An Analysis on the Effectiveness of an HIV and AIDS Workplace Programme at David Whitehead Textiles, Chegutu Depot in Zimbabwe

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Abstract

The purpose of the study was to investigate the effectiveness of the HIV and AIDS workplace programme at David Whitehead Textiles. The effectiveness was measured against the following indicators (i) awareness of the workers over existence of HIV/AIDS related activities being carried at their workplace (ii) whether the workers and the company were benefiting from any existing HIV/AIDS programmes (iii) their attitudes towards the HIV/AIDS Workplace programmes at their workplace. The study used the descriptive survey design to solicit information from 100 David Whitehead Textiles workers (70 male and 30 female) on the effectiveness of HIV and AIDS workplace programmes currently being used at their workplace. A stratified random sampling technique was used to obtain the study’s sample. Findings revealed that the company is running the following programmes; the HIV/AIDS herbal garden within the company premises, HIV/AIDS testing, counselling and treatment at the company clinic. The research also established that workers were benefiting because the programme involved all levels of workers in HIV/AIDS related activities at the company. The workers achieved benefits such as improved health; stigmatisation and discrimination had also dramatically reduced due to the programme. The following recommendations were made among others; expansion of the herbal garden and equipping fully the local clinic, employment of a full time resident Doctor, offer of free HIV/AIDS treatment services and establishment of HIV/AIDS peer education teams within the company.

Key Words: HIV and AIDS, Workplace Programmes, health, stigmatisation and discrimination

The Research Problem

The SADC and Labour Co-ordinating Unit (1997) emphasised that there should be education, awareness and preventive programmes in which employers should develop programmes accessible to all in the workplace and if possible to reach families too. Zimbabwe is a signatory to this code and to this end the parliament of Zimbabwe enacted statutory 2 of 1998 to give guidelines to companies in dealing with HIV and AIDS. This HIV and AIDS workplace programme can only be a success if workers cooperate, if they show interest in the programme and if they adopt a positive attitude towards the programme. Workers too can work hand in hand with the employer if the HIV and Workplace programme is effective. This study therefore seeks to investigate the
effectiveness of HIV and AIDS workplace programme at David Whitehead, a textile company in Chegutu Town, Zimbabwe.

Working Title

An analysis on the effectiveness of an HIV and AIDS workplace programme at David Whitehead, Chegutu in Zimbabwe

Background and Motivation to the Problem

Appraisal of the problem/indicators

This research is coming against the background of the HIV and AIDS Workplace programme that was introduced by the government of Zimbabwe to take care of the HIV and AIDS health needs of the workers. According to SAFAIDS (2002), generally people who are HIV positive are reluctant to visit hospitals to collect anti-retroviral drugs or to be treated of sexually transmitted diseases because they do not want their status to be known.

According to the workshop report of the first Conference of Peer Education for the workplace (1998) the pioneers for the workplace programmes in Zimbabwe are National Railways of Zimbabwe, Triangle Sugar Estates, Commercial Farmers Union and David Whitehead. The SADC and Labour coordinating Unit (1997), claims that the impact of HIV/AIDS at the workplace was noted mostly through the reduction in productivity due to increased levels of absenteeism due to ill health, attending to ill health relatives or attending to funerals. Consequently, SAFAIDS (2002) states that the major activities carried out in the workplace programmes are information dissemination on HIV/AIDS and sexually transmitted diseases infection and condom distribution. Whilst the government and some companies are putting measures to assist workers with HIV/AIDS workplace programmes, it appears it is lacking support from workers. For example, at David Whitehead of the 675 employees, less than 50 employees have been tested since the programme was implemented. It is against this background that researchers were motivated to carry out an analysis on the effectiveness of the HIV/AIDS programme at David Whitehead.

Statement of the problem

In 2006, David Whitehead Textiles introduced the HIV and AIDS workplace programme to take care of the HIV and AIDS health related needs of its workers. However, statistics have shown that the majority of the workers are not participating in this programme. For instance, of the 675 employees at David Whitehead Textiles, Chegutu Depot only 50 employees have been tested ever since this programme was introduced. As such, the inference drawn was that HIV and AIDS workplace programmes are failing. This study therefore sought to answer this question: To what extent is the HIV and AIDS workplace programme at David Whitehead Chegutu Depot taking care of the HIV and AIDS related needs of its workers?

Research Questions

- Does the company have a comprehensive HIV and AIDS Workplace programme?
- Have workers benefited from the HIV and AIDS Workplace programme?
- Has the company benefited from HIV and AIDS Workplace programme?
- What are the views of the worker’s towards the viability of the programme?

Limitations

The research may not be generalised because
the research involves the views of one company which is based in Chegutu. This is so because the researchers were faced with logistical problems of moving from one place to another, distribution of questioners, financial problems for typing and printing equipment. Consequently, the researchers had to limit the sample to 100 employees. Time was also a constraint because the researchers are employed fulltime.

**Delimitations**

The study only involved David Whitehead workers based at Chegutu Depot only. The study was also concerned with the views of Chegutu David whitehead employees only and part time employees did not participate in the study. The researchers only used a questionnaire in data collection. The use of questionnaire by this study was consistent with the theoretical and methodological framework of the study. The study used the positivist philosophy in investigating the effectiveness of the HIV and AIDS workplace programme at David Whitehead Textiles hence the use of the questionnaire alone. Be that as it may, the questionnaire had both open and closed questions to accommodate the different views from the participants.

**Review of Related Literature**

**Conceptual Framework**

**HIV/AIDS Workplace Programmes**

A number of health and safety programmes have been implemented at the workplace and the authorities seem to agree on the definitions of the programmes regardless of the location and usage. Kanouse (1991) assets HIV/AIDS workplace programmes as intervention measures systematically arranged in a sustained manner meant to provide support and assistance to both HIV/AIDS positive and negative workers so as for them to remain at work longer, at the same time ensuring that their health needs and those of their dependents are met. A similar definition is offered by Meredith and Montel (1995) who defines the concept as an organized course of action encompassing rules and regulations, duties and responsibilities co-managed by worker and employee communities covering prevention, care and support for the infected, mitigation for the affected, research and documentation.

In both definitions above, both employer involvement and benefit are envisaged. In other words, workers benefit in terms of uplifting of their health status on one hand and on the other there is high productivity for the benefit of the employer. HIV/AIDS workplace programmes are therefore work related undertakings meant to assist workers to obtain a better health status which then becomes of benefit to company productivity.

**Rationale for HIV workplace programmes**

Upon realising that HIV/AIDS was becoming a menace in all sectors of the economy there was need to address the issues of the pandemic bearing in mind that economically active group in society was the most affected. The Ministry of Public Service, Labour and Social Welfare therefore made it mandatory through statutory instrument 202 of1998 of the Labour Relations (HIV/AIDS) regulations, that all employers shall cause to provide education and information, at the workplace during normal working hours, relating to safe sex, reducing sexually transmitted disease, prevention of HIV/AIDS and provision of counselling facilities (National HIV/AIDS Policy December 1999).

The HIV/AIDS workplace programmes would also among other responsibilities
Increase knowledge on HIV/AIDS prevention among workers.
Increase knowledge on STI’s and their prevention.
Reduce absenteeism due to HIV/AIDS related illness. Loss of many hours is a cost.
Pave way for the reduction of healthy workers since an ailing worker paved way for productivity.

The concept of “Effectiveness”

Effectiveness has been defined by various authorities in a variety of ways depending on the context. However Etzioni (1964) defines the terms as “the extent to which an Organisation achieves the objectives for which it was established.” Goodman, Pennings and Associates (1977) view effectiveness as the achievement of goals for which an organisation is set up. On the other hand, Drucker (1967) asserts that effectiveness is the ability to get things done. All the above citations point towards the achievement of goals as the benchmark of effectiveness.

This research is concerned with the effectiveness of HIV/AIDS workplace programmes. In this context therefore effectiveness refers to how well and to what extent the HIV/AIDS workplace programmes achieve the goals for which they are established. According to Drucker (1967) effectiveness of a programme is the degree of goal achievement. Thus workplace programme is effective to the extent that it succeeds in providing services and facilities to the HIV/AIDS positive workers /employees and their affected families.

Indicators of HIV/AIDS workplace programmes effectiveness

Authorities such as Drucker (1967), Goodman, Pennings & Associates (1977) and Etzion (1964) have advanced indicators of different programmes among which are the HIV/AIDS programmes. The following list depicts the features of what the authorities would term effective HIV/AIDS workplace programmes:

Sizeable reduction of the prevalence of HIV/AIDS at the workplace.
Reduced HIV/AIDS related deaths.
Reduced absenteeism due to ill health.
Avoidance of discrimination against HIV/AIDS workers/employees.
Reduction in general unhappiness.
Improved general welfare of employees.
Improved performance by both the individual worker and the company as a result of improved workers ill health.
Capacity to make provision for medical and psycho-social support to the affected and the infected.
Qualified trainers, aides of and other health and safety personnel.
Availability of resources and their timeous distribution to the beneficiaries.

It is against these indicators, among others, that the effectiveness and/or lack of it, of HIV/AIDS workplace programmes is determined or measured.

Benefits derived from the HIV/AIDS workplace programme

Authors in health workplace programmes such as Komaki, Heinzman and Lawson (1980), Levine (1983), Schultz & Shultz (1986), Pelletier (1984) and Heynes, Pine and Fitch (1982) are in agreement on the general benefits derived from health programmes. These benefits include reduction of the prevalence of diseases and accidents, deaths due to ill health, general unhappiness and improved general welfare of workers and improved performance.

These benefits, besides demonstrating the effectiveness of the workplace health programmes also go on to motivate the employees towards working for a healthy and safe workplace environment. According to Schultz & Shultz (1986) a study carried out at 130
General Motor Plants in U.S.A, 10000 to 150000 employees were treated of various illnesses and the following benefits were derived from the programme demonstrating its effectiveness: There was;
1. a 40% reduction in lost time due to illness
2. a 50% reduction in accidents on the job.
3. a 60% reduction in accidents and sickness benefit claims.

Schultz& Shultz (1986) further acknowledges more benefits for Philips Petroleum (USA) where the workplace health programme saved over $8m per year owing to few accidents, less leave and greater productivity.

Pelletier (1984) established that some diseases cause impairment of judgment, sluggishness of movement and obviously these behavioural changes influence on job performance and efficiency. Schultz& Shultz (1986) observed that depending on what there is to steal in the company thefts are on increase to try to support the expensive required type of drugs such as A.R.Vs by those infected and affected by HIV/AIDS and other diseases. As such employees become an administrative and economic burden to management and a menace to themselves and co-workers as a result of stress due to their HIV/AIDS status. Such are true signs of ineffectiveness in terms of workplace health programmes which must not be perpetuated if positive benefits were to be achieved. Schultz& Shultz (1986:462) sums up some of the benefits by remarking that,

“Generally firms that continue health and safety efforts in a systematic and thorough fashion have been rewarded with substantial reduction in lost hours of work. The money thus saved usually more than pays the cost of the workplace programmes.”

To this end, the community needs to understand the rationale of HIV and AIDS workplace programmes, the effectiveness of these workplace programmes bearing in mind their cost-effectiveness and the welfare of workers. If both workers and organisations are to take up these programmes, they need to understand the benefits associated with them.

Theoretical Framework

Models of HIV/AIDS workplace programmes

A number of models have been advanced as to how these programmes have been conceived and eventually implemented. Among these models or theories are the Traditional or Management model, the Shop Floor models and the Partnership or Cooperative model.

The Traditional Management Model

According to Chakanyuka (1999) the model is based on Webber’s bureaucracy and Taylor’s scientific management philosophies. Both authorities advocate for a company hierarchical structure for the attainment of organisational effectiveness. The model is a top-down approach to the implementation of workplace programmes. The advocates of the model assume that the effectiveness of any health workplace programme depends on speed, control and inputs that management provides. The model works on the premise that workplace programmes are effective since non-rational considerations are eliminated from the programme because the model is not based on personalized relationships. The model further assumes management knows it all. It is the role of management to identify health needs and health objectives of employees and puts into motion a programme based on these identified needs and objectives.

The following is a diagrammatical illustration of the model.
The management/traditional Model: Adapted from Yorke (1997)

The merits of the model
As already alluded to above the model is quick to implement since it is based on company authority. Resources are also made available leading to the effectiveness of the programme. Continuity is also guaranteed since management is always there to control and provide resources (Yorke, 1997)

Demerits of the Model
According to Yorke (1997) and Griffin (1990) the following demerits may militate against programme effectiveness:

- The implementing agent is management which may not be in touch with employee needs.
- Since it is a top–down approach to programme implementation, it may face resistance from the workers. Some workers resist forced allargency to the programme.
- The motive of management is to create a healthy employee who can be exploited for the benefit of the company with little or no return to the individual employee.

Based upon these demerits, therefore, programmes incepted through this model are bound to be less effective hence may fail.

The HIV Workplace Shop floor Model
The model is also referred to as the grassroots model. Employees identify and define their own needs and objectives which they want to be solved. This is based on the assumption that only the workers are capable of identifying their own problems and solve them. According to Griffin (1990) the success of the program is based on the target population, the workers who are in total control.

However, management is there to provide resources and its blessings to the programme.

The Shopfloor Model

Adapted from Yorke (1977)

Merits of the shop floor Model
The following merits pave way for the effectiveness of the HIV/AIDS programmes based on the assumption of the shop floor model.

- Workers participation and involvement is good.
- There is a sense of ownership of the programme hence workers identify the programme as theirs and therefore may not sabotage their own initiation.
According to Sergiovanni and Starratt (1979), if programmes are to succeed, they should depend on grassroots process.

**Demerits of the Shopfloor model**

Sergiovanni and Starratt (1979), Yorke (1977) and Meredith and Montel (1995) identified the following weaknesses against the model.

- Management may not be interested to fund the programmes whose worth they may not be sure of.
- The models ignores the need to communicate new ideas from other prospective stakeholders especially management.
- It may not be easy to operationalise without the blessing of management and the provision of resources such as funds and time to carry out required activities.

**The Partnership/ Collaborative Model**

The model is a hybrid model combining the features of the Traditional and the Shopfloor models. According to Yorke (1977) the model recognizes the need to reconcile employee needs with those of the company. Needs of both parties are therefore complimentary. Both the employer and the employee work towards meeting the goals of both parties. According to Bates (1993) a healthy workforce means increased production and more benefits to both employer and employee.

The model envisages that parties to the programme are given equal functional status for example an employee can chair the programme committee while a member of the management can deputise and this is reversed in other portfolios. Parties work as colleagues in the programme and no one dictates what ought to be done. Feedback flows both upwards and downwards. The major trust of the model is to place emphasis on the HIV/AIDS workplace programme and its improvement for the benefits of the stakeholders.

**Advantages of the model**

It is a genuine partnership cantered approach in which all stakeholders are on an equal footing. Posts are shared equitably regardless of employment status at the workplace. The model assumes that for success of the programme, all members need to be consulted and make an input into the project. While management brings in resources, employees bring in new ideas or views resulting in a lot of resources being pulled together.

**Disadvantages of the Model**

One outstanding demerit of the model according to Griffin (1990) is that meetings take long to bring about decisions due to consultation among the members since everyone involved should have a say.

Despite this shortcoming, the model has been adopted by quite a good number of companies among them David Whitehead Textiles, where the present research was carried out.

**Review of Related Empirical Studies**

Generally studies and theories advanced by authorities seem to be in agreement on what constitutes an effective workplace programme. Factors that have also been advanced as giving rise to effectiveness of programmes, have to a large extent been uniform among the various researcher’s findings, though differing here and there. It is also has to be borne in mind that not a lot of research has been undertaken in Zimbabwean factories or organizations over the issue of HIV/AIDS particularly, but health and safety programmes at the workplace are in abundance.

Among the factors and issues giving rise to health workplace programmes advanced by Levine (1983), Zohar (1980), ZAPP (1997), Matenga (1990) and Sell (1977) are the availability of resources for the pro-
grammes, management commitment to the programme, motivation and the general outcomes of the programmes in terms of benefits derived among others.

Zohar (1980) carried out a study of 20 industrial organizations in Israel to establish what constituted the effectiveness of health workplace programmes. Employees, who had to respond to a questionnaire, where asked how they rated their health workplace programmes and what they felt contributed to the effectiveness of the programme. The study established that no matter how sophisticated a company’s health programme is, it will not be effective unless employees perceived that organizational climate is highly supportive of the health and safety of workers at the job.

Like Sell’s (1977) investigation, Zohar (1980) further established that management commitment was rated highly by the respondents as a very important factor in the effective implementation of the workplace programme. The same sentiments are also echoed by the Institute of Personnel Management, Training, Labour and Business module which asserts that for a healthy and safety programme at the workplace to be effective, there must be top management blessing and commitment in order to facilitate both the acquisition of resources and the provision of morale.

In contrast to the above findings, Levine (1983) established that line supervisors played a key role unlike the top management team. The success and effectiveness of health programmes was attributed more to line supervisors than top management by Levine (1983) because the line supervisor maintained a close daily association with workers and made him or her alert of any health issues and needs of the workers.

While the above arguments hold, Schultz & Shultz (1986) takes a central position by postulating that all levels of management and the workers themselves are very critical in the success or failure of the programme. While the line manager is near the ailing worker he/she knows the health needs of the employees and advises management of the best position. Therefore according to the findings of Schultz & Shultz (1986) all levels of supervision and management are critical since they provide and demonstrate broad support and innovation to the employees assistance programme.

The Zimbabwe AIDS Prevention and Support Organization ZAPSO (2003) also echoed its sentiments on the workers attitude towards the programme. ZAPSO (2003) carried out a research on why company HIV/AIDS programmes do not survive for a long time. ZAPSO (2003) established that most HIV/AIDS workplace programmes do not survive beyond two years mainly because workers were not enjoying the full ownership of the programmes thus they had a negative attitude towards the programmes. By then, companies had not been taught on the effects of running HIV/AIDS programmes leaving their workers out. For HIV/AIDS programmes to run for a long time, ZAPSO (1998) recommended that workers should take full ownership of the programme. Those way workers will adopt a positive attitude because they will be allowed to attend O.I clinic, go on exchange visits and carry out training and awareness sessions during the company’s time. It may not be possible if workers are not allowed to take full ownership of the programme.

According to Sell (1977) and Levine (1983) promotional and publicity campaigns played a pivotal role in the effectiveness of the firm’s health programme. Sell (1977) established that where employees got information about the programme, more joined the Employees Assistance Programme (EAP) voluntarily because of the envisaged benefits of the programme. However, Levine (1983) in concurrence with Sell (1977) found that different campaign and promotional methods appealed differently to the employees hence somewhere effective yet some lacked the potency to woo the employees into being part and parcel of EAP. Levine (1983) established
that 93% of companies investigated used posters that were posted within and just outside the company’s premises to encourage health practices as well as to take part in the programme. The results of the programme were great in most of the companies and the EAP were successful.

Sell (1977) is in agreement with Schultz & Shultz’s (1986) findings in which they both argue that pamphlets are the most effective especially those which they discovered in use in many firms, which were bright and attractive. Sell (1977) established that pamphlets were the most attention catering through the use of bright colours, sharp defined letters and visible placement. In his investigations in the U.S.A, Sell (1977) found out that programme effectiveness and efficiency through health practices were detected within weeks after the introduction of pamphlets in the organisation.

Schultz& Shultz (1986) also established that the effectiveness of the EAP’s could also be achieved through the use of charts, safety contests nationwide or company will as is with the case with the Mining industry in Zimbabwe where the Chamber of Mines organizes context and games for its members as a way of promoting health and safety in the mining industry.

Gaps Revealed

This present research was aimed at establishing the effectiveness of HIV and AIDS workplace David Whitehead Textiles in Chegutu. As can be noted in the foregoing literature, most researches were undertaken in western countries and the findings therefore cannot be fully generalised to be representative of the views or perception of employees in a third world country, Zimbabwe. At most researches alluded to above used interviews and observations in companies as tools of extracting data from respondents. The issue at hand, involving HIV/AIDS is a sensitive one hence employees need to remain anonymous so that they reveal all data regardless of its sensitivity hence the use of questionnaire in this research. Previous studies reviewed also show that perceptions that were under spotlight were those of employees alone thereby excluding management perceptive of the programmes. This, therefore reveals a gap in the results so obtained thus this present research is concerned with perceptions of all employees in the textile company under investigation. For these reasons, the researcher felt it worthwhile to continue the investigation despite the vast mass of literature unearthed through the literature search.

Research Methodology

Research Paradigm

They are two major schools of thought in research philosophy which are interpretivism and positivism. According to the positivist ontology there is a single, external and objective reality to any research question regardless of the researcher’s belief (Carson et al. 1988; Hudson & Ozanne 1988). Positivists also claim it is important to clearly distinguish between fact and value judgment. Statistical and mathematical techniques are central in the research methods adopted by positivist researchers and they adhere to specifically structured research techniques to uncover single and objective realities. The goal of positivist research is to make time and context free generalizations and they believe this is possible because human actions can be explained as a result of real causes that precedes their behaviours (Carson et al. 2001; Hudson & Ozzane, 1988).

On the other hand, the interpretivism believe that the reality is relative and multiple. According to this tradition there can be more than one reality and more than a single structured way of accessing such realities. Lincoln and Guba (1985) explain that these
multiple meanings are very difficult to interpret as they depend on other systems for meanings. The knowledge generated from this discipline is perceived through socially constructed and subjective interpretations (Carson et al. 2001; Hudson & Ozanne 1988).

The researcher chose positivist philosophy for this research undertaking. In this research philosophy statistical and mathematical techniques are central in the research methods adopted by the researchers and they adhere to specifically structured research techniques to uncover single and objective realities. The positivist researchers take a controlled and structural approach in conducting research by initially identifying a research topic, constructing appropriate research questions and hypotheses and by adopting a suitable research methodology.

Research Methods

According to Chimedza, Chinyemba and Muchengetwa (2007) a descriptive survey is mostly concerned with organising and summarising information clearly and effectively. It involves simplifying and giving the properties of data. It is the best design that is appropriate to gather data on the effectiveness of HIV/AIDS programmes at the workplace. The descriptive survey tailored the researchers’ resources, i.e. human, physical, time and financial resources.

In this study, the researcher used the descriptive survey because of its numerous advantages. It was easy to use and administer since it uses questionnaires and produces accurate and representative data. Data was collected in a short period of time and the design enabled the researcher to collect different pieces of information at the same time. The collection of data can be done in a short period of time which is less expensive.

Despite the numerous advantages of using the descriptive survey, it has its own disadvantages which include the fact that the researcher may choose respondents who are easy to get. Information obtained may be limited to what the respondent is willing to give. However, the researcher tried by all means to design a questionnaire in a way that enabled the respondents to elaborate on their response. In this respect, the merits of using descriptive survey designed far outweighed its disadvantages thereby validating the use of this design.

According to Latif and Maunganidze (2004) a population can be defined as the entire collection of events in which you are interested in. Chimedza et al (2007) define a population as the entire set of objects or subject of interest in a statistical survey or study. The researcher defined its population as all full time employees employed at David Whitehead, who are 575 in number. What it means is that the researcher’s target population was 575 workers.

According to Chimedza et al (2007) a representative sample is one that contains the characteristics of the population as closely as possible. For example, all departments were represented. The reasons why a sample was used is that the population may be scattered and it helped the researcher economically.

The sampling procedure that was used in the research is the stratified sampling procedure. According to Chimedza et al (2007) a stratified sample is a sample selected by randomly selecting elements from separated subgroups (strata) within the population. Put simply, a stratified sampling is a sampling procedure in which the researcher first puts the population into non-overlapping groups or subgroups called strata and then select a random sample from each stratum. The researcher included each department in the sample. From a population of 575 the researcher obtained a sample of 100. The re-
searcher then calculated the proportion of the employees that constitute the sample; the population was divided into subgroups or strata and the proportions were calculated so much that when the sample was constituted the subgroups (strata) had the same proportion in the sample as was in the parent population. Management views were also taken.

**Instrumentation**

A questionnaire with closed and open ended questions was used to gather information from respondents. Best and Khan (1993) define a questionnaire as data gathering instrument through which respondents answer questions or statements in writing. Thus a questionnaire would mean a document containing questions specifically designed to solicit information appropriate for analysis. According to Chimedza et al (2007) questionnaires are sent by mail (mail questionnaires) or delivered by hand and the respondents go through the questionnaire alone, completing the relevant sections. The questionnaire is the principal instrument for data collection from human population. Robson (1993) also observed that questionnaires still remain the most reliable means of collecting data with limited distortion despite some noted disadvantages of using it as a data collection tool.

**Validity and Reliability**

Miller (2000) defines it as the extent to which the instrument measures what it purports to measure. There are many different types of validity, including: content validity, face validity, criterion-related validity (or predictive validity), construct validity, factorial validity, concurrent validity, convergent validity and divergent (or discriminant validity). In research, validity has two essential parts: internal and external. Internal validity encompasses whether the results of the study (e.g. mean difference between treatment and control groups) are legitimate because of the way the groups were selected, data was recorded or analysis performed. External validity, often called “generalizability”, involves whether the results given by the study are transferable to other groups (i.e. populations) of interest (Miller, 2000).

Miller (2000) defines reliability as the extent to which a questionnaire, test, observation or any measurement procedure produces the same results on repeated trials. In short, it is the stability or consistency of scores over time or across raters. The related topic of reliability addresses whether repeated measurements or assessments provide a consistent result given the same initial circumstances. An important point to understand is that a measure can be perfectly reliable and yet not be valid. There are three aspects of reliability, namely: equivalence, stability and internal consistency (homogeneity).

**Ethical Considerations**

Pera and Van Tonder (2005:149), argue that: “There is no doubt about the fact that research is an ethically significant activity, and any research project must be pursued in an ethically reflective manner. Nurses face ethical dilemmas in their daily duties, as do researchers when humans are used as study participants in a research investigation. Care must be exercised that rights of those individuals are protected”.

Research ethics are a set of guidelines that assist the researcher in conducting an ethical study (Christensen, 2007). Ethical considerations include respect for respondents, autonomy, ensuring confidentiality, anonymity and autonomy. Assurance was given that the information was strictly for research purposes and would not be made available to anyone outside the research. Benefits of the study were inferred to in the objectives. In the study no monetary incentive was offered as this was an academic study.

The researcher made concerted efforts during this research undertaking to adhere to
proper ethical considerations. No intentional physical or psychological harm was caused to any of the respondents in this study. All of the participants in this study were treated with great respect regardless of the individual’s social standing. Prior information was sought from top level management to carry out research. The right of the respondents to decline participation in the research was respected. The researcher submitted an affidavit to management at Sandvik before getting access to sensitive information such as medical records and treatment records, the affidavit stated that information collected under the study would only be used for study purposes and was not for public consumption.

Data Analysis and Interpretation

The data presented was obtained through the use of questionnaires administered to 100 employees of David Whitehead Textiles, Chegutu Plant. Data was presented in themes identified and those categories or themes included age, sex, occupation and demographic aspects such as position held among others as well as workers perceptions on different variables, on HIV/AIDS workplace programmes. Frequency distribution tables were used to record responses. Each time a response occurred, it was noted on a spread sheet improvised by the researchers. A percentage was then calculated using an electronic calculator.

Out of the 100 questionnaires, distributed to respondents, all were returned because the researcher had to make follow ups to retrieve all the issued questionnaires. However, questionnaire distribution and collection was hampered by the industrial action at the firm but the researchers had to be patient, hence the 100% response rate.

5.6.1 Respondents Bio data

Table 1 show that all the employees were mature since no one is below the age of 20 years. The majority of the employees were clustered around the 30 – 49 age group which has a total 77 (77%) of the respondents. The 60 and above age group had 4 (4%) respondents meaning to say the company employed mostly those in the economically active group.

Fig 1 shows that all the respondents 70(100%) respondents were males whilst 30% were females. This shows that the research was not gender sensitive but the problem can be traced back to the company recruitment policy. The majority of the workers at the company are male.

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>NUMBER</th>
<th>PERCENTAGE</th>
</tr>
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<tbody>
<tr>
<td>Below 20 years</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20- 29</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>30- 39</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>40- 49</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>50 – 59</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>60 years and above</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Table 2: Distribution of Respondents by Length of Service at the company

<table>
<thead>
<tr>
<th>RANGE</th>
<th>NUMBER</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 5 years</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>5 – 9</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>10 – 19</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>20 years and above</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Data depicted in Table 2 shows that the majority of the respondents were very experienced employees and therefore are fully acquainted with the goings on and the programmes in the company. Only twenty one (21%) of the employees has been with the company for less than 5 years. The 5 - 9 years' experience range has the majority of 40(40%) of the respondents while the 20 years and above has 5(5%).

Table 3 shows that the majority of the respondents 82(82%) were general hands and the quality control and engineering departments had 6(6%) each. The least represented in the research was the management department which had 1(1%) of the respondents. However, the majority of the departments/occupations were represented.

The general hands in Table 4 were the most represented with 82(82%) followed by laboratory assistants from the quality control department who accounted for 6(6%) followed by electricians 3(3%), fitter and turner 3(3%) the same as supervisors. There was only 1(1%) personnel officer, 1(1%) safety officer and 1(1%) management trainee. Various positions in the plant were represented thereby enabling the acquisition of a diversity of perceptions on HIV/AIDS workplace programmes.
Figure 2 shows that the majority of the respondents 75(75%) did not know their HIV/AIDS status. Assumptions can therefore be advanced that it is either they do not want to know or the access to VCT facilities is difficult. Only 5(5%) testified that they were positive while 20(20%) were negative. It does show therefore that only 25 (25%) of the respondents got tested for HIV/AIDS.
Data analysis and interpretation

Does the company have a comprehensive HIV and Workplace programme?

Table 5: Respondents’ views on the HIV and AIDS workplace programme

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>YES</th>
<th>%</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the company have a sustainable Programme for HIV/AIDS positive workers?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>66</td>
<td>66</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>If yes, does the company programme involve everyone?</td>
<td>70</td>
<td>70</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Both HIV positive and negative workers are involved in the programme?</td>
<td>68</td>
<td>68</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Is it worthy to undertake the programme in light of the numbers of the participating employees?</td>
<td>70</td>
<td>70</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Is management involved in the programme?</td>
<td>39</td>
<td>39</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>Are there any differences on worker’s perceptions of HIV/AIDS status before and after inception of the programme?</td>
<td>69</td>
<td>69</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Are workers satisfied by the service delivery offered by those involved?</td>
<td>37</td>
<td>37</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>Are workers from all departments involved/ included in the committees?</td>
<td>64</td>
<td>64</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Is the composition of committees such that all worker regardless of level are involved in decision making?</td>
<td>60</td>
<td>60</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Is the programme coping with the demands of those in need?</td>
<td>27</td>
<td>27</td>
<td>73</td>
<td>73</td>
</tr>
</tbody>
</table>

Table 5 shows that 66(66%) of the respondents agreed that the firm offered a sustainable programme while 34(34%) were not of the view the programme was sustainable. Seventy (70%) remarked that the programme was well representative of all the employees in the plant although when it came to representative in terms of HIV status 68(68%) thought that it was very representative.

In light of the numbers participating in the workplace programme, 70(70%) thought it was worthy undertaking the programme this being due to the fact that quite a significant number of workers were taking part. The majority of the respondents 61(61%) responded that management was not involved in the programme while only 39(39%) remarked that management was involved.

Table 5 also shows that 69(69%) indicated that there had been differences in perception on HIV/AIDS status before and after the inception of the programme. However, the majority of the respondents 63(63%) indicated their dissatisfaction over the programme in terms of service delivery. Only 37(37%) said that they were satisfied. Sixty-four (64%) respondents said that all departments were represented in the committees running the affairs of the programme and 60(60%) indicated that all workers were represented in decision making processes.

Questioned if the programme was coping with demands of those in need, table 5 shows that only 27(27%) agreed and the majority 73(73%) indicated the programme was failing to cope.

How have workers benefited from HIV and AIDS workplace program?

Table 6 shows that 0(0%) respondents benefited from hand-outs and A.R.Vs freely. However, 68(68%) remarked that they had benefited from education and information. Other benefits derived included accessing
A.R.Vs in the vicinity but at a low cost (20%), voluntary Counselling and Testing (VCT) 76(76%) and free condom distribution 80(80%). With 76(76%) respondents accenting to the fact that VCT was a benefit, one therefore wonders why only 25 (25%) knew their HIV/AIDS status. 

How has the company benefited from HIV and AIDS workplace programmes?

From Table 7 it can be noted that the HIV/AIDS workplace programme at David Whitehead textiles has made remarkable achievements. Sixty (60%) thought that workers health had improved and 75(75%) indicated reduced worker absenteeism. Other benefits scoring highly are reduced retirements 60(60%), lower prevalence of HIV/AIDS infections 65 (65%) and fellow workers no longer shun HIV positive workers 76(76%). Sixty-five (65%) thought there was lower prevalence rate of HIV and AIDS infections whereas 60% indicated that there were reduced retirements. 

What are the views of the workers towards the viability of the HIV and AIDS Workplace Programme?

Table 8 shows response from open ended questions. According to the table 70(70%) indicated that health education was provided while 30(30%) disagreed. Asked whether information dissemination was effective 68(68%) agreed while 32(32%) disagreed. Twenty (20%) indicated that everyone got to know about HIV/AIDS status of other employees probably either through the employees themselves or project management since 62(62%) had earlier said that HIV positive employees had come out in the open to reveal their status. Worth noting...
is the review held by 73(73%) that respondents viewed the programme as having made some significant change in the lives of HIV positive employees. This is probably based on results of programme achievement depicted in table 8 above. Asked to elaborate what significant changes had been realised by workers owing to the programme, out of 73, 52 indicated that they now got preferential treatment from management in that they carried out light duties, associate with colleagues and got medication. Twenty-one indicated that the herbs in the herbal garden had made them fit and strong. Sixty-four (64%) indicated that the programme is managing to meet its objectives.

### Research Results

This present study was undertaken to establish the effectiveness of the HIV/AIDS workplace programmes at David Whitehead Textiles Chegutu. In order to answer the main research question, four sub problems were asked and obtaining answers to these sub problems meant answering the research problem.

### Does the company have a comprehensive HIV and AIDS workplace programme?

Findings of this study reveal that just like any other firm, industry or organization, David Whitehead Textiles has a comprehensive programme on HIV/AIDS mitigating for both the infected and affected. Sixty-six (66%) of the respondents indicated that the programmes available were sustainable, while only 34 (34%) doubted the sustainability of the programme threat in existence. This shows that company management has abided by the requirements of the Labour Act that makes it mandatory for all employers to put in place workplace programmes on HIV/AIDS. To show that programme is sustainable, management has been involved so has all the workers from all different departments who have come together to form an all-inclusive committee vested with the responsibility of administering the programme. Activities being undertaken through the programme include the herbal garden, treatment at the company clinic and information campaigns. Such programmes were seen to be very effective in previous researches particularly the one undertaken in the transport industry by NECTOL, though

#### Table 8: Respondents’ views on the viability of the programme

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>number %</td>
<td>number %</td>
</tr>
<tr>
<td>Does the programme management offer health education?</td>
<td>70</td>
</tr>
<tr>
<td>Is the form of information dissemination effective?</td>
<td>68</td>
</tr>
<tr>
<td>Have workers come out in the open to disclose their HIV status?</td>
<td>62</td>
</tr>
<tr>
<td>Does everyone get to know information regarding the status of other employees?</td>
<td>20</td>
</tr>
<tr>
<td>Has the programme made any significant change in the way of life of HIV positive workers?</td>
<td>73</td>
</tr>
<tr>
<td>Are the objectives of the programme being realised?</td>
<td>66</td>
</tr>
</tbody>
</table>
resources were militating against the effective implementation of the intended programme activities.

Respondents were asked if the company programme involved every one of the workers. Only 30 (30%) disagreed whereas 70 (70%) agreed. Taking into consideration that the company employees over 575 workers, it therefore follows that according to the majority of the workers quite a sizeable number of workers were involved. This is probably why when asked if the company had a sustainable programme of HIV/AIDS positive workers 66 (66%) agreed.

Sustainability of programmes according to Levine (1983) was to a large extent also determined by the numbers of people involved. Schultz & Schultz (1986) is also in concurrence. To further answer the sub problem the respondents were asked if it was worthy undertaking the programme in light of the participating number, 70 (70%) agreed. This is in agreement with the findings of various researchers such as Pelletier (1984) and Sell (1977) who argued that at most statistics of participating individuals workers in any EAP paved the way for its sustainability as most firms were willing to sub-contract EAP's when small numbers were involved. It therefore goes to show that where greater numbers such as 575 workers participate companies were well prepared to keep the workplace programme going. This is why the majority therefore found the programme worthy while. However, Beach (1983) is of the idea that regardless of the participating numbers companies should have the EAP's that are suitable to the sizes of the workforce or the numbers of interested individuals. Regardless of the views of the 30 (30%) workers, at least David Whitehead Textiles seem to be fulfilling the mandatory requirements of the Labour Relations (HIV/AIDS) Statutory 202 of 1998 that makes it compulsory for all companies to have HIV/AIDS workplace programme for both the HIV positive and negative employees.

How have workers benefited from HIV/AIDS programmes at David Whitehead?

In an attempt to assess the effectiveness of the HIV/AIDS workplace programme at David Whitehead, workers were asked to state their views on benefits which derived from the programme. Results show that 68 (68%) had benefited from Education and Information, 20 (20%) had accessed ARV's in the vicinity but at a cost, 76 (76%) indicated that voluntary testing and counselling as a benefit while 80 (80%) indicated that they benefited from free condom distribution.

The National Employment Council for the Transport Operating Industry (NECTOL) (2000) helps to support the findings of this study by remarking that employees need to benefit from workplace interventions through free condom distribution that may help reduce the transmission of the disease as well as education and information provision. Matenga (1990) also concurs and goes further to indicate that voluntary counselling and testing are also benefits to be derived from the programmes. However, it would appear ARV's are still far from the reach from many employees as the research do not seem to indicate any move towards free A.R.V distribution although this present research found out that only 20 (20%) had accessed them though at a cost.

Inspite of the fact that 76 (76%) of the respondents indicated that VCT was one of the benefits of the programme, what remains a puzzle is that according to the data on the status of the employees, it would appear that only 25% know their HIV status while the other 75% indicated that they did not know their status. Despite this, however, VCT still remains a very significant benefit of the HIV/AIDS workplace programme, although Jackson Helen (1998) found that over 85% of the workers he interviewed were still sceptical about being tested for fear of stigmatization.
How has the company benefited from the HIV and AIDS workplace programme?

Results from the findings show that 73 (73%) respondents indicated that the programme had made some significant change in the way of life of HIV positive workers. Above all 66 (66%) indicated that the objectives of the programme were being realized, the objectives in general being improved, health and performance by both employee and the company (Druker, 1967).

Asked what achievements the programme had on the workers lives, 60 (60%) said that workers' health had improved. Since the inception of the programme there was a lower prevalence rate of HIV/AIDS infections. Seventy-six (76%) indicated that fellow workers no longer shun positive employees.

The findings also show that there was reduced worker absenteeism from duty 75 (75%), higher workers output 56 (56%), reduced retirements due to ill health 60 (60%), and a reduction in lost time due to visits to local clinics and hospitals 62 (62%).

These findings are in agreement with those of Schultz (1986) in a study carried out at General Motors were between 10 000 - 15 000 employees were treated of various illness. The same research also established that lost time due to illness was reduced and claims due to illness and accidents were also reduced by 60 (60%). Like in this present research, at Philips Petroleum (USA) Schultz (1986) established that there was greater productivity at the company after the inception of the work place health programme made a lot of production to the benefit of both the firm and the employees.

Results of this present study also show that workers' lives have improved because the programme changed people's attitudes towards being HIV positive and workers have accepted their status. However, more changes could have achieved had the programme provided food stuffs and free A.R.V'S as what some 100 (100%) of the respondents recommended as the way forward.

What are the views of the workers towards the viability of the programme?

Findings from the study reveal that workers are no longer shunned by fellow workers and the company management has come to assist with relaxation of conditions of employment. According to 30 (30%) of the employee respondents, management has allowed the employees to work full time and have improved workplace conditions and at times given HIV positive employees light duties during times of illness. Sixty (60%) indicated that the HIV positive employees enjoyed same services and access to same toilets, cafeteria and health promotions and other benefits were extended to all regardless of HIV status. To this end it can be noted that generally, workers have a positive perception towards the programme.

These findings agree with the requirement of the Labour Act that prohibits discrimination on grounds of HIV status. Jackson (1998) also found the same in his investigation. Although indications were that a lot of education and information on HIV/AIDS was needed to remove the myths associated with the condition that has given rise to sceptism among the workers as to what helped in the transmission of the virus. Terry (1999) also concurs. According to his research findings, working with an HIV/AIDS positive worker brought about uneasiness among the workers meaning to say that stigmatization may be in existence at some level. Workers who are positive therefore may need some time before they are fully accepted especially by fellow workers although management, because of the existence of law, have had their attitude towards positive employees drastically changed.
Conclusions

The following conclusions were drawn from the above findings:

• David Whitehead Textiles Company has a comprehensive HIV/AIDS workplace programme as seen through the existence of a herbal garden, clinic, a management committee to administer the programme as well as the involvement of all the workers.

• The programme has benefited the workers through improved health and lower prevalence of HIV/AIDS infections among others demonstrating the success and effectiveness of the programme.

• The company has also benefited because there is reduced worker absenteeism, reduction of hospital visits and reduced retirements

• The programme has succeeded in as far as it paves way for the avoidance of dissemination and stigmatization at the workplace. All workers enjoyed equal opportunities as a result of the programme.

Recommendations

Basing on the above conclusions, the researchers recommend that;

• The company must expand its herbal garden and must fully equip the local clinic. The company must also employ a fulltime resident Doctor and offer free HIV and AIDS treatment services.

• The must establish peer education teams within the company. The government of Zimbabwe must also come up with a viable policy that ensures all organisations havebegun HIV and AIDS workplace programmes to improve the health of workers and to lower HIV and infections among workers.

• Organisations must also adopt the HIV and AIDS workplace programme as it has proved to be cost effective.

• HIV and Workplace programmes must be viable and ensure that all workers enjoy equal opportunities.

• Further research studies must be carried out on this subject matter at a larger scale to identify the attitude of heads of government departments, organisations and companies towards HIV and Workplace programmes. It would seem they are reluctant to implement these programmes.
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