thika district and covered manufacturing firms. There were a number of manufacturing firms which provided an ample space for study within geographical area.

The population covered was about 150 managers and proportional distributed in various firms. The top management was respondent to this study since without their input the whole exercise would have been incomplete.

By carrying out the study in this district, it represented effects on both urban and rural work environment.

1.7:  **LIMITATIONS OF THE STUDY**

- The study was limited to manufacturing firms in Thika and Ruiru towns which have more than 100 employees since it was not possible to cover all industries.
• Due to sensitiveness of the research the researcher felt that some of the responses may not reflect the true picture of the situation.

• The time available to carry out the study was not sufficient to address all possible industries that could be studied to have a national outlook. This would be possible through other future studies.
CHAPTER 2: LITERATURE REVIEW

2:0 INTRODUCTION

This chapter is categorized into three main topics. The first section reviews the HIV/AIDS origin, transmission methods, prevention and control measures. The second section covers the economic impacts and responses to HIV/AIDS.

The third section highlights the effects of HIV/AIDS to the Kenyan Worker and their performance levels of output in general.

2:1 THEORETICAL FRAMEWORK

According to Last (1998) in the years between 1983 – 1994, researchers isolated a newly recognized virus known as Human Immunodeficiency syndrome (HIV) and identified it as a cause of AIDS. It was determined that H.I.V. is a member of the class of infectious agents known as retroviruses.

Merge and Sundanda (1993) said that HIV infection is caused by two strains of human immunodeficiency syndrome (HIV-1) and HIV-2) which is less infectious progress more slowly and is found primary in Africa.

Last (1998) said that once introduced in the body, H.I.V. binds to receptous on certain cells and intercalates itself into genetic found in the nuclears of the host cells. WHO (1994) reported that H.I.V. attacks mainly a subset of immune system cells which bear a molecule called CD4. The virus binds to two type of CD4 bearing cells, CD4 – T- cells, and to lesser extent microphasages. – King B (1994)

These cells perform various tasks critical to the normal functioning of the immune systems. CD4+T-cells organize the overall immune response by secreting chemicals to help other immune cell function properly.
Like other viral infections, HIV infections can be characterized as a battle between the immune system and the invading virus. This process can be examined in three general stages.

According to Last (1998) this stage begins at the time of infection and last until the body initial immune response gains some measures of control over viral replication usually within two weeks of infection (W.H.O 2000). During this period the CD4+ T-cells count drops dramatically and between 30% and 70% of people experience flu-like symptom which usually disappears within three weeks as the CD4+ T-cells count rebounds.

According to ROK 2001, this is the second stage and accounts for about 80% of the time infection to death. Only at the beginning of the second stage do anti-bodies to HIV become detectable in the blood stream. Since most HIV test work by detecting these anti-bodies can be done, it is not possible prior to this stage to determine if a person is actually infected WHO (1994). Most of the HIV infected people remains clinically healthy at this stage, largely due to the intense but invisible struggle by the immune system against the virus WHO (1993). As infections progress, HIV destroys huge number of CD4&T-cells each day with the bone marrow compensating these by speeding up production of new cells but at a rate that cannot sufficiently keep up with the loss WHO (1993). Gradually CD4+T-cells count decline by about 50-70 cell every year.

Last (1998) argues that when the total CD4+T-cells count diminishes to around 200 per cubic millimeters of blood the rate of decline accelerates and the individual becomes susceptible to opportunities infections and other illness. This marks the beginning of the final stage.
This stage is referred to as full-brown AID WHO (1993). In this stage opportunistic infections set in due to the susceptibility of the individual resulting from lowered immune deficiency system WHO (1994), LAST (1998).

Most of the illness that strike people with HIV/AIDS are communicable in nature. Others are common infections that become unusually severe in people with AIDS. These include skin rashes, pneumonia while others are normally rare diseases that would not have taken hold at all had the person been HIV negative Last (1998). Some AIDS associated infections can be treated with conventional antibiotics particularly at the early stages of clinical AIDS WHO (1993) As the immune system continues to deteriorate, however treatment becomes increasingly difficult and the number and variety of illness equally increase leading to death.

HIV/AIDS can be transmitted from one infected person to another through the following ways.

Mearger and Sunanda (1993) states that this involves the direct sexual intercourse between two individuals when either of the partners is infected. It is the commonest mode of transmission and particularly in sub-Saharan Africa Mureh and Kiarie (2001). Any protected penetrate sex whether vaginal, arial or oral can transmit the virus.

Mureh, Kiarie (2001) argues that hetrosexual sexual accounts for more than 70-80% worldwide of all HIV/AIDS transmission ROK (2001). Oral sex is associated with lower risk but other sexually transmitted diseases such as gonnohorea, genital ulcers, and syphilis increase the risk of transmission.

However, WHO (1993) says although uncommon in most African cultures, homosexual contacts account for 5-10% of all H.I.V. infections ROK (2001). The risk of HIV transmission through sexual contacts is influenced by a number of factors. These include,
the number of sexual partners level of virus in the body, sexual orientation, gender and age among others.

Mureh and Kiarie (2001) states that this is basically the transfusion of infected blood to an un-infected patients ROK (2000). It is estimated that 5% - 10% of full H.I.V. infection in developing countries are acquired via blood transfusion WHO (1993), WHO (1994). The probability of becoming infected through transfusion is estimated at over 90%

In contrast, Mureh,Kiarie (2001),the risk through single act of sexual intercourse ranges between 0.1% - 1%. ROK (2000), WHO (1993) argues that a high proportion of blood transfusion is given to children with severe anemia and women with hemorrhage complication during pregnancy.

Last (1998), ROK (2001) and WHO (2000) all agree that this is the infection from the mother during pregnancy at the time of birth or through breast milk. About 30-40% of children born to infected mothers will themselves be infected ROK (2001). Given the high prevalence of HIV/AIDS among women of childbearing age, the frequency of mother to child transmission is increasing and is a major cause of mobility and mortality among children.

A person does not develop AIDS as soon as he/she is infected with H.I.V. usually; there is a lengthy incubation period 7-8 years during which the person may not show symptoms of infection WHO (1993). The person may be unaware of his/her status and therefore continue to spread the infection to others. For children according to Meager and Sunanda (1993),the incubation period is much shorter, most children affected at birth develop AIDS and die within 2 years

Last (1998) states that the signs and symptoms of HIV/AIDS are varied and complex and include those opportunistic infections as well as those caused by HIV itself. According to
WHO (1994). Soon after becoming infected with H.I.V., some people develop fever, enlarged lymph glands, skin rash and cough.

The early response to infections is followed by a long symptom free interval, which may last for many years. As the immune system weakens, more signs and symptoms may develop. These include persistence diarrhea, severe weight loss, fatigue, skin lesions, and loss of appetite WHO (1993). People infected with HIV/AIDS usually manifest signs and symptoms of an opportunistic infection WHO (1993). HASTING (1991) says that once the symptoms develop, the prognosis is grave. In the absence of proper treatment, life expectancy following the development of full-blown AIDS averages roughly two years with treatment. However, individuals with AIDS may survive for three or more years, and the early initiation of treatment may at least temporarily prevent progression.

AIDS has no cure WHO (1993). However, there are several drugs that are approved for the treatment of people with H.I.V. or AIDS but their effectiveness are limited to embattling opportunistic infections that arise because of weakened immune system ROK (2000). They don’t cure the H.I.V. infection or prevent AIDS. Research on vaccines are going on in many laboratories around the world with few trails already in progress WHO (2000). However, there is no breakthrough yet drugs used for treatment of opportunistic infections include ZIDOVUDINE, PROTEASE, INHIBITORS, and Non-Nucleoside Analogues WHO, (1993). They are usually quite expensive and beyond the reach of many infected people and affected

According to Tuju(1996). HIV/AIDS is basically prevented and controlled through three major ways namely, abstention form sex, faithful relationship with one partner and finally use of condoms during sexual intercourse Absistence from sex is naturally considered the
most effective means amongst the three OBIERO (2000). However, this practice is fast disappearing as societies continue to be sexually permissive TUJU (1996). Many young people consider abstinence as restrictive and difficult to practice. But when all is said and done, it remains apparently the most effective means of guarding oneself against

The other line of defense is a mutually faithful sexual relationship Tuju-(1996). However, due many social factors such as poverty, it is increasingly becoming difficult to maintain fidelity in such relations Tuju (1996). Multiple sexual partners usually contribute to higher sexual partners usually contribute to higher risks of infections.

ROK (2000) states that in the event of an individual failing to abstain form sex altogether, or having an exclusive faithful relationship, he/she is bound to use condoms during sex to prevent against contracting However condoms has been met with resistance as its promotion has contributed to the increase in sexual activities among the mouth Barnett and Blackie (1994). This stems largely form religious and cultural risk ROK (2000). The sale of condoms have increased due to the government effort, HIV/AIDS control agencies effort in creating awareness about them.

According to ROK (2000).For instance, blood screening ensures, the safety of blood before transfusion. Furthermore, expectant mothers should be screened for HIV/AIDS during their visit to the antenatal clinic to ascertain their status. This helps plan for mitigation to save the unborn child from contracting the virus The Government through the Ministry of Education has approved HIV/AIDS curriculum to schools as a way of crating awareness measures to curb the spread of this deadly disease.

2.2. EMPIRICAL FRAMEWORK
Before 1995, no screening tests were available to identify infected blood products or infected individuals who had not yet developed AIDS. Individuals who had not yet developed AIDS.

Consequently, attention quickly focused on the fact that sick individuals were likely to be either drug users or male homosexuals. A potentially tragic situation developed, in which individuals who came from these two groups, already largely disenfranchised by society, could be further marginalized by society’s fear of this new and deadly disease. The tendency to associate AIDS with general public the only reliable level of risk with respects to AIDS and HIV disease has been in fact zero. This demand for absolute safety has created three major difficulties. First, the fact that much higher level of risk are accepted in other situations suggests, that the stigma of AIDS is exerting a bias, with the result that some cases, individuals with HIV/AIDS and have been treated unfairly.

Significant problems have also a risen relative to the legal protection of workers right pre-employment H.I.V screening of workers for example appears to be common in Kenya USAID (2000) and does not involve informed consent of the person tested, nor is it accompanied by pre and post test counselling. Such mandatory screening deprives the workers of the right to privacy and confidentiality as well as limiting his/her right to work. USAID (2000). This level of discrimination of HIV/AIDS workers should be curbed to ensure that the individual rights are not violated.

Comprehensive integrated interventions offer the best means to control HIV/AIDS. Such interventions includes.
- Information and support for changes in sexual behaviour, including reducing the number of sexual partners.
- The promotion, distribution and use of condoms by making them available in workplaces, bars, open entrances to social places etc.
- Proper diagnosis and treatment of sexually transmitted diseases.
- All businesses can assure that condoms are available
- Businesses can assure that HIV/AIDS prevention is a regular topic of discussion and information sharing not just a one-time educational seminar.
- Businesses can include STD's in the diseases that are treated by company clinic or paid for by company health insurance.
- Support from local groups, counseling from secular and religious providers, and legal security through appropriate institution.
- Making voluntary testing sites more accessible to Kenyans
- Receive counseling about the infection and develop appropriate coping mechanisms for living with HIV/AIDS

Furthermore, since to date, no cure has been developed for HIV/AIDS, adequate information on the nature, extent and effects of the epidemics, aimed at introducing or enhancing citizens degree of responsibility in their social behaviour is critical Kibwana (1992). For example, since we know that HIV/AIDS can be transmitted through semen and vaginal fluids, and since we know that condoms although not foolproof, can dramatically reduce the risk of transmission in heterosexuals and male homosexual intercourse, all individuals need to know and internalize the fact that every act of reckless sexual activity, and permissiveness in general is consciously or not suicidal.

Similarly, since we know that, the disorder can be transmitted through blood and now further that intravenous drug users who share and re-use hypodermic syringes (because of
purchases of new sterile syringes is illegal in many countries) can virtually eliminate the risk of HIV/AIDS transmission by sterilizing their syringes in boiling water or washing them in chloride, failure to take these precautions is suicidal up through the present time, the government has banned there-usage of syringes since they are now disposable. The above interventions have really impacted strongly on the control and checking the spread of the epidemic.

Studies have given little evidence that HIV/AIDS have any economic impact. However, the HIV/AIDS epidemic is demanding resources that can be used in a more productive way. Wachira, (1991); But according to recent study of African countries, looking at Key determinants of long term growth rate of GDP per capita. Bonnel (2000)

The overall impact of HIV/AIDS on economic growth derives from a reduction in the labor force(increased morbidity and mortality), a decline in savings and investment, and an undermining of social capital. All these aspects have an impact of the production units from subsistence household farming to large manufacturing firms, mining enterprises and public service providers ADF, (2000).

The effects of the HIV/AIDS epidemic on enterprises and economic performance is complex. The effects on enterprises is partly explained by sector-specific features Bonnel (2000). This is looked into by considering the difference between susceptibility and vulnerability to HIV/AIDS. Vulnerability only occurs when workers are not easily replaceable like in the agricultural sector.

Some sectors require special skills and experiences for them to perform effectively and these are the one which are easily affected whenever such employees become infected by HIV/AIDS.
Labour shortage due to illness and death is the most detectable effect of HIV/AIDS. Enterprises suffer from a reduced supply of labour, loss of workers and changes in composition of labour force. High turnover in the workforce means more resources used on training and educating of new staff.

According to international labour organization (ILO) study, the labour force in the year 2020 will have decreased by between 10% to 22% in eight African countries with HIV/AIDS prevalence rates higher than 10% of the adult population where Kenya is one of them. It is important to note that skilled labour is harder to replace than unskilled which is in surplus especially in sub-saharan Africa.

According to Barrings (1999), there has been a common opinion that AIDS is a disease among poor people with little education but empirical studies have shown there is no evidence of this. A relatively high income gives workers the opportunity to spend money on commercial sex. A study from South Africa indicates that unskilled workers have lower infection rate than middle management.

Capital stocks increase when enterprises invest. The possible sources of reinvested profits or money raised through other sources such as banks, financial institutions, personal investors, manufacturing firms stock markets. There are two important aspects to be considered for a potential investor, the expected return and the risk of the project. It has been found that costs are likely to rise and profits are likely to fall in most sectors with increasing HIV/AIDS prevalence.

UNAIDS (1998), states that Enterprises that have to spend economic resources on healthcare and benefits for infected employees will have less capital left to maintain or increase capital stocks.
USAID (2001) states that, absenteeism due to AIDS leads to a divert loss in productivity. People become absent due to own illness, or illness in the family. In some companies, healthy employees are increasingly working extra hours to compensate for the time lost by absent colleagues. In doing so, not only do companies pay more in terms of overtime, but workers may be overworked and exhausted.

Douogha, (2001) argues that infected people suffer from depression, and feel guilt and anger toward their family and work place. They also get emotional shock that make them not to be able to concentrate on the job and work with the speed they are used. In the period 1999-2010, HIV/AIDS is to half the growth in total factors of productivity in both the formal and informal sectors.

The main effects of HIV/AIDS on industry to be increased labour costs and decreased availability of skilled labour World Bank (1999). Clancy (1998) states that the cost of social benefits, such as sick leave, medical treatment and funeral expenses increase to about 5 times.

The impact of HIV/AIDS is extending far beyond the number of deaths and orphans associated with HIV/AIDS. In Kenya the total cost of treating a patient infected with HIV/AIDS is between Kshs. 23,000 and 43,000. In some parts of Kenya, more than half of the hospital beds are already filled by persons with HIV/AIDS.

However, WHO (1995) says that other social services are likely to be affected by HIV/AIDS as trained and skilled managers, technicians, teachers, machinists and others are lost from the workforce.

According to WHO (2000), estimates indicate that one in seven workers in Nairobi is currently infected with HIV/AIDS. Financial analysis of several Kenyan firms revealed that AIDS could increase labour cost by 4% by the year 2005.
Ross (1987) says that companies that will struggle most as a result of HIV/AIDS are those that are highly labour intensive, employ highly skilled workers or offer comprehensive benefits to employees. The economy shall loose valuable member of its workforce, but the resources available for the survivors will also shrink.

2.3: EMPIRICAL SPECIFIC TO KENYA

The Kenyan government declared HIV/AIDS pandemic as a National disaster in the same league as the prague and small pox. This classification puts the country in a grey area where it is exempted form international patent laws on drugs; when it comes to importing and manufacturing generic Aids drugs.

Many Kenyan businesses have been experiencing problems in underwriting the medical costs of treating the employees due to the financial implication of treatment of an infected person.

The declaration by government of HIV/AIDS as National Disaster, demonstrates how the scourge has permeated to every sector of the society. Most Kenyans are either infected or affected by HIV/AIDS.

King, (1994) states that the objective of any organization is to retain people who are performing at high levels. This requires that the organization provide safe and health working conditions and satisfactory labour relations. If these activities are performed effectively, we can expect to have competent employees who are committed to the organization and satisfied with their jobs.

But those people who become infected with HIV/AIDS gradually deteriorate in health and eventually have to loose their jobs. This also means loosing a regular source of income which eventually affect the family lifestyle.

Families are likely to be particularly affected by this disease, and their needs must be quickly identified and addressed in order to mitigate its impact because of the stigma of
HIV/AIDS. Denial, guilt, shame, anger and blame are common responses of both individuals and families to HIV/AIDS.

The productive time of family members and the infected is spent on nursing the disease than on economic activities.

According to UNAIDS (2000), most of the family savings and earning are affected through increased medical care expenditure and labour hours. This increases family poverty.

Workers who are HIV/AIDS infected eventually become symptomatic and go to develop fuel blown AIDS. Many opportunistic diseases become frequent such as pneumonia, skin tumour, Tuberculosis, etc. These diseases reduces the ability of a worker due to loss of energy.

When these problems become evident, the worker's health deteriorates such that his/her performance levels also suffer.

The worker spend much of his/her time attending to health problems by attending clinics, and this causes workers stoppages.

Work stoppages mean, not meeting the deadlines of accomplishing certain tasks, not being above average productive, less quality works etc.

Answor (1993) argues that most of skilled labour keeps on declining due to the many workers who year in year out are infected by HIV/AIDS. These are not easy to replace and thus, the overall performance in a firm is affected. The overall manpower planning becomes almost impossible due to the many highly educated and experienced people in key position becomes victims who otherwise are the key to the success of the enterprises.

Certain key positions may be difficult to fill with adequately skilled personnel whenever they fall vacant as a result of HIV/AIDS.
The loss of workers, often skilled and experienced together with increased entry of young unskilled personnel into the labour market is likely to lower both the quality and quantity of the workforce.

Firms have been recommended to reduce dependency of manual labour through becoming capital intensive. USAID (1996). Such a strategy could fail depending on the extent of the cost increases needed to equip new staff with appropriate education and training to operate machines. This is all done to increase performance which otherwise has declined to the scourge effects.

Workers motivation and ability to focus on the work is likely to drop if family members and colleagues get ill and die. Morning periods disable people from working with full power. USAID (2001). This makes the affected worker to bring down the performance levels to a certain level.

The psychological stress the infection causes is hard to measure; infected people suffer from depression, and feel guilt and anger toward their family and colleagues at workplace. This makes then not to concentrate on the job and work the speed they are used to especially in a production line a person occupies a key position, the absence from work due to sickness causes interference with other workers to work effectively.

When firms suffer from loss of labour, high productivity, high profits they normally lead to a contraction of activities and intensified cost controls. This is done by reducing labour costs by replacing workers with machine since to replace one skilled worker in Kenya costs 2000 pounds UNAIDS (1998). Economist (2001) states that most of labour is contracted to independent forms to reduce the dependency on regular workers Other approaches to reducing vulnerability educating and counseling the workforce, shifting production to producing inferior goods, pre-employment testing (through highly controversial and infringement on workers immediate sacking etc).
Some firms have developed an impressive prevention programme using community intervention, this includes distribution of condoms among commercial workers together with peer education and access to free monthly examination in companies clinic. Firms have compiled written information or HIV and AIDS and has to hold several courses with managers, supervisors and the general workforce on HIV and AIDS. The management encourages workers to visit V.C.T. centers so that their HIV/AIDS status are known so that treatment and nursing may start early. Though many workers are said to have not taken up this serious due to the psychological effects it causes to them if they are made aware of their status.

Though firms have done their best to intervene on the effects of epidemic, still many companies are not ready to deal with the cost implications of the disease and have left their management to the government and other organizations. To solve this crises caused by H.I.V/AIDS to both the performance of workers and firms, business organizations need to acknowledge that epidemic is a potential threat to their business growth.

In conclusion, after reviewing the available literature, it has become evident that more study is required to establish the most recent impacts of HIV/AIDS to the performance of the workers and firms in the manufacturing sector. The study will assist to identify the social effects when the performance levels decline in the workers ability.

2.4. THE GOVERNMENT POLICY ON HIV/AIDS IN WORKING PLACES

The government has realized that HIV/AIDS is a national disaster and has come up with a policy framework that provides the guidelines as to how workers should be treated by the employers once infected.
There should be no labour discrimination to those who are victims of the scourge. The Ministry of Health has made the various guidelines that protect and care for the HIV/AIDS infected Kenyans.

V.C.T. centers have been launched in all health facilities and counseling services are readily available in these centers. In these centers free check-ups for any HIV infections are done to all who volunteer to be checked.

HIV/AIDS treatment medicines is now available to many Kenyans who cannot afford the expensive ones. These cheap Anti-retroviral medicines are highly subsidized by the government through donor support. As a result the sufferings of infected Kenyans are reduced and their weak health improved.

The government has banned any mandatory HIV/AIDS screening before any Kenyan is employed. Any worker found to be suffering from this scourge should not be discriminated at all. Nobody should be sacked or lose any gainful employment because he/she is HIV positive.

Though health of HIV – positive individuals will slowly weaken even if they are still able to work, their physical and psychological abilities deteriorate.

The government is advocating for comprehensive programmes through which companies have clinics and campaigns to sensitize workers on the impact of HIV/AIDS to them. Firms are encouraged to publish studies that contribute to acquisition of knowledge about HIV/AIDS.

Prevention measurers have been put in place whereby firms put distribution of condoms in their premises so that they become easily accessible to workers. For this to achieve the desired results, the government has reduced or zero-rated all the taxes on condoms.

Media, especially radio and T.V. is a powerful tool in the fight against HIV/AIDS. As a result many mass media campaigns aimed at young people are being aired. The
government has made it possible through tax relieve the usage of these very effective tools for disseminated information.

Today, there are community target HIV/AIDS programmes that are financed by the government through constituency AIDS council fund. Through these funds many infected workers can be assisted to improve their health by being counseled to cope within the social stigma.

This is made possible by having direct funding through various groups. Treatment of TB infections which is mostly related to HIV/AIDS have been made free in all Government health facilities.

2.5. CRITICAL REVIEW.

HIV/AIDS today is a reality and have continuously caused a lot of problems and difficulties to the society. The growth rate infection with HIV/AIDS is quite high and prevalence rate in Kenya is about 15%. (UNAIDS 2003).

Due to many difficulties, the epidemic brings to the society, the spread of HIV/AIDS should be controlled by all concerned especially the government. Many programmes, that have been put in place to curb the infection rates are not adequately addressing the problem.

Information about the methods in which HIV/AIDS is transmitted is not discussed freely due to cultural practices of some communities where anything to do with sexual matters are discussed in secret.

People should change their sexual behaviour that make them more vulnerable to the epidemic. Some cultural practices like wife inheritance should be reviewed with an intention of banning it altogether.
HIV screening should be made compulsory whenever someone seeks any medical attention of whatever kind. This makes the status of people known in good time, for treatment to commence and the next of kin informed.

This awareness shall, take care of two main problems that HIV/AIDS infected go through, isolation, and stigma. Though this compulsory screening has brought with it a lot of controversy, in many circles, it is important to note that human rights groups and other similar organizations argues that screening must not be made compulsory. But the government has now come up with the policy that nobody should be screened before being employed.

HIV/AIDS infected people suffer from psychological stress and breakdown. It is common to people distancing themselves from those falling sick. Patients have been abandoned from hospitals and banished from their households.

In regard to these problems, both infected and affected should be subjected to counseling so that they overcome this problem. Treatment of those infected should be made cheap by the government providing affordable drugs to the infected. There are now available drugs which can prolong the life of HIV/AIDS infected people but still they are out-reach to many.

Pressure should be put on Government to increase the budget of health and welfare leaving a smaller portion to other activities. But since there is no known cure for HIV/AIDS epidemic, it is only important that individuals are made aware of the fact that, every act of reckless sexual activity and permissiveness in general, is consciously or not, suicidal.
2.6: SUMMARY

The chapter discussed the theoretical framework of HIV/AIDS and it has found that the epidemic is mainly transmitted through heterosexual and male homosexual intercourse. And after the infection, various opportunites diseases attacks the infected. Since there is no known cure, the end result is death after a number of years.

The empirical framework has tried to highlight the main negative effects the HIV/AIDS epidemic has impacted to people. Some of these impacts are poor health, low performance in their daily activities, loss of income, increasing children orphans and loss of life.

The chapter also highlights, the specific Kenya situation where the government has declared the epidemic a national disaster. Many programmes have been put in place to try to reduce the spread of the diseases and peoples suffering. Such programmes are V.C.T. centers, information discrimination, including HIV/AIDS course to be taught in schools etc.

It continues to review how business organizations are affected by epidemic through loss of skilled and qualified personnel, huge medical bills and declining market for their products. The chapter concludes by stating that the epidemic is causing serious social, economical and even political difficulties in the society.

CHAPTER 3 : RESEARCH DESIGN AND METHODOLOGY

3.0 INTRODUCTION

This chapter focuses on the research design that have been applied to the collection and interpretation of data for the purpose of this study.
The topics that are discussed include research designs, study sample, data collection and data analysis.

3.1 RESEARCH DESIGN

The study design was descriptive in nature. It was qualitative and was administered through questionnaire guide. The qualitative nature is due to the fact that performance is measured in certain or levels such as below or above average. Using a questionnaire guide was flexible and compatible method for it enable the researcher to collect more information from the target group. The method was faster and had relatively low costs compared to others. The respondents provided immediate information which researcher may reacted to for substantiation.

3.2 TARGET POPULATION

The target population of the study was ten manufacturing firms in both Thika and Ruiru towns of Thika District. According to the records available in the district office of the ministry of Industry and Commerce, there are many cottage industries in the district having less than twenty employees. The targeted industries have more than 100 employees in various functional departments. For research to be more informative, it was important that I target the total population of supervisors in those firms which numbers 150.

3.3. SAMPLING

The study used random sampling so that, it could get unbiased despondence from each manager. The research sample comprised of 150 managers/supervisors drawn from ten manufacturing firms.
The sample included all departments representatives since there were some departments with a bigger population of workers than others.

The table below shows the list of the number of managers who provided the population.

<table>
<thead>
<tr>
<th>Firms</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidco oil company</td>
<td>24</td>
</tr>
<tr>
<td>Chania Feeds</td>
<td>12</td>
</tr>
<tr>
<td>Kenya Vehicle Manufacturers</td>
<td>15</td>
</tr>
<tr>
<td>Towel inclusive</td>
<td>18</td>
</tr>
<tr>
<td>United Textile Industries</td>
<td>12</td>
</tr>
<tr>
<td>Spinners &amp; Spinners</td>
<td>16</td>
</tr>
<tr>
<td>Thika coffee mills</td>
<td>14</td>
</tr>
<tr>
<td>Kenya nut</td>
<td>16</td>
</tr>
<tr>
<td>Broadway</td>
<td>13</td>
</tr>
<tr>
<td>Pwani feed</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>150</strong></td>
</tr>
</tbody>
</table>

Source: Researcher

3.4 DATA COLLECTION
A questionnaire guide was used. The researcher administered the questionnaire to the respondent in their place of work. A research Assistant was trained by the researcher to administer the questionnaire to the respondents so that it was possible to access all the firms. While the researcher concentrated in Thika Town the research Assistant concentrated in Ruiru town.
3.5 DATA ANALYSIS METHOD

The response from every questionnaire was analyzed and computed in percentage based on total number of respondents. It was analyzed using descriptive statistics such as percentage, frequency distributions and means and presented in tables. This made the data analysis process easy and less difficult to carry out.

3.6: EXPECTED OUTPUT

The effects expected to have been influenced by the HIV/AIDS has resulted to the following:

- Loss of working man-hours due to weak workers
- Absenteeism from work to attend to medical care
- Low performance due to loss of experienced workers
- Immature separation
- Firms spending too much resource on recruitment and training of new staff.
CHAPTER FOUR

4.0 DATA ANALYSIS AND INTERPRETATION

This chapter deals with data analysis and interpretations and its purpose is to analyse the data and present the results of the study.

The Chapter has made attempt to answer the research questions as well as to address the objectives of the study. The analysis is made by trying to compare the different responses from the respondents.

4.1: QUESTIONNAIRE RETURN RATE

One type of questionnaire was used in collection of the data. These questionnaires were administered to about 150 supervisors and managers in different manufacturing firms.

Only 126 questionnaires were returned duly filled. This was about 84% return rate.

4.2: TABLE 2: GENDER OF RESPONDENTS

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>84</td>
<td>66.7%</td>
</tr>
<tr>
<td>Female</td>
<td>42</td>
<td>33.3%</td>
</tr>
<tr>
<td>Total</td>
<td>126</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Researcher

There were 84(66.7%) male respondents and 42(33.3%) female respondents. This showed that there are half female supervisors and managers compared to the male counter part in the manufacturing industries. Many workers in these firms are therefore male.
TABLE 3: NUMBER OF RESPONDENTS WHO HAVE KNOWLEDGE OF HIV/AIDS EXISTENCE.

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>126</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>126</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Researcher

All 126 (100%) respondents stated that they have herd about HIV/AIDS. This showed that all respondents had knowledge about the existence of the HIV/AIDS epidemic. It is therefore prudent to conclude that HIV/AIDS infection is a reality in the manufacturing industries.

TABLE 4: CHANNELS USED TO CREATE HIV/AIDS AWARENESS

<table>
<thead>
<tr>
<th>Channels</th>
<th>Frequencies</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public media</td>
<td>28</td>
<td>22.2</td>
</tr>
<tr>
<td>Company Bulletin</td>
<td>21</td>
<td>16.8</td>
</tr>
<tr>
<td>Other People</td>
<td>77</td>
<td>61.0</td>
</tr>
<tr>
<td>Total</td>
<td>126</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Researcher

77 (61%) respondents stated that other people have created more awareness. 28 (22.2%) stated that public media creates awareness and 21 (16.8%) stated that company bulletins have.

This showed that more respondents heard about HIV/AIDS through other people.

Company’s do not have a programme on how to disseminate information about HIV/AIDS to its employees.
TABLE 5: KNOWLEDGE OF EXISTENCE OF WORKERS WHO HAVE HIV/AIDS

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Frequencies</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>112</td>
<td>88.9</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>11.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher*

112(88.9%) respondents stated that there are workers who are aware of HIV/AIDS and 14(11.1%) were not aware.

This showed that in all firms there are workers who are HIV/AIDS victims. Firms have employees who are HIV/AIDS infected.

TABLE 6: LEVELS OF PERFORMANCE OF HIV/AIDS WORKERS

<table>
<thead>
<tr>
<th>Levels</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Average</td>
<td>90</td>
<td>71.1</td>
</tr>
<tr>
<td>Average</td>
<td>19</td>
<td>23.4</td>
</tr>
<tr>
<td>Above average</td>
<td>7</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher*

90(71.1%) respondents stated that, HIV/AIDS workers perform below average, 19(23.3%) said their performance is average and 7(5.5%) stated that they perform above average.

This showed that whenever workers become HIV/AIDS infected they perform below average. Employees who are HIV/AIDS infected perform below average in their daily output, thus causing firms to lose on input levels.
TABLE 7: STAGES AT WHICH THE PERFORMANCE IS LOW

<table>
<thead>
<tr>
<th>Stages</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Infection</td>
<td>21</td>
<td>16.7</td>
</tr>
<tr>
<td>During Treatment</td>
<td>105</td>
<td>83.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Researcher

105(83.3%) respondents stated that during treatment, the level of performance is low, 21(16.7%) said that immediately they become aware that they are infected their performance becomes low.

This showed that, the level of performance is affected once they are HIV/AIDS infected.

During treatment is when the level of performance is low. This is due to the fact that many man-hours are lost to attend to medical treatment which otherwise could have been spent on production work.

TABLE 8: PROBLEMS FACED BY HIV/AIDS WORKERS

<table>
<thead>
<tr>
<th>Problems</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>12</td>
<td>9.5</td>
</tr>
<tr>
<td>Lack of concentration</td>
<td>56</td>
<td>44.2</td>
</tr>
<tr>
<td>Frequent sick off</td>
<td>50</td>
<td>40</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
<td>6.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Researcher

56(44.2%) respondents stated that lack of concentration is the main problem, to (40%) stated that frequent sick off is a major problem, 12(9.5%) stated depression is a problem and 8(6.3%) stated that there are problems such as stress, anxiety and fear of victimization.
This showed that, the main problems HIV/AIDS workers experiences are lack of concentration and frequent sick off from duty. Workers suffer from lack of concentration in their work and this is a big problem though sick offs is also a major concern to the firms.

**TABLE 9: TERMINATION OF HIV/AIDS WORKERS**

<table>
<thead>
<tr>
<th>Respondences</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>126</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher*

126(100%) respondents stated that no worker has ever been sacked for being HIV/AIDS positive.

This showed that no firm has a policy of termination of employment of HIV/AIDS workers. Workers are not sacked after testing HIV positive and therefore this is not a problem.

**TABLE 10: PROGRAMMES FIRMS HAVE PUT IN PLACE TO ASSIST HIV/AIDS WORKERS**

<table>
<thead>
<tr>
<th>Assistance programmes</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply of ARV’s drugs</td>
<td>56</td>
<td>44.2</td>
</tr>
<tr>
<td>V.C.T. Centres</td>
<td>20</td>
<td>16.2</td>
</tr>
<tr>
<td>Free treatment/medical care</td>
<td>42</td>
<td>23.3</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
<td>6.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source: Researcher*

56(44.2%) respondents stated that HIV/AIDS get supply of ARV’s drugs, 42(33.3%) stated that they get free medical care, 20(16.2%) have V.C.T. facilities and 8(6.3%) stated that they get other assistance like paid-up inpatient leaves. This showed that, firms provide
free medical care to HIV/AIDS workers and also ARV’s drugs are supplied freely. It is very clear that firms have put in place programmes that assist the workers who are HIV/AIDS victims.

**TABLE 11: SKILL LEVELS OF HIV/AIDS**

<table>
<thead>
<tr>
<th>Levels</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unskilled</td>
<td>20</td>
<td>16.2</td>
</tr>
<tr>
<td>Semi-skilled</td>
<td>96</td>
<td>75.8</td>
</tr>
<tr>
<td>Skilled</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>

**Total** 126 100

*Source: Researcher*

96(75.8%) respondents stated that most of HIV/AIDS workers are semi-skilled, 20(16.2%) stated that they are unskilled and 10(8%) are skilled.

This showed that, most of HIV/AIDS infected workers are those who are semi-skilled but it also showed that all levels of skills are affected. This confirms that the level of output of all workers is low since none of the workers is spared and all workers are interlinked in the cause of their duties.

**Table 12: WORKERS LOST THROUGH EITHER PREMATURE RETIREMENT OR DEATH**

<table>
<thead>
<tr>
<th>No. of workers</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 5</td>
<td>20</td>
<td>16.2</td>
</tr>
<tr>
<td>5 – 10</td>
<td>98</td>
<td>77.5</td>
</tr>
<tr>
<td>Above 10</td>
<td>8</td>
<td>6.3</td>
</tr>
</tbody>
</table>

**Total** 126 100

*Source: Researcher*
98 (77.5%) respondents stated that between 5 – 10 workers have been lost by firms due to HIV/AIDS complications, 20 (16.2%) stated that between 1 – 5 workers have been lost and 8 (6.3%) stated that above 10 workers have been lost by firms for the last three years. This showed that majority of the firms have lost between 5 – 10 workers from the HIV/AIDS infection. This represents less than 10% of the total workers. Therefore about less than 10% of workers in manufacturing firms are HIV/AIDS infected.
CHAPTER FIVE
SUMMARY, DISCUSSION, AND RECOMMENDATIONS

5.0: INTRODUCTION

This chapter contains the summary of the research findings, implications and recommendations and suggestions for further research and conclusions.

5.1: SUMMARY OF THE STUDY FINDINGS

The study was to investigate the effects of HIV/AIDS epidemic on staff performance in manufacturing firms. The target group was the workers who are employees in these firms. The study sample involved managers and supervisors in these firms. Data was collected using a questionnaire which was administered to the said group through the managers/supervisors. There was adequate evidence from the study that HIV/AIDS is not new to all workers since they heard or learnt about the epidemic. All the firms have experienced loss of employee through the epidemic during the recent past. The effects of that which were evident as a result of research finding include, those which directly or indirectly affect the individual performance which eventually have a bearing to the general performance of the firms.

5.2. DISCUSSION

HIV/AIDS scourge has placed a big burden to the Government and to the larger society. This is because, many Kenyans have been infected by the virus. The management of the scourge has been a big problem due to various reasons. Some of the major impediments to manage the scourge has been misplaced attitude towards the disease (UNESCO 2000). Kenya National Development Plan (1994-1996) states that some of the government policies or the management of HIV/AIDS include information on AIDS which help people make informed decision of the epidemic, in absence of a vaccine or cure, health education is the next option.
Since the population is vulnerable, the epidemic have a particular strong effects on all workers, household. Some of the effects on workers performance are caused by such related problems of individual workers who are affected by HIV/AIDS. These problems include:

Depression: It is a mental state that may cause a more serious illness if not controlled on time. This problem makes the workers performance to be below normal (UNAIDS 1998). This leads to lack of workers concentration to the assignments to meet expected level of performance which leads to poor put individual worker.

Frequent Sick offs: This is another problem that leads to poor workers performance especially during treatment. This is more prevalent during the full development of the infection in the body, WHO (1994). Stigmatized as a problem is as a result of the fear that once infected, there are instances of workplace disruption where workers refuse to work with a colleague known or believed to be HIV-positive according to (USAID 2001) affects the workers performance.

Stress: Is another problem that affects the performance of the workers. Once a worker becomes aware of his/her HIV/AIDS status the performance is affected since there is no enough individual ability to perform adequately in his/her tasks (OBIERO 2000).

According to the study results, the above problems were identified through the respondences. It was stated that the workers performance is mostly affected when a worker is attending medical treatment. Workers performance depends on ability to cope to various health problems they experience after being infected by the scourge (USAID 2001).

Absenteeism from the place of work due to HIV/AIDS leads to a direct loss in productivity. Workers become absent due to own illness or sometimes illness in the family, such absence may significantly interfere with other workers ability to work effectively since there are linkages: Workers ability to improve on performance is likely
to drop if family members, friends and colleagues get ill and die. And due to emotional shock that the HIV/AIDS causes might cause lack of concentration on the job and work with speed.

Health of HIV/AIDS individuals will slowly weaken, even if they are still able to work their physical and psychological abilities deteriorate. (USAID 2001).

The study confirmed the research conducted by USAID whose findings were thus psychological stress the infection causes is hard to measure for infected people suffer from depression, and feel guilt and anger towards their family and workplace. Labour shortage and quality is being affected by the infections of workers who due to illness and eventually death. Enterprises suffer from reduced supply of labour, loss of experienced workers and changes in composition of labour force (ADF2000).

A high turnover in the work force means more resources used on training and education of new staff. This is true according to study since firms have been losing between (5-10) workers for a period of time as a result of the scourge.

There have been common opinion that HIV/AIDS is a disease among unskilled workers due to low income but the study found that all levels of skills are affected. NO worker is immune to this epidemic.

About programmes that the firms have put in place such as free medical treatment, supply of AVR’S drugs, counseling and launching of V.C.T. centers in work place have made firms to spend resources which might have been put back to improve on general performance of the firm. Though these programmes are costly to the firms, they eventually have a big impact to the individual performance. According to (USAID 2001). In some companies, healthy workers are increasingly working extra hours to compensate for the time lost by absent colleagues And doing so, not only do companies pay more in terms of overtime, but workers may be overworked and exhausted which eventually lower their level of performance.
With well planned programmes, that include, counseling educating workers and encouraging them to have controlled relationships may lead to less workforce which is infected.

5.3. CONCLUSIONS

The manufacturing sector plays a central role to economic growth in this country. The development of a manufacturing sector is seen as a necessary step for developing an economy and a major source of employment. The employees in this sector are exposed to the problems of HIV/AIDS. Most affected firms are those which are labour intensive such that HIV/AIDS may cause higher labour turnover, rising medical expenses.

Capital Intensive and small firms generally rely more on the experience and knowledge of a few key personnel and are therefore less susceptible but more vulnerable than labour intensive firms. All these firms have been affected once employees who are about 10% are HIV/AIDS infected. More programmes should be initiated by the firms to take more care to victims of the scourge since the spread is wide. Workers should be encouraged through their firms process to visit V.C.T’s centers so that then, HIV status may be known well in time. Those workers who are not positive should be encouraged to change their attitudes towards their HIV/AIDS infected colleagues. This reduces stigma and eventually may raise the workers concentration to duties.

5.4: RECOMMENDATIONS

Manufacturing firms should be encouraged to continue supporting the HIV/AIDS infected workders by getting tax exemptions on medical expenses incurred by workers. This is to assist the firm to develop other programmes that may help employees who are HIV/AIDS victims.
Counselling programmes and V.C.T should be launched in all manufacturing firms to continue with the campaign against HIV/AIDS. Counselling helps the infected and affected to cope with the stigma caused by the diseases.

Workers should be provided with regular educational sessions on HIV/AIDS at their workplace. This will create more awareness and their HIV/AIDS status may be known in time.

5.5: SUGGESTIONS FOR FURTHER RESEARCH

This study focused on effects of HIV/AIDS epidemic on staff performance. During the research other issues that need to be further researched came out as follows:

Research should be carried out to establish the economic impact that the manufacturing firms are experiencing. This is as a result of the evident that, those programmes they are undertaking to care for HIV/AIDS patients are costly and penetrate into their profits.

A study should also be carried out to establish the actual effects of HIV/AIDS to those workers who are themselves not infected. This is because, once their colleagues are infected, they are also affected by undertaking such tasks which could be assigned to them during sickoffs.

A further study may be conducted to find out the effects of the HIV/AIDS on workers output in the Agricultural sector since manufacturing firms are well linked to this sector.
REFERENCES

Kibwana (1992) HIV/AIDS AND LAW in Kenya, a preliminary observation
NAIROBI, KENYA.

MOH KENYA(1998) National guidelines for HIV testing and surveillance Nairobi
MOH

Wachira(1991) AIDS in Workplace Nairobi Kenya

Agglestone P. Homas, H(1989) AIDS scientific and social issues. A resource of
Health educators Edinburge, Churchill Livingstone.

Kenya National AIDS and sexually Transmitted disease control programme
(July 1996) AIDS in Kenya NASCOP

Hasting (1991) AIDS an epidemic of ethical puzzles

Kamau and Others (2004), The impact of HIV/AIDS on handights. A case study
form Kenya.


King(1994) AIDS, HIV, and mental health

Kubler (1987) : AIDS, the ultimate challenge

UNAIDS(1994): AIDS, and the demography of Africa UNO newyork

Lwihuha(1989), Behavioral and epidemiological aspects of AIDS research in
Tanzania Arusha, Tanzania.

Whitty and Others(1994), learning about AIDS

Verlag(1994) – A comprehensive guide to Technical, Medical, Social, legal and
Management issues.


Tuju R(1996): AIDS understanding challenge, Nairobi Ace Communications


UNAIDS (1994) AIDS and the demography of Africa (Newyork) UNO.

Dear Sir/Madam

I am a postgraduate student at Kenyatta University carrying out a research on EFFECTS OF HIV/AIDS EPIDEMIC on staff performance in manufacturing firms. The main purpose of this study is to investigate the problems faced by workers and identify measures that firms have put in place to alleviate this problem.

I therefore request you to help me to complete the study by responding to the questionnaire as truthfully as possible.

Please Answer all Questions

Put a tick( ) where appropriate and write your answers in the spaces provided.

1. Indicate your gender please:
   Male { }  Female { }

2. Have you ever heard of HIV/AIDS?
   Yes { }  no { }

3. How did you come to know about HIV/AIDS?
   Public media { }  Company bulletin { }  other people { }

4. Are there workers in the firm who are HIV/AIDS victims
   Yes { }  No { }

5. If yes, How is their performance levels on their duties
   Below average { }  Average { }  above average { }

6. When is their level of performance mostly affected?
   After infection { }  During treatment { }

7. Has the organization lost any employees as a result of HIV/AIDS for the last 5 years?
   Yes { }  No { }

8. If yes how many have been lost either through death or termination of employment?
   Between 1 – 5 { }  between 5 – 10 { }  above 10 { }
9. What are main problems that HIV/AIDS affected employees experience

- Depression
- lack of concentration
- Frequent sick off
- Others

10. Does the organization terminate the employment of HIV/AIDS infected employees?

- Yes
- No

11. Does the firm have any programmes in place to cater for HIV/AIDS victims

- Yes
- No

12. If yes which are these programmes?

- Counselling
- Medical care

13. Does the firm assist the HIV/AIDS Victims

- Yes
- No

14. If yes, what type of assistance

15. Have these assistance received any positive results

- Yes
- No

16. Does the firm have a follow-up programme to employees who are terminated after performing below average.

- Yes
- No

17. If Yes: What type of follow-up.

- Monetary assistance
- Medical treatment

18. What are the levels of skills of those workers mainly infected by HIV/AIDS

- Unskilled
- semi-skilled
- skilled
TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

RE: RESEARCH PROJECT: DATA COLLECTION

This is to confirm that the above named is an M.BA student in the School of Business, Kenyatta University, and she/he is embarking on her/his project this semester before she/he completes her/his degree programme.

Any assistance you may accord her/him will be highly appreciated.

DR. M. KHAYOTA
CO-ORDINATOR POSTGRADUATE PROGRAMS
**BUDGET**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travelling</td>
<td>5000.00</td>
</tr>
<tr>
<td>Pilot</td>
<td>1000.00</td>
</tr>
<tr>
<td>Stationery</td>
<td>1800.00</td>
</tr>
<tr>
<td>Printing of questionnaire</td>
<td>1080.00</td>
</tr>
<tr>
<td>Cost of proposal</td>
<td>2000.00</td>
</tr>
<tr>
<td>Binding</td>
<td>3650.00</td>
</tr>
<tr>
<td>Research assistant</td>
<td>15000.00</td>
</tr>
<tr>
<td>Typing and Printing</td>
<td>3250.00</td>
</tr>
<tr>
<td>10% contingencies</td>
<td>3378.00</td>
</tr>
</tbody>
</table>

**Total** 37,158.00