

**HIV/AIDS in the workplace: views of Senior Management at a military base in the Western Cape in implementing workplace policy**

by  
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## **DECLARATION**

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

Date: September 2015

## **ABSTRACT**

The study investigated implementation of HIV/AIDS policy by senior management in Youngsfield military base. Some of the aspects evaluated included training concerning HIV, campaigns, allocation of budget to manage HIV and knowledge of policy by management. Self-administered questionnaires were used as a method of collecting data. The respondents included in the study ages ranged between 25-59 years. The majority of the respondents did not have any problem in completing questionnaires.

Results revealed that involvement of headquarters in allocating funds to acquire training aids, distribution of pamphlets and other information educating personnel insufficient, poor implementation of workplace HIV/AIDS policy by management on all levels, lack of programs dealing with HIV/AIDS and lack of HIV/AIDS policy knowledge by management to lesser extent.

Recommendations of this study includes aspects dealing with HIV/AIDS workplace programs, importance of occupational health and safety, addressing stigma and discrimination, absenteeism, HIV/AIDS training and most importantly campaigns throughout the year.

## OPSOMMING

Die doel van hierdie navorsing was om die implementering van die beleidsdokument wat handel oor MIV/Vigs in die werksplek deur die senior bestuur in Youngsfield militere basis te ondersoek. Van die aspekte wat die navorser ondersoek het is MIV/Vigs bewusmakingveldtogte, beskikbaarheid van fondse en kennis van die Suid Afrikaanse Nasionale Weermag beleidsdokument wat handel oor MIV/Vigs in die werksplek. Studievraelyste is aan respondente uitgedeel. Respondente wat aan die studie deelgeneem het se ouderdom wissel tussen 25 en 59 jaar. Die grootste getal deelnemers het geen beswaar aangeteken om die vraelyste te voltooi nie.

Die grootste getal van respondente het aangedui dat die fondse wat beskikbaar gestel word onvoldoende is om die boodskap oor die gevare van MIV/Vigs te versprei. Daar is verder bevind dat belangrike aspekte soos biljette, pamflette, video opnames en getikte material nie versprei kan as gevolg van tekort aan fondse. MIV/Vigs beleid is beskikbaar in militere basisse van die Suid Afrikaanse Nasionale Weermag. Die enigste tekort is die implementering daarvan.

Die aanbevelings wat bevind is deur die studie sluit in MIV/Vigs programme in die werkplek, die aanspreek van stigma en diskriminasie, afwesigheid weens kroniese siektes wat MIV/Vigs insluit en hantering van ongevalle in die werkplek.

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## **CHAPTER 1**

### **INTRODUCTION**

The work performed by military personnel is daunting and poses many challenges. Some of these can include harsh conditions in which soldiers find themselves in when they are away from loved ones for long periods. These circumstances may lead to boredom especially when soldiers are off duty. The need for sexual satisfaction may arise and can lead to unprotected sex with the possibility of Human Immunodeficiency Virus (HIV) infection. All Management levels in the South African National Defence Force (SANDF) play a vital role in educating his/her subordinates on the dangers of Defence Force is Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). According to Heinecken (2003) HIV/AIDS prevalence is a threat that affects all facets and levels of a nation.

#### **1.1 BACKGROUND**

The seriousness of the HIV/AIDS pandemic is portrait by comments of some researchers: ten times more Africans were killed in the continent by AIDS than in armed conflict which has become the leading cause of death among all ages (Heinecken, 2009). Countries across Africa are burying approximately 6000 men, women and children daily, which can double in the next few years (Heinecken, 2009). The amount of infected cases increases every eight seconds with 11, 000 on a daily basis (Thurman, 2001). During the year 2000 global estimate of HIV infection in Africa reached a total of 23 million people. This amounts to 70% of the people globally living with HIV/AIDS. However the region is inhabited by 10% of the world's population (ILO, 2000).

The goals of this assignment are structured as follow:

- HIV/AIDS committees divided in the following categories: senior and junior management.
- Importance of HIV/AIDS workplace programs.
- Implications of the epidemic in the workplace.
- Availability of financial resources.

- Impact of HIV/AIDS on South African Defence Force with regard to internal and external deployment.
- Partnership between SANDF Military bases and communities in addressing HIV/AIDS.
- Monitoring and evaluation of HIV/AIDS policy implementation.

The blind-eye stance is not only a South African phenomenon but is equally shared by the rest of the continent. South East Asia and sub-Saharan Africa are some of the continents worst affected (Lampthey, 2002). Lack of regulation in the corporate sector, stakeholders in competition, and weakened structures in health system even in countries with established systems such as South Africa are failing to implement health policies that are effective and can be attributed to failure in leadership. The projected growth of population in Africa is expected to rise from 767 million in 2006 to 1.7 billion in 2050 (de Soysa and Gizelis 2012). Countries such as South Africa, Botswana and Lesotho population growth has slowed or stopped due to AIDS infection, but their total growth has surpassed other global regions (Ashford 2006).

At operational level in the SANDF disease impacts on the military's medium and long-term planning that may result in increased costs in training and replacing trained personnel, absenteeism, emotional strain, and exhaustion, loss of morale and loss of productivity (Heinecken, 2009). In this regard the SANDF faces great challenges. Monthly magazine published by the Department of Defence (DOD) "SA Soldier" highlights HIV/AIDS as a wider problem. The problem is exacerbated by ignorance of those who are not infected or affected by HIV/AIDS. The need for creation of central points to address HIV/AIDS in the SANDF is of utmost importance where those who require assistance can approach.

Soldiers are either frequently or from time to time, depending on the type of work they perform, deployed away from their families or partners; this increases the likelihood that they venture into surrounding communities seeking sexual partners (Greig, 2001).

According to UNAIDS (1998) Defence Force personnel worldwide consist of unattached young men and women who are vulnerable to HIV/AIDS which can be internally or externally.

Lamprey (2002) suggests men and women in uniform form part of highly vulnerable groups such as sex workers and their customers, truck drivers who are highly mobile, migrant workers and police men and women.




Challenge of HIV infection management in Army Support Base Western Cape (ASB WC) will be addressed and recommendations listed for management to implement. Since 30<sup>th</sup> April 1998 the DOD approved and implemented management of HIV/AIDS however the South African National Defence Force has recently been criticised about not addressing and implementing HIV/AIDS in the workplace (Montrou, 2014). Policies that regulate HIV/AIDS have been drafted and every military base is supposed to implement these policies, however Senior Management does not address or focus on the issue of HIV/AIDS. This phenomenon occurs across the spectrum of the DOD.

According to International Labour Organisation (ILO) (2001), HIV/AIDS is part of workplace issues and deserves exactly the same treatment as other serious illnesses or conditions in the workplace. Senior Management is responsible for the implementation of all drafted policies and procedures guiding the DOD. HIV/AIDS does not only impacts in the execution of duties by those who are infected but also affects individuals who are not infected and their families. Existing personnel have to execute duties of their colleagues while on sick leave. When HIV/AIDS is not addressed, it does not only affect operational ability of any Defence Force, but also impacts on the budget expenditure. This assignment tries to shed light on views of senior management at Youngsfield military base on implementation of workplace HIV/AIDS policy

## **1.2 AIMS AND OBJECTIVES**

The aim of the study is to determine the reasons for not implementing HIV/AIDS policy by senior management of the DOD in order to provide guidelines for the organisation.

Objectives of the study:

-  To identify the use and application of policy by management
-  To establish the problems in implementation of policy by management
-  To identify whether management has identified needs of employees

- ✚ To identify the managers' knowledge of HIV/AIDS policy
- ✚ To provide guidelines for implementation of HIV/AIDS policy.

### **1.3. DEFINITION OF KEY TERMS**

This section defines some of the key terms used in the study.

#### *1.3.1 Military personnel*

UNAIDS (2000) describes military personnel that are also regarded as mobile population as vulnerable to sexually transmitted infections and that includes HIV. During conflict infection can be more than 50 times higher than during peace time. Further description is referred in this research paper as personnel of South African National Defence Force uniform and Public Service Act Personnel (PSAP's).

#### *1.3.2 Workplace HIV/AIDS programme*

According to research a well-planned HIV/AIDS programme can decrease infection and also increases awareness (Magwaza, 2009). It outlines the objectives and how the policy will be implemented by the organisation or company. Well-structured workplace HIV/AIDS programme must include key elements such as awareness; voluntary counselling and testing; education and training; distribution of ARV's and condom distribution (Laas, 2009).

#### *1.3.3 Gender equality*

Gender can be described as the relationship between men and women and what the expectations are toward each other. Culture also determines every individual's behaviour, values and activities relating to specific sex (Zepek, Phillips & Lefebvre, 1997). Typically, men as expected by society to be responsible for any activities outside the home and provide for the family and women for reproductive children and activities inside the home.

### ***1.3.4 Workplace policy***

Workplace HIV/AIDS policy fully describes how any organisation is going to address HIV/AIDS in the place and minimise new infections. Some of the guidelines suggested by scholars are collaboration between all role-players within the organisation must take place for success. No single HIV/AIDS policy can be applied to all organisations. Every workplace is unique and circumstances different from the other. Implementation of workplace HIV/AIDS policy should be the final step before monitoring and evaluation (Stevens, Dickinson & Mapolisa, 2004).

### ***1.3.5 Employee***

Employee in this research assignment refers to any person employed by the DOD in terms of the Republic Service Act and subject to Public Service Act, 1994 (Act No 103 of 1994). This includes soldiers in uniform and civilian personnel.

## **1.4 STRUCTURE OF THE REPORT**

The study has five main chapters. Chapter One presents the background, research problem and aims and objectives.

Chapter Two presents existing knowledge, literature review of HIV/AIDS program implementation in the workplace that includes reasons for senior management not implementing the policy.

Chapter Three is the stage of the study when quantitative data collection will be applied. The study population with a total of senior managers in Youngsfield with ranks groups of 4 x Colonels (Col); 23 Lieutenant Colonels (Lt Col) and 83 Majors (Maj) will complete questionnaires handed to them. All completed questionnaires will be collected and placed in sealed deposit boxes in the presence of the respondents.

Chapter Four presents findings on lack of HIV/AIDS policy implementation of selected military base in Youngsfield.

The chapter further discusses the role of senior management as expected by the SANDF and the importance policy implementation. Research findings are included in this chapter.

Chapter Five presents discussions on recommendations of the workplace HIV/AIDS policy and study conclusions.

## CHAPTER 2

### LITERATURE REVIEW

Garret (2005) claims that across the globe over 50 million people under the age of 25 are serving in both the Defence Forces and Police Services. However in the South African context seven military forces were integrated on 27 April 1994 into one with ages ranging between 25 and 44 and majority 30-44 years old (Heinecken, 2005). This resulted in having an army with soldiers who are not far from retirement. HIV/AIDS is being regarded by a number of international organisations such as national governments, scholars of international relations and non-governmental organisations as security implication (Elbe, 2006). Military populations form one of the largest mobile sectors in society (Kingma & Yeager, 2005). Troops are often deployed far from home in adverse conditions such as bad weather, lack of nutrition, extreme climate conditions and disrupted social conditions that can be a perfect breeding ground for viruses, parasitic organisms and infectious diseases including HIV/AIDS. A third of the European population were eliminated between 1347 and 1350 by the Black Death pandemic and another devastating epidemic of influenza killed between 20 and 100 million people in 1918 (Selgelid, 2005). According to Crosby (cited in Selgelid, 2005), the flu killed more humans than any disease in the history of the world.

The Government Gazette (2012) advocates that effective workplace HIV/AIDS programmes be developed that integrates gender sensitive issues that also addresses Tuberculosis (TB) and Sexually Transmitted Infections (STIs) and most importantly respond to HIV and AIDS. A critical part of the HIV and AIDS workplace programme is that unfair discrimination should be avoided at all costs and human rights top on the priority list.

This assignment discusses implementation of HIV/AIDS policy by management in Youngsfield and is contextualised by: (1) use and application of HIV/AIDS policy (2) problems in implementation of HIV/AIDS policy (3) DOD management knowledge and implementation of HIV/AIDS and legal aspects.



## 2.1 Use and application of HIV and AIDS policy in SANDF

The first policy on HIV/AIDS and hepatitis was drafted in 1988, but instruction only issued in 1999 by DOD as instruction. Policy makers in the SANDF declared HIV/AIDS a strategic issue. Currently all Defence Force personnel in uniform are tested for HIV/AIDS to update their medical fitness category (Heinecken, 2003). According to Venter (2014), the High Court in Pretoria declared the SANDF HIV/AIDS policy discriminating against people living with HIV/AIDS (PLWHA). Clear indication that necessary attention is not given to the matter it deserves.

Management of any large organization such as the DOD must play an active role on very important matters such as HIV/AIDS in the workplace. Recommendations by International Labour Organisation (ILO) is that employers must on a regular basis consult with their employees and union representatives to develop and monitor workplace HIV/AIDS policies that are designed to minimise or eliminate the spread of HIV/AIDS infection (ILO, 2001). HIV/AIDS workplace policies guides companies on the basic framework on how to minimize the impact of HIV/AIDS reduce infection. It also serves as a guide for present and future situations on HIV/AIDS (GBC, 2010).

In Elbe (2002), proposed the following policy recommendations, *firstly* great effort with regard to improvement of health care and emergency respond in conflict areas. Treatment and care should become a priority and that includes safety of blood supplies and the provision of sterile equipment. Basic health should be of paramount importance for those living with HIV/AIDS. *Secondly*, armed forces must also make it their priority to combat HIV/AIDS pandemic. The involvement of military leadership in encouraging voluntary counselling and testing will lead to minimising the impact of the virus. Additionally the availability of addition counselling before and after testing will contribute in minimising infection rate. Individuals living with the virus should never be considered enemies but rather used as a way of hope for in achieving greater improvements in minimising new infections. *Thirdly*, wider efforts implemented to combat HIV/AIDS, such as by contributing to Global Fund intended to fight AIDS, Malaria and Tuberculosis. The AIDS pandemic are deeply rooted and in broader sense economic, political and structural that requires attention if the virus will ever be contained (Elbe, 2002).

## **2.2 Problems in implementation HIV/AIDS policy by Management**

Dickinson (2010) cautions the threat to companies if HIV and AIDS are not addressed such as vacant positions and high costs to fill those vacancies, lower productivity and absenteeism by those infected. HIV/AIDS impacts countries armies across the globe operational effectiveness and morale. The bleak picture of South Africa painted by Dickinson (2010) is through a survey conducted on 500 companies by Sanlam in 2002 indicated 75% of companies in the country were not aware of the extent of prevalence rate in their companies, and 60% lacked strategy on how to minimize or prevent infection in their workplaces. The current situation in the DOD is dismal when it comes to addressing HIV and AIDS in the workplace.

In contrast Mahajan, Rudistsikira & Ett (2007) revealed in a report compiled by Global Business Coalition on HIV/AIDS, large corporations and small businesses were encouraged to develop programmes that respond to HIV/AIDS. The Business Coalition listed 75 best practice companies and further reported large companies operating in Africa leading the way in implementation of workplace programmes (Mahajan, et al., 2007). South Africa rates among countries with the highest HIV infection in the world. ILO projection is by 2020 the country could lose as much as 32.6% of its labour force due to AIDS (Dupper, 2003).

Mahajan et al. (2007) imply that Global Business Coalition (GBC) recommends companies to respond and develop programmes aimed at reducing HIV/AIDS infection in the workplace. Drivers and design of these policies should include national legislation and labour policy. Guidance on how to compile HIV/AIDS policies is guided by South African Code of Good Practices and HIV/AIDS Technical Assistance Guidelines. Technical Assistance Guideline and the code provide step by step guidance for trade unions and managers on how to compile HIV/AIDS policy and prevention programs.

## **2.3 DOD management knowledge and commitment on HIV/AIDS policy**

According to UNAIDS (2006), if senior management is not committed minimising the impact, it will hamper acquirement budget allocation and resources to execute implementation of a successful workplace program. Workers listen to senior management and if the correct message is sent out on issues such as HIV/AIDS risks are minimized.

UNAIDS (2002) recommends the following guidelines for compilation of workplace policy:

- a. The policy must comply with laws and cultures within the country where it is drafted.
- b. Discrimination against individuals with HIV or AIDS must be avoided at all cost.
- c. Employees trained on how to behave toward fellow worker who is living with the HIV virus.
- d. Matters discussed between management and employees living with HIV kept private and confidential.
- e. Employees Benefits should be the same for all employees. No discrimination between healthy employees and those who are HIV infected. One of these benefits is sick leave.
- f. Employees with HIV be accommodated according performance standard when the immune system weakens their ability to carry out tasks.
- g. Conforming current policies and practices within the workplace (Global Business Coalition, 2010 and UNAIDS, 2002).

Senior management and lower rank personnel must be fully informed about the SANDF's policy, legal aspects concerning individuals with HIV/AIDS. How these people should be accommodated in relation to benefit entitlement, production in the workplace and protection from legal actions are some of the issues that must be covered during training (Walch, Lezama & Giddie, 2005). Managers in all levels or in this instance DOD Senior Officers in managerial positions must know the organizations HIV/AIDS policy, use the organizations legal department, Legal Satellite Offices (LEGSATO), about legal implications of HIV in the place of work, employee benefits and importance of education and training of all employees. Miller (2000) suggests managers must be equipped to deal with employees that suffer from HIV/AIDS. Information on the topic for management may be included in planning and strategic management, human resources, employees training, ethical and social responsibility.

Walch, Lezama and Giddie (2005) reports that workplace HIV/AIDS policies in most organisations focuses on risk of infection to fellow employees; education; legal implications; stance of supervisors; employers towards living with HIV infection. HIV/AIDS policy deserves the same status as other policies that must be implemented in the workplace.

Mills (2013) draws the opposite conclusions. He lists the functions of HIV and AIDS policy as: a set of the organisations guidelines on how HIV/AIDS and management in the place of work; Ensuring fairness; aligning the work response to the legal framework; establishing consistency within any organisation; Informing all employees about assistance availability; setting standard of communication and identifying and protecting the rights of employees and employers within the context of HIV/AIDS. Global Business Coalition (2010) recommends four important key areas for HIV/AIDS response, and they are medical intervention, operations, and senior management support and community involvement. International Finance Corporation (IFC) has found this to be effective intervention. Resources need to be allocated for each of the four key areas is when implemented.

## **2.4 Legal aspects**

Two neighbouring countries, South Africa and Namibia militaries face legal challenges relating to HIV/AIDS policies that may hamper operations due to divergent policies prescribed by national laws and human rights considerations (Thomas, Grillo, Djibo, Hale & Shaffer, 2014).

The SANDF is exempted from provisions prescribed by Labour Relations Act 66 of 1995 and Employment Equity Act 55 of 1998. These two acts address HIV/AIDS management in the place of work. Members in uniform of DOD are regulated by the Defence Act (2001). The Defence Act, 2001, section 57 is the only clause that addresses members in uniforms health status (Heineken, 2003). The Employment Equity Act is one of the many laws in South Africa prohibiting anyone to be treated unfairly due to their HIV status. Dupper (2003) highlights one weakness of this law excluding South African National Defence Force, National Intelligence Agency (NIA) and South African Secret Service from its ambit.

One of the forefront leaders in HIV/AIDS like USA - United States of America military personnel is protected by various laws that include: Employee retirement income security act, Americans Disabilities Act, Occupational and Safety Act and Vocational Rehabilitation Act (Mamman & Bakuwa, 2012). In sub-Saharan Africa most regions are inclined to formulate or form coalitions that provides guidelines for management of HIV/AIDS in the place of work that regulates all industries and sectors (Dickinson & Innes, 2004; Mahajan et al., 2007). Example of coalition formed by countries in Africa is Zimbabwe, South Africa and Malawi named business coalition against HIV/AIDS.

Those wearing uniform had a sense of relief since June 2003 with inception of Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) that also included members of SANDF, NIA and Secret Service within the ambit (Dupper, 2003). Constitution of the Republic of South Africa section 9 prohibits any government institution or person from discriminating against an individual on any ground and that includes those who is infected with HIV/AIDS virus e.g. *Hoffman v South African Airways* (Department of labour, 2000).

## **2.5 Implications of the epidemic in the workplace.**

Across Africa HIV/AIDS has become a societal issue that has diminished many organisations and their employees and in this modern day and age even with advancement of technology. HIV/AIDS impacts specifically on productivity in the workplace when the number of employees who are infected with HIV/AIDS increases (Barnett et al., 2001). For employers HIV/AIDS impacts the business environment – macroeconomic and on the enterprise directly- microeconomic and the DOD is no exemption because a large organisation of that magnitude is supposed to operate similarly (NAC, 2010).

Those employees who are infected with the virus are more susceptible to opportunistic infections. They include chronic illnesses contributing to weight loss, dementia, lowered awareness – that is of utmost importance for soldiers survival in battle front, fatigue, judgemental errors and depression (Dupper, 2003). When a holistic approach is taken by SANDF, risks environment are minimised in the missions they carry out internally and in Africa as part of Peace Support Operations.

Young and unattached soldiers leave the country declared green (Coding used by DOD declaring that the soldier is fit to carry out operational duties externally), meaning the soldier may be deployed and not infected with HIV virus, but on return some may be infected with HIV virus. Kingma and Yeager (2005), lists the top diseases during wartime and post-wartime as STI and HIV. HIV is 20 times more likely to be transmitted in the presence of STI's.

Thomas et al. (2014), reports that majority of militaries recognize the importance of addressing HIV/AIDS in the workplace policies. Workplace policies guide budgetary constraints, leadership roles, implementation of programmes and activities, management of soldiers and immediate families and healthcare programs.

It further encourages members in uniform to avail themselves for HIV testing, treatment and care and involvement in prevention programmes.

ILO (2000) reveals governments of most affected countries have developed prevention strategies in the form of National AIDS Plan (NAP) and in some cases addressing issues that relates to the place of work. This phenomenon's however are in few cases, addressed by labour ministers and workers unions or are involved in planning. Augustyn (2013) cautions that HIV/AIDS decreases productivity as a result of absenteeism, disruptions through discontinuation of work started by employee absent for long period, loss of skills valuable to the company. Occurrence of such unplanned activities affects weakens morale and erodes organisational memory.

### ***2.5.1 Loss of expertise***

HIV/AIDS erodes much needed skills in any organisation and the SANDF is no exemption from this type of occurrence. Most critical expertise required by the DOD that will hamper operations if lost by aircrew, artillery, anti-aircraft personnel, navy combat crew, air space control crew, engineers, health practitioners and technically qualified soldiers (Heinecken, 2009). Heinecken (2009) reveals that report recently published on labour matters confirms that the private sector lures trained and qualified navy personnel with higher salaries. HIV/AIDS hampers the capacity of the military to carry out its mandate when their soldiers are infected. The SANDF currently faces challenges of ensuring that there are sufficient trained troops to meet deployment expectations.

Some companies train two or three employees for the same position, fearing that those in key positions may become a lost by the organisation due to AIDS (ILO, 2000). This can be however being a costly exercise for the company implementing this type of preventative measure. HIV/ AIDS not only impacts on skills but becomes costly in terms of medical benefits for employees if not addressed. Even for employees they have to divert some of their personal saving for additional medical expenses.

Experience is the key driver for any organisation, irrespective if it is large or small business and loss thereof can be catastrophic. Example of this type of occurrence is the study conducted by Zimbabwe Farmers Union on HIV/AIDS related reduction in production of the crops e.g. cotton 47%, maize 61%, vegetables 49% and ground nuts 37% loss. Whiteside, De Waal & Gebre-Tensae (2006) reveals that the outcome of National Armed Forces Committee

meeting held in 1998 concluded military AIDS programmes were minimally dependent on external financial or technical support. Another meeting held in Cape Town in 2004 highlighted four main areas that impacted on combat readiness namely, preparation (training); procurement (recruitment); External deployment (where need arise); and sustainment (safety of soldiers while deployed).

### ***2.5.2 Estimates of HIV/AIDS infections on African continent***

Van Niekerk and Kopelman (2005) estimated that by the end of 2004 there were 39.4 million (35.9 million to 44.3 million) individuals living with the virus in Sub-Saharan Africa. The number of people who died of the virus totalled 3.1 million (2.8 million to 3.5 million) people (UNAIDS and WHO, 2004). According to Ashford (2006) the populations in sub-Saharan Africa is expected to increase from 767 million to 1.7 billion between 2006 and 2050. AIDS not only destroyed populations in Africa but globally as well and ranks fourth among causes of death anywhere. In some countries the infection rate of soldiers is higher than the general population. Total number of members serving in defence forces worldwide totalled 22 million in 1998 (Ashford, 2006).

HIV/AIDS infection rates among conscripts are generally higher than volunteers serving in militaries across the world. A survey conducted in 1990s across Africa by Healthlink Worldwide (2002) reveals the following infection rates in adult populations - 40-60% Angolans (2.8% adults); 10-25% Congo (Brazzaville) (6.4 adults); 4, 6% Eritrea (2.8 adults); 15-30% Tanzania (8.1% adults) and 50% in Zimbabwe (25% adult population).

Heinecken (2003) highlights that countries where the virus has been present for ten years and longer ministers of defence calculates infection rates at approximately 50-60% and in some cases as high as 80% among officers. In South Africa infection rates among serving members in uniform is seldom revealed for the public to scrutinise and compare.

“One in every ten deaths reported in the SANDF are said to be due to AIDS” (Honey, 2002:28). This implies that 867 DOD members deceased between the period of 1 February 2004 and 31 January 2005, of these deaths 607 were possibly due to HIV/AIDS.

The main concern surrounding these deaths is 80% appear among 25-44 year olds and 58% between the ages of 30-40 years (Heinecken, 2005). If the world want to outpace the HIV/AIDS epidemic then every country will have to move closer to vision of UNAIDS and



that is Zero new infections, Zero discrimination and Zero deaths related to HIV (UNAIDS, 2010).

## **2.6 Availability of financial resources**

Mamman and Bakuwa (2012), Boyne (2003) reiterates that top management financial support in implementing HIV/AIDS workplace policy is critical decision in the way companies and large organisations such as Department of Defence operate.

Organisations that do not avail financial resources are more inclined to pay lip service in implementation of workplace HIV/AIDS policies (Mamman and Bakuwa, 2012). Employees will easily adopt HIV/AIDS policies if senior management are involved in the implementation. They are in any organisation key decision makers if a top down approach is applied (Huczynki, 1993, Mamman, 2002; Perrot, 2008; Pitt & Schlegelmilch, 2008 and Raman, 2009). Management support is one the most important internal factors in adoption of HIV/AIDS policies. Financial resources for countries in developing countries have increased from an amount estimated at \$300 million to \$9 billion between the period of 1996 and 2006 (Ashford, 2006). The study however revealed that military bases in Youngsfield are not receiving sufficient financial support that they require from head-quarters to address HIV/AIDS.

### **2.6.1 South African National Defence Force Health Budget**

The South African Medical Health Services (SAMHS) is responsible for budgeting and managing HIV/AIDS in the DOD. Due to long-term infections that is difficult to control, military hospitals are lacking financial and physical capacity to cope with increasing numbers of infections. HIV/AIDS place enormous burdens on militaries financial expenditures.

Report compiled by Engelbrecht (2011), lists below annual budget spent by South African Medical Health Services (SAMHS)

Table 2.1 South African Medical Health Services Health Budget (Excluding 2007/08 period)

Budget period	Amount spend
2006/2007	R26 million
2009/2010	R32.25 million



2010/2011	R33.5 million
2011/2012	R48 million

When taking into consideration the amount money spend on combating HIV/AIDS as indicated above, less would have been used if measures such as implementation of policies and programs were part of every soldier's responsibility. Engelbrecht (2011) further cautions that a trade union such as Union Solidarity estimates that one in every five South Africans to be HIV positive. HIV/AIDS infection calculates to 19% of the South African population.

## **2.7 Importance of HIV/AIDS workplace programs**

Workplace HIV/AIDS programmes are implemented in support of policy. HIV/AIDS Programs are derived to support and ensure that in every company preventative measures are addressed in the form of programs. Programs normally start with commitment and co-operation of management and then tapers off at a later stage due to work pressure (Van Wyk, 2007). The 17<sup>th</sup> World Congress of the International confederation of Free Trade Unions (ICFTU) held in April 2000 highlighted concerns about organisations across the world that has failed to react against the devastating effect of HIV and AIDS on families and communities (ILO, 2000).

Williams, Pulerwitz, Mgilane & Stewart (2005) advocate that workplace HIV/AIDS programs serves a supporting mechanism to ensure policies are implemented. One example mentioned in the company's survey document is that in 2001 only one fourth of the personnel knew contents of the policy and less than one third of respondents indicated Eskom as a company took reasonable steps to implement awareness campaigns. Company management took bold steps to increase awareness of the workplace HIV/AIDS policy. Some of the strategies implemented were to distribute leaflets and posters printed in English and Zulu.

Large and small organisations must remain committed in implementing HIV/AIDS policies in the workplace. The most successful method of achieving good results is by having one individual who manages the program and who ensures all that committees members meet on agreed dates. Dates for meetings can be decided on weekly or monthly basis depending type of operation (van Wyk, 2007). The appointee who manages the program can be social worker, nursing sister or human resources practitioner. It is vital that senior management also attend meetings from time to time and are totally committed to the process. Workplace

HIV/AIDS programs are mostly successful when management and personnel are fully involved and committed.

## **2.8 Occupational Health and Safety (OHS)**

One aspect not taken seriously by most organisations is OHS. It includes important issues such as protection of personnel against infected blood (Van Wyk, 2007). Employers are responsible for the safety of employees while at work. In the DOD employees that handle blood are those working in sickbays and military hospitals. They require training in handling blood samples.

### **Definition of Occupational Health and Safety**

Government Gazette (2004) defines HIV infection as occupational acquired infection as a result of exposure to HIV infected source in the workplace. This may result in weakening of immune system and thus leading to AIDS. The infection must have resulted in the course of employment.

ILO (2010) recommends that health and safety measures implemented to prevent employees from exposure to HIV in the workplace. These precautionary measures should include: issuing of protective equipment for employees working in hazardous environment such as handling of blood; minimize risks of HIV and tuberculosis infection by applying post exposure prophylaxis and education is of paramount importance where possibility of exposure is expected. Heinecken (2003) documents that the DOD is obliged to abide by Occupational Health and Safety Act 85 of 1993 and in section 8 (1) it states “every employer must provide and maintain a workplace that is safe and without any risks that endangers employees health (Heinecken, 2003:292). The military is classified as one the occupations that is dangerous and accidents may happen during military operations and exposure to blood and bodily fluids is not uncommon (Akeroyd, 2004) Training that involves handling of injured fellow soldiers is of utmost importance prior to personnel engaging in any military exercise or operation. This involves handling every injured colleague with caution, such as using latex gloves or material that can serve as a barrier between the handling of a wound and own limbs e.g. plastic bag if rubber gloves not immediately available.

## **2.9 Involvement of DOD Personnel with AIDS (GIPA)**

Summit formalized in Paris in 1994 by 42 countries agreed that support for greater involvement of people with HIV on all levels and that includes legal, political and social environment (UNAIDS 2004b).

When workplaces endorse Greater Involvement of People living with HIV/AIDS (GIPA) principle the organisation can reap benefits such as the individuals self-esteem improved, morale boost, decrement of isolation and depression and improvement of health due to access of information, and care. (Siyam'kela, 2003) recommends qualified managers who are openly living with HIV/AIDS be appointed. The responsibility of these leaders should be to act as role models and create a HIV/AIDS friendly environment.

The workplace is the perfect setting for HIV/AIDS prevention programme implementation, treatment and care for employees who are infected and affected by HIV/AIDS. South African government promotes the following messages on HIV/AIDS:

- Support provided by government departments to PLHAs.
- Condomise.
- We can assist if we know your status.
- No discrimination against people living with HIV/AIDS.
- HIV/AIDS is real (Siyam'kela, 2003).

By involving people living with HIV/AIDS improves planning and carrying out of response to HIV/AIDS. This principle was first launched on AIDS summit in Paris 1 December 1994. The first two countries who took part in Greater Involvement of People Living with HIV/AIDS (GIPA) project were Malawi and Zambia started by UNAIDS and United Nations Volunteers (UNV) that recruits people living with HIV virus (UNAIDS, 1999).

## **2.10 Community involvement**

Many communities are the key drivers in prevention and care of HIV/AIDS that is mostly driven by NGO's and community based organisations. Soldiers are part of communities where they live in and cannot be detached from decisions taken issues concerning relating to where they live (Petersen, 2009).

Interventions become more effective when they are enforced in the workplace as well as communities. One of the most important aspects that must be considered is cultural and social denial on HIV/AIDS (ILO, 2000). Attitudes are very difficult to change. Successful responses include advocacy, family and community support, policy and legal changes and awareness campaigns. When co-operating with communities Issues that need attention includes drug and alcohol abuse.

## **2.11 HIV and gender equality in the SANDF**

In certain communities of South Africa especially rural areas cultural and contextual conditions should be taken into account because they play a vital role on how decisions and negotiations made relating to sex. In many communities women lack controls over their bodies and at an early stage have to be submissive to men increasing their vulnerability to HIV infection. They are unable to insist on usage of condoms during intercourse (Ashford, 2006).

In sub-Saharan Africa 59% of the adults infected with HIV/AIDS between the ages of 15-24 are women. Women risks are six times higher than men. The DOD has since 1994 integrated previously banned liberation movements such as Mkhonto we sizwe (MK) and Azanian Peoples Liberation Movement (APLA) consisting of different cultures into one Defence Force.

van Niekerk and Kopelman (2002) argue that non-African countries tend to dismiss HIV/AIDS as problem not belonging to them. In 2000 world leaders gathered at the first summit with attention of the UN, World Bank and International Monetary Fund (IMF) in dealing with low income countries such as sub-Saharan Africa. The main focuses were attaining foreign aid efforts in order to reach eight time bound Millennium Development Goals (MDG) by 2015 that included range of economic and social indicators (Easterly, 2009). The first goal MDG set priorities on how to address poverty and hunger. Second MDG provided guidelines to achieve universal primary education. This goals main function is to ensure by 2015 children across the globe complete primary schooling. Third MDG purpose is to promote gender equality by empowering women. Target date to reach this goal is 2015. Fourth MDG is to reduce child mortality under the age of five by two thirds between 1990 and 2015. The fifth MDG is to reduce maternal mortality rate by three quarters between 1990 and 2015.

The sixth MDG is to combat malaria, HIV/AIDS and other diseases. The current project is based on sixth MDG, which is ensuring minimising the impact HIV infection in the workplace. The seventh MDG were developed with environmental sustainability as the main goal. Some of the issues this goal addresses are to ensure loss of environmental resources prevented by countries across the globe. The Eighth MDG was constructed with the intention of developing global partnership between countries globally (World Health Organisation, 2005).

The Blair Commission for Africa predicted in 2007 that Africa would not reach any of the seven millennium goals by 2015. Goal 3 of Millennium Goals Development (MGD) addresses gender equality. The issue of women serving in the SANDF is not problematic with the execution of their duties in the DOD, but rather if they are accommodated in a gender friendly environment (Heinecken, 2005). The main issues are not soldier deployment or military leadership positions but their personal safety when performing duties in isolated areas or when returning home after completing duties.

Naysmith and Rubincam (2012) reveals that Kanter's tokenism theory suggests predictable responses and pressure will result when tokens are into a workplace like the military that asserts women in their fields with negative manifestation and phenomenon of polarisation, visibility and assimilation. Kanter further suggests it will be scrutinised by fellow workers and superiors (visibility). Differences negatively judged by fellow workers (polarisation). Characteristics distorted in order to suit stereotypical ideas of their own (assimilation) about how they will behave (Naysmith & Rubincam, 2012).

## **2.12 Peace keeping Operations deployment and HIV/ AIDS**

By March 2002 the number of soldiers active in peace keeping operations totalled 46, 000 and that includes military police personnel from 87 countries operating under the banner of United Nations. Deployed soldiers are from Pakistan, Bangladesh, India, Nigeria and maximum troops sent by Ghana. Thomas et al. (2014) states that workplace policy on HIV testing before deployment for militaries compiled by United Nations is vague.

United Nations (UN) does not provide clear HIV/AIDS guidelines for countries sending troops on Peace Keeping Operations (PKO). This shortcoming leaves about one third of militaries taking part with one third unknown HIV status. Troops who are part of these

operations including South African's receive higher salaries for performing this type of duty, better known by SANDF soldiers as "danger pay" ( Grootboom, personal communication, 06 February 2015). Countries that avail soldiers as peacekeepers are remunerated approximately US\$ 1,000 per person per month (Health Link, 2002). Soldiers who become sick due to any illness, and that include HIV/AIDS, own country is responsible for their care and treatment. In modern day nations globally face one threat cutting across national boundaries and impacting every level of security is HIV/AIDS. The UN Security Council highlighted HIV/AIDS in 2000 not only as health and development threat but that includes security threat to countries with high incidence of infection (Heinecken, 2003). Leadership of DOD encounters many challenges such as training sufficient soldiers to meet operational responsibility with regard to peace support operations.

The military is one of the few workplace organisations that cannot recruit personnel directly from labour market to occupy gaps that have been left vacant due unplanned attrition such as sickness, medical discharge, deaths and resignations. Wessels (2010) argues that not all soldiers of the DOD are willing to serve in peace keeping operations. The primary reason some soldiers are unwilling to deploy is due to high level of HIV/AIDS infection rate.

In 2004 the spread of HIV among SANDF troops were recorded at 23% by independent researchers. This resulted in 400 000 working days being lost to the organisation (Wessels, 2010).

### **2.13 HIV/AIDS programs monitoring and evaluation**

Whiteside, De Waal and Gebre-Tensae (2006) caution that depending how any military force is structured and where troops are deployed, implementation of workplace HIV/AIDS programs are some of the factors that will influence the level of HIV related infections. Monitoring and Evaluation (M & E) remains a critical part of workplace HIV/AIDS policy and program implementation. It is a measuring tool of progress achieved and costs involved including interventions required. One example of testing effectiveness of M & E is measure and compares the number of employee's absenteeism before and after HIV/AIDS treatment program implemented (Global Business Coalition, 2010).

### **2.13.1 Levels in monitoring and evaluation**

Monitoring and evaluation is conducted at input, process (activity) and output level. **Input level**-This level entails resources that are needed to implement program e.g. facilities, funds, personnel commitment, equipment and supplies. **Process** –This level determines processes that will be followed to reach the desired objective. It is also used to determine if time set aside to monitor HIV/AIDS workplace programs utilised efficiently. **Outputs** – Results achieved from resources and services utilised to address HIV and AIDS in the workplace. Outputs that can be addressed are distribution of condoms, total of peer educators trained, communication materials printed and distributed such as pamphlets (NAC, 2010).

UNAIDS (2000) further explains that in tracking the HIV infection or behaviours of how it is spread, the success rate of response monitoring of vital signs in the military should be conducted at military base level, provincial and national level. Methods that can be applied include short term programme outcomes and long term impact. Such data can be collected by implementing surveillance systems.

Surveillance systems must assess the disease and risk behaviours. Importance of surveillance is it tracks the impact of HIV and STI prevalence and outcome of risky sexual behaviours (UNAIDS 2000). Due to confidentiality that must be maintained by employer and on employee personal information and that includes HIV/AIDS it becomes difficult to assess the level of infection if it increases or declines. Some employees decline to make their status known, of fear being discriminated.

## **2.14 Conclusion**

Due to the South African National Defence Force being a non-profitable organization, focus is lost by Senior Management about the severity infection impacts on day to day execution of tasks within the organization. The spread of HIV not only affects morale of those who have to execute personnel tasks while their colleagues are on sick leave, but adds additional pressure on them. Families are affected if their next of kin is infected. Managers in every organization large or small must be prepared to deal with workers who have AIDS or HIV. Knowledge of how HIV is transmitted gives them the competitive edge.

Raising awareness through education programs on AIDS or HIV prevents the spread of the virus. Due to AIDS and HIV association with sex, drugs use, including homosexuality many

organizations are uncomfortable in engaging these issues with employees. Employers play an extremely important role in the fight of HIV/AIDS.



## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

The main purpose of the research is to extract information from senior management of the department of Defence in Youngsfield on why HIV/AIDS policy is not receiving the same attention as other important matters in the organisation. The purpose of the research is to identify views of management of senior management on HIV/AIDS in the Workplace.

Babbie (2010) emphasises that research has three most common purposes, and they are exploration, description and explanation. Research is mainly conducted by the researcher to explore his/her chosen topic and familiarize them with the content. Exploratory research is also conducted on more persistent phenomena. It helps to find at least approximate answers on these questions. Example of exploratory questions in this study is to determine reasons for senior management in the Department of Defence not implementing Workplace HIV/AIDS policy. Social science studies main purpose is to describe events and situations. This is done by the researcher on what he/she have observed. Descriptive studies answers questions such as what, where, when and how. In explanatory research the how and why questions is addressed to determine how is there a relationship between two or more situations.

#### **3.1 DELIMITATIONS OF THE STUDY**

The chosen site is confined to Youngsfield Military Base in Ottery. The Military Base consists of four smaller bases and only three of these bases participated in this research project.

#### **3.2 CHOSEN RESEARCH METHOD**

Method used in this research is of quantitative nature. Key informants were be used for data gathering. Quantitative data is defined as empirical research that is dependent on collection of data e.g. words, pictures and images (Christensen, Johnson & Turner, 2014). This study is mainly based on using numerical data.

In some study research quantitative research can be used. Quantitative and qualitative research methods are in some instances combined and then the research method is regarded as mixed case methods.

### **3.3 DRAFTING AND ADMINISTRATION OF QUESTIONNAIRES**

According to Christensen, Johnson and Turner (2014) questionnaires are self-reporting data collection method completed by participants that measures opinions and perceptions. Interviews are conducted on a face to face basis or telephonically.

In modern technology this method can be carried out electronically via internet. Researcher designed questionnaires when literature review is completed on implementation of workplace HIV/AIDS policy. Drafted questionnaires were drafted and tested before being presented to despondent.

Some of the questions used in this research assignment are constructed according to the Likert-type scales. The respondent have to answer questions asking strongly agree, agree, disagree, or strongly disagree and so forth. Babbie (2010) defines questionnaires as a document designed to solicit information that is appropriate for analysis, containing questions and other types of items. He further mentions that questions are used for survey research, experiments and field research.

### **3.4 SAMPLING METHOD**

Questionnaires consisting of 25 items that includes the following sections: Section-A Biographical data – 8 Questions; Section-B Aspects that addresses implementation of policy – 8 questions, Section-C Senior Management workplace HIV/AIDS policy knowledge – 3 questions, HIV/AIDS Cadre training in the unit – 6 questions, distributed to the target group that has been randomly selected. A sealed container with lock will be available for collection of questionnaires. All questionnaires will be collected in the presence of respondents and dropped in the collection box.

### **3.5 DATA ANALYSIS**

The data will be analysed by using descriptive statistics to determine frequency, mean and mode. Quantitative analysis is regarded as research that involves collection of data in numerical form. This research is also associated with epistemology, meaning the real world exists and that the real world causes our experiences (Jupp, 2006). Real things exist and can be measured, have numerical value assigned as outcome measure and are meaningful.

### **3.6 ETHICAL CONSIDERATIONS**

The respondents will be asked to participate voluntarily in the study. They will not be required to reveal their names or any other personal information on distributed questionnaires to maintain confidentiality. Written consent will be obtained from each study participant.

The right of any study participant to refuse participation or withdraw at any time during the study will be respected. Approval will be requested from the Department of Defence to conduct the study on the proposed military base. Collected data will be stored at a lockable storage facility with a safe where the researcher will be the only one who has access. Contents of completed results will not be revealed to any friends or close relatives.

The objective and importance of the study will be explained to participants and ethical committee for clearance.

Ethical main points to be considered when ethical issues are taken into account:

- Consent and possibility of participants withdrawing from the study.
- Always consider the rights and privacy of individuals respected.
- Effect of how data is analysed and compiled in the report.
- Explanation to participants that nature of participation voluntary basis (Saunders, Lewis & Thornhill (2007).

Ethical considerations are divided into three areas namely: society and science, professional and how research participants should be considered (Christensen, Johnson & Turner, 2014). Important facet of science is that every scientist or researcher is accountable for his/her own research, especially the ethical dimensions.

### **3.7 SUMMARY**

This chapter summarises research methodology used by researcher to achieve objectives of the intended study. Data collection methods and instruments are clearly outlined and the population studied. This study main focus is to determine implementation of workplace policy by senior management in DOD at Youngsfield Military base. Quantitative research study will be applied to answer the research question in numerical data format.

## **CHAPTER 4**

### **RESULTS**

The empirical study was conducted in a military context. It is conducted with reference to Army Support Base Western Cape, Regional Works Unit Western Cape, Department of Defence School of Logistical Training and Signal Unit Western Cape. The study is conducted on cross-gender. Men and women equally participated in the study. According (Pan American Health Organisation, 2005) gender interpretation differs from society to society, depending entirely on how society views masculinity and feminism norms. However (ILO, 2001) gender can be referred to male and female roles that are affected by ethnic believes and religious believes, geographical location, age and class. The age group of participants who took part in the study averaged between 20yrs and 55yrs and also cross cultural and multi-lingual. The rank groups of respondents ranged from Captain to Lieutenant-Colonel. The research mainly focused on senior management with average of three years and more work experience with regard to implementation of HIV/AIDS policy in the Department of Defence in Western Cape military bases.

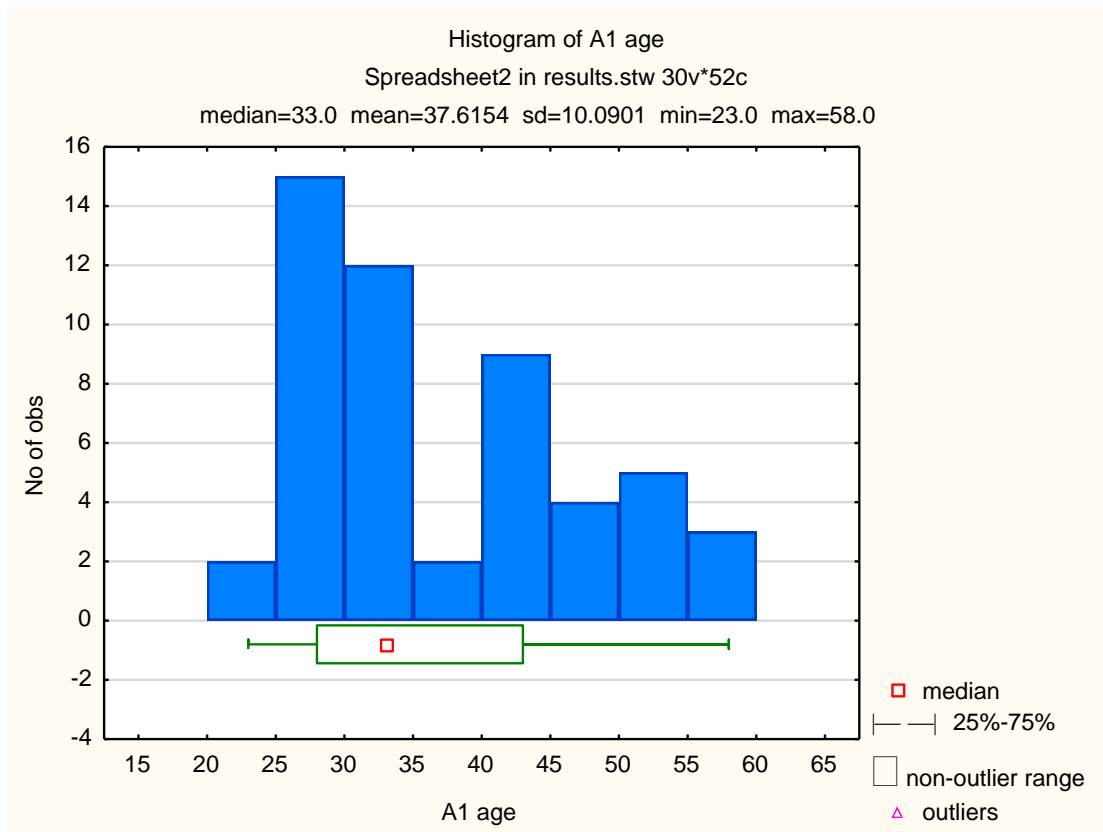


Figure 4.1 Age of participants

The majority of respondents age group ranged between 25 -30 calculating percentage of (58%) followed by age group 30-35 comprising (37%). The results indicate that junior and middle management in DOD are young if tasked with implementing HIV/AIDS policy in the workplace would be able to communicate with juniors at their age level.

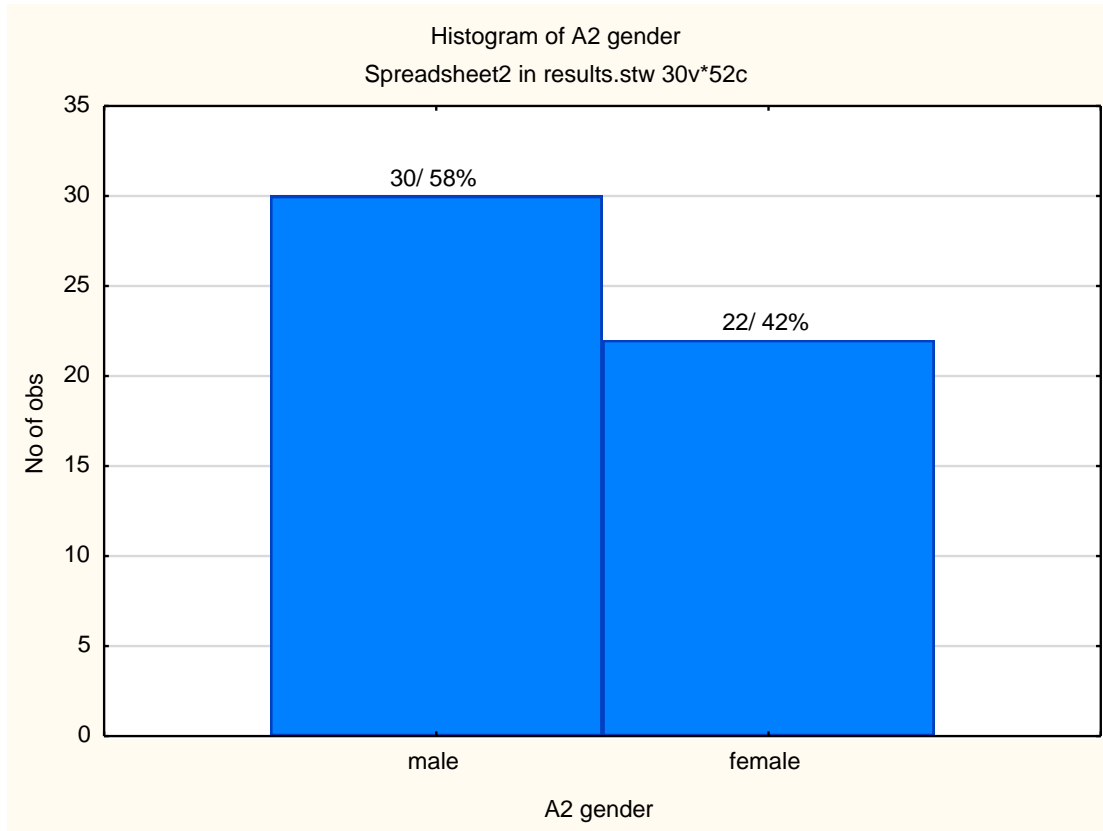


Figure 4.2 Gender of participants

The number of participants in the study consisted of more males (58%) than females (42%). The current vision of South African National Defence is to operate in line with parliament prescription of 50/50 in all state departments. During internal or external deployment male domination may coerce women into unwanted sexual relationship increasing the possibility of HIV transmission.

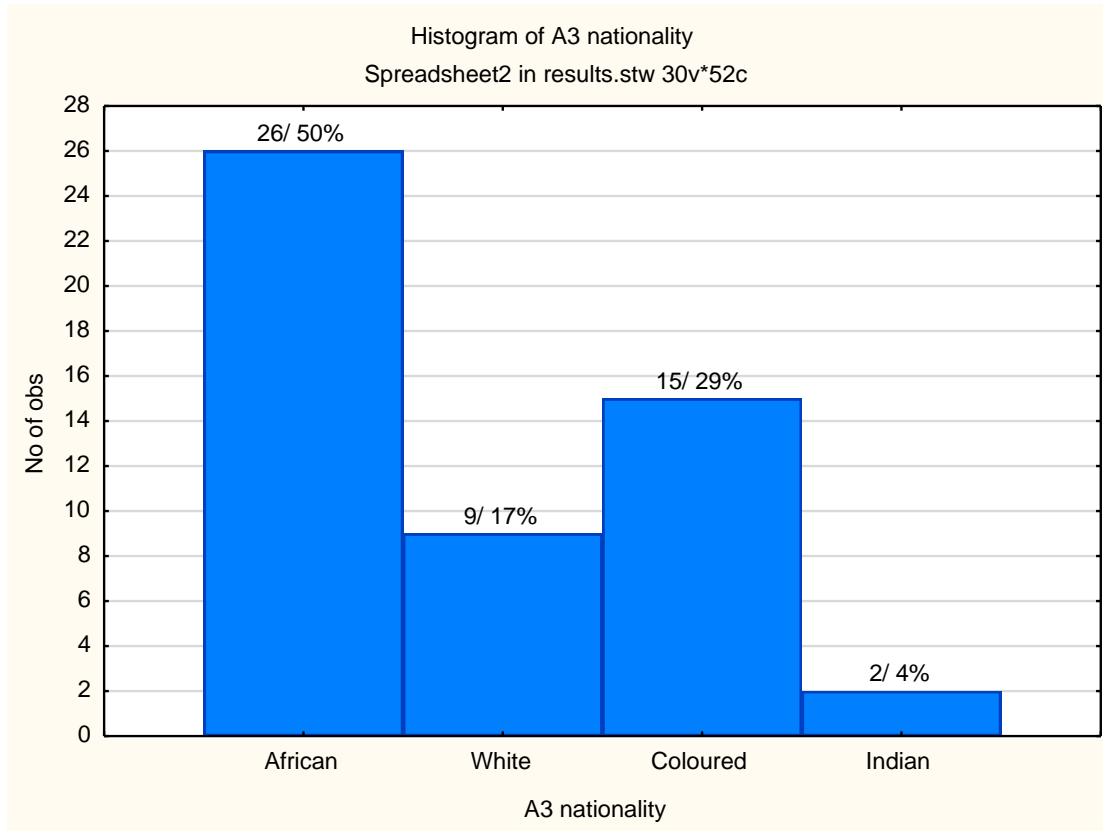


Figure 4.3 Nationality of respondents

Fifty eight (50) percent of respondents were Africans from different cultural backgrounds followed by 29% Coloureds and 17% Whites and lastly Indians only 4%. One of the ways that needs to be investigated on how HIV/AIDS is spread in Africa is our belief systems that is shaped by numerous factors such as cultural norms and believes.



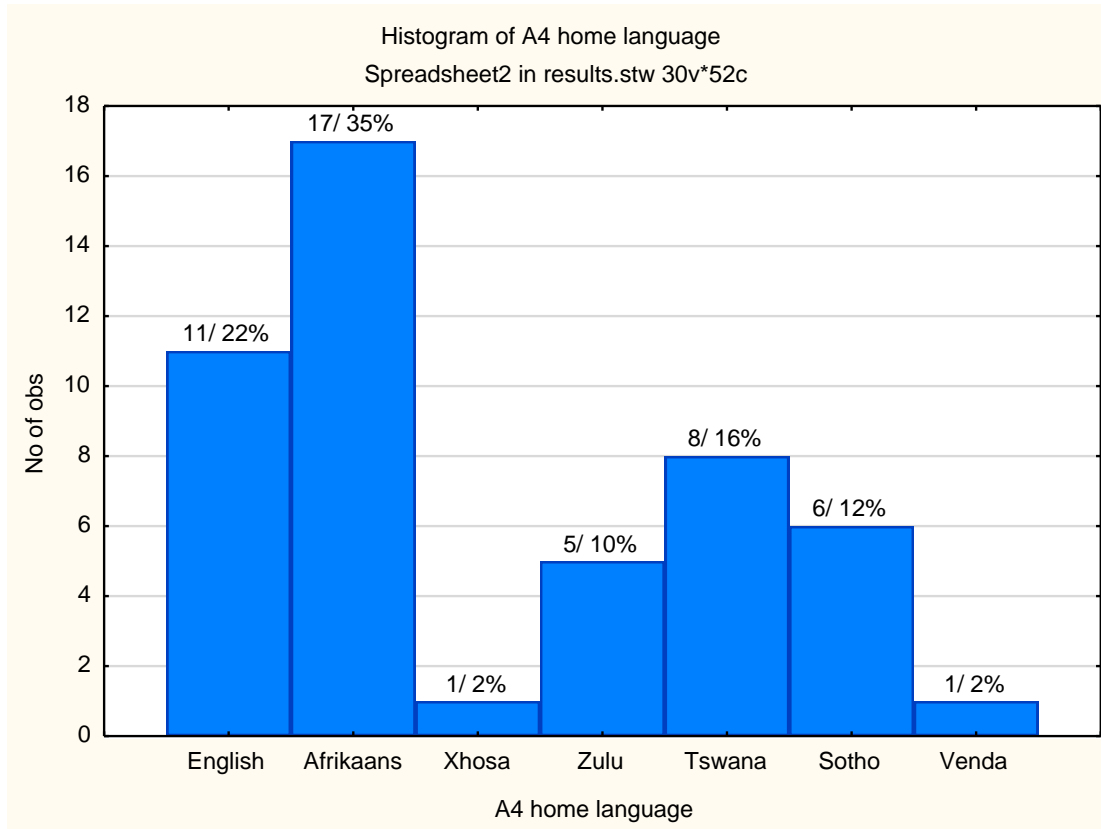


Figure 4.4 Home languages

The highest recorded home language of participants (35%) is Afrikaans. Followed by English (22%) that is currently the medium of communication in the SANDF and instruction when courses are presented. Other languages include Tswana (16%) and Sotho (12%) with the least each (2%) isiXhosa and Venda. Communication with matters relating to HIV/AIDS prevention in the DOD is not supposed to be a problem because lowest rank members do understand English and Afrikaans to a lesser extent.

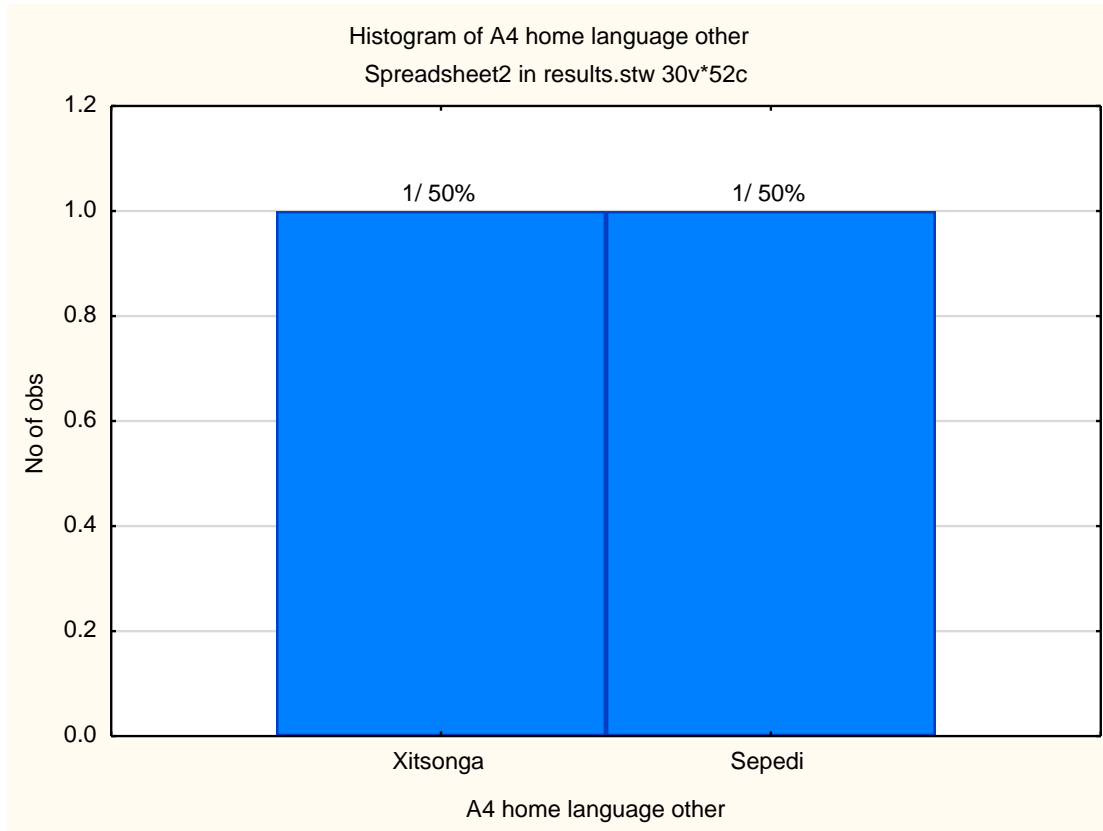


Figure 4.5 Other languages

The languages listed above rarely discussed or spoken in the South African National Defence context. However when HIV/AIDS prevention programmes are compiled and planned in the sense of being multi-lingual the two languages mentioned above should be excluded.

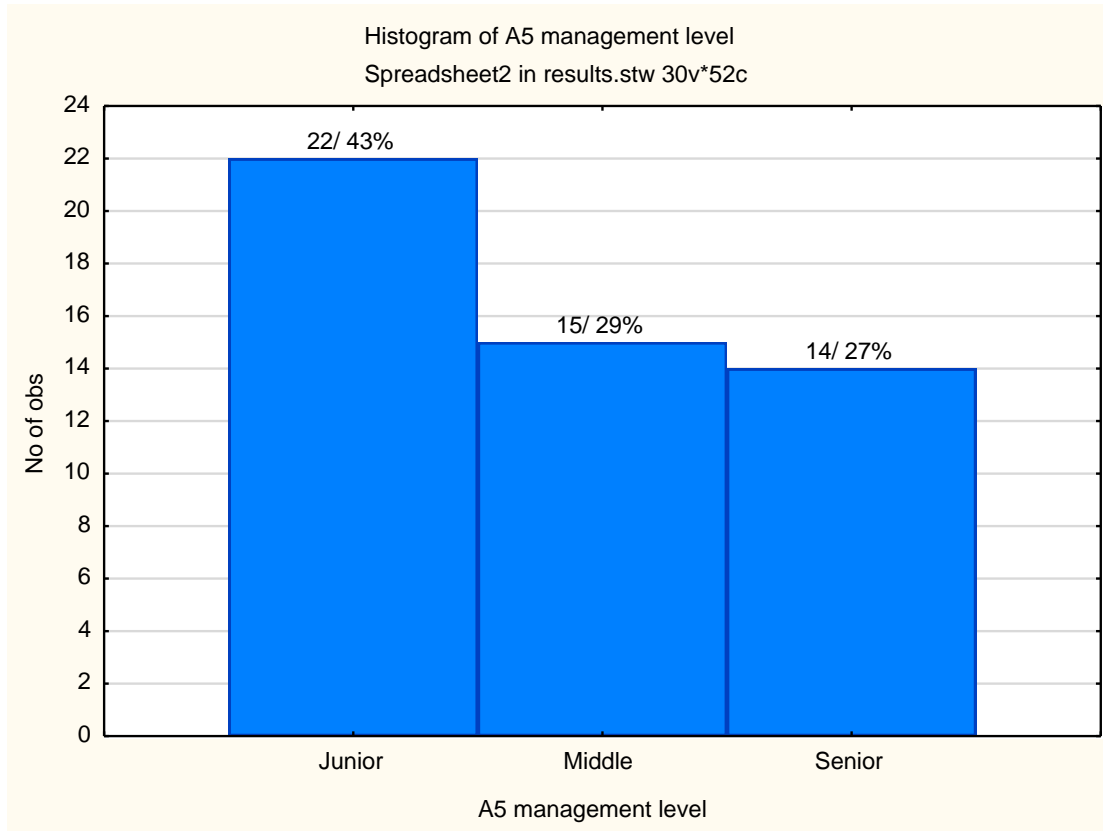


Figure 4.6 Management levels of respondents

The intention of this study was to extract views of senior management at a military base in the Western Cape in implementation of HIV policy in the workplace. When the researcher approached senior management and requested to collect data, they suggested that middle and junior management be included in the study because of the level of responsibility they held in the Department of Defence. HIV/AIDS is not only regarded as senior management problem but every individual who serves in the South African National Defence Force.

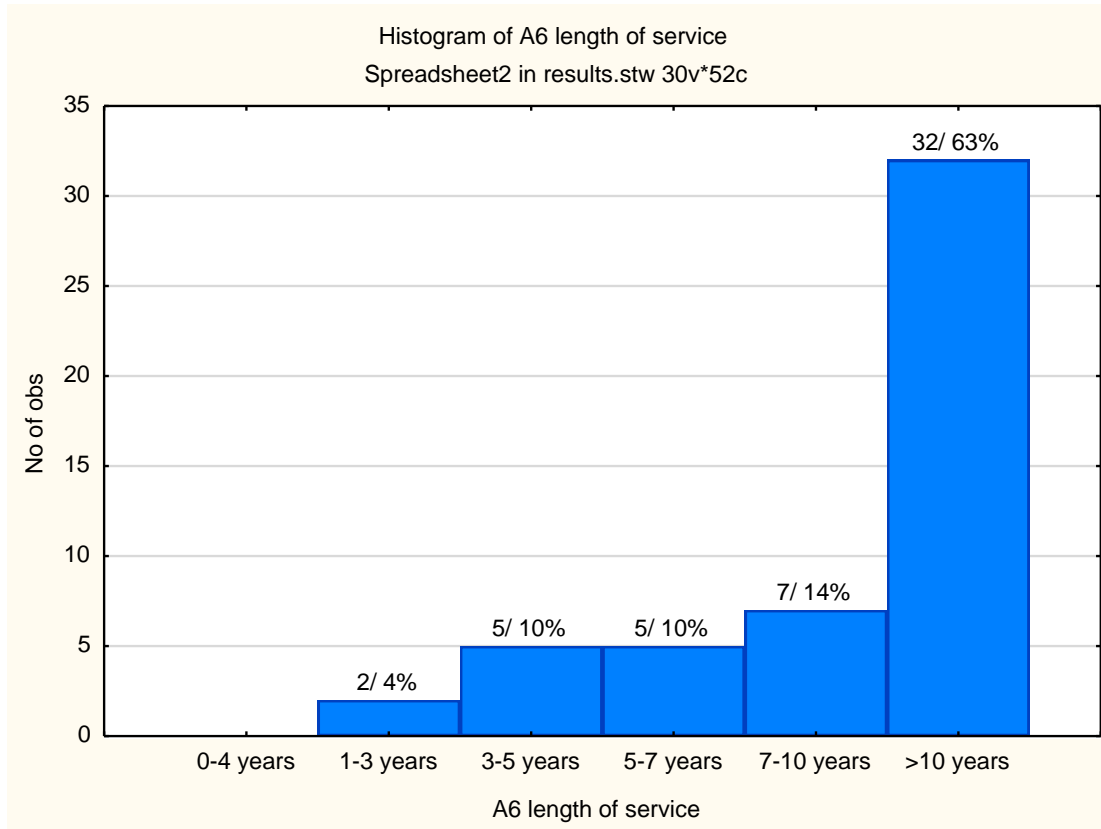


Figure 4.7 Length of service in SANDF

Sixty three percent (63%) of respondent's length of service is ten years and more. Indicating most respondents has vast experience of how the South African National Defence Force operates. Any organisation with management of this type of experience of military matters will be able to address issues relating to very important virus that may affect its daily operation such as HIV/AIDS. Management influence plays important role and if committed to minimise HIV/AIDS infection rest of personnel will follow suit. SANDF personnel are part of communities and if they are educated on important matters such as HIV/AIDS the burden is lessened on communities where they live and country benefits as well.

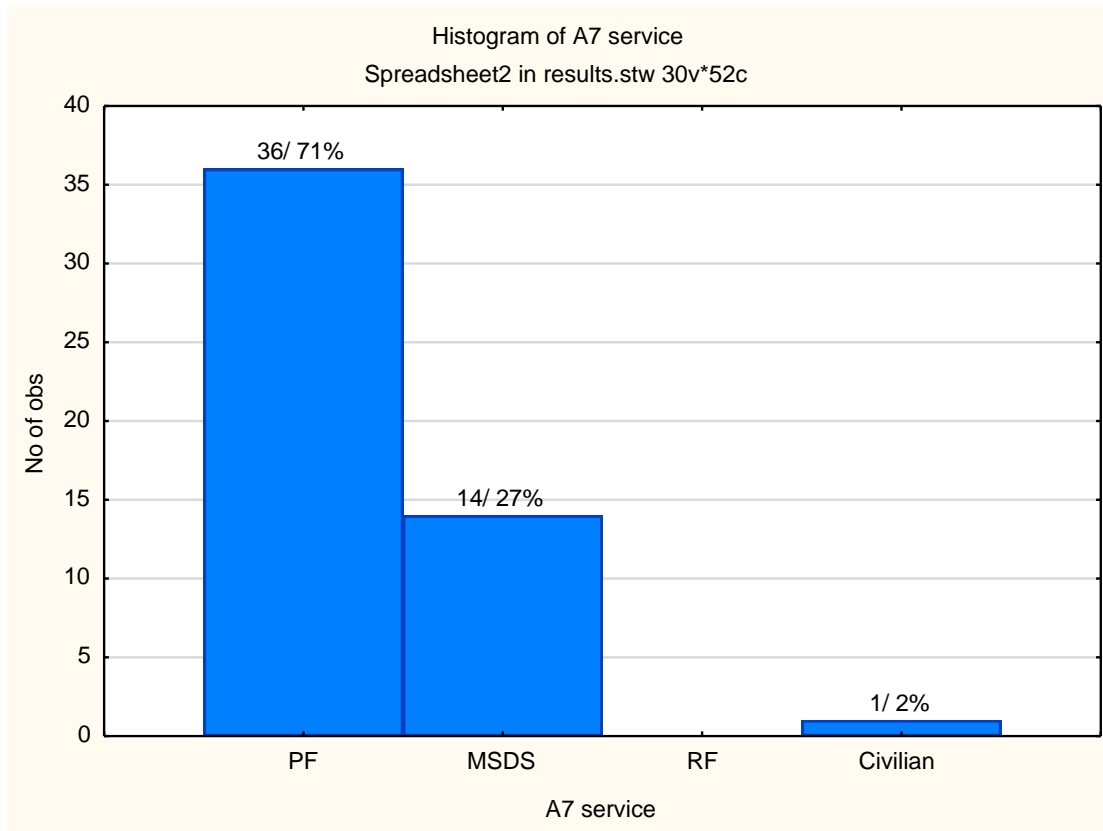


Figure 4.8 Respondents Appointment in DOD

Most respondents appointment in Department of Defence is on permanent basis (71%) compared to Military Skills Development Service (MSDS)(27%) and civilian (2%) who serves also on management level even when not being part of personnel wearing uniform. Management in the DOD is well-structured. Some civilian personnel are also part of this level making it easy to raise work matters including HIV training. When HIV training is presented to soldiers, civilian managers can train non-uniform personnel.

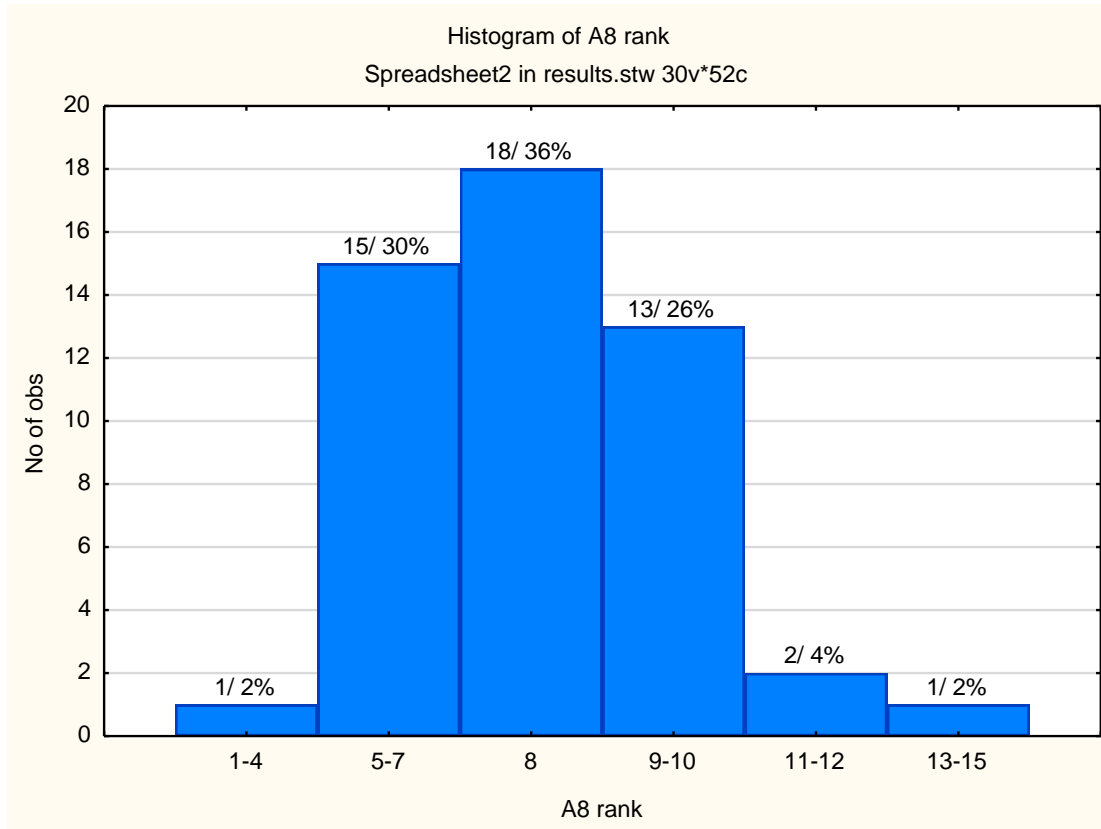


Figure 4.9 Rank level in the DOD

The rank levels ranged from level 8 (36%) being the highest followed by 5-7 (30%) and more senior management on level 9-10 (26%). There is strong indication that most respondents are appointed on important decision making level. The results will further indicate the “seriousness of how HIV/AIDS is given the necessary attention in the DOD”. HIV/AIDS is not only a problem in Africa but across the globe as well. SANDF employs a large amount of personnel and HIV is supposed to be high on the agenda when serious matters are discussed.

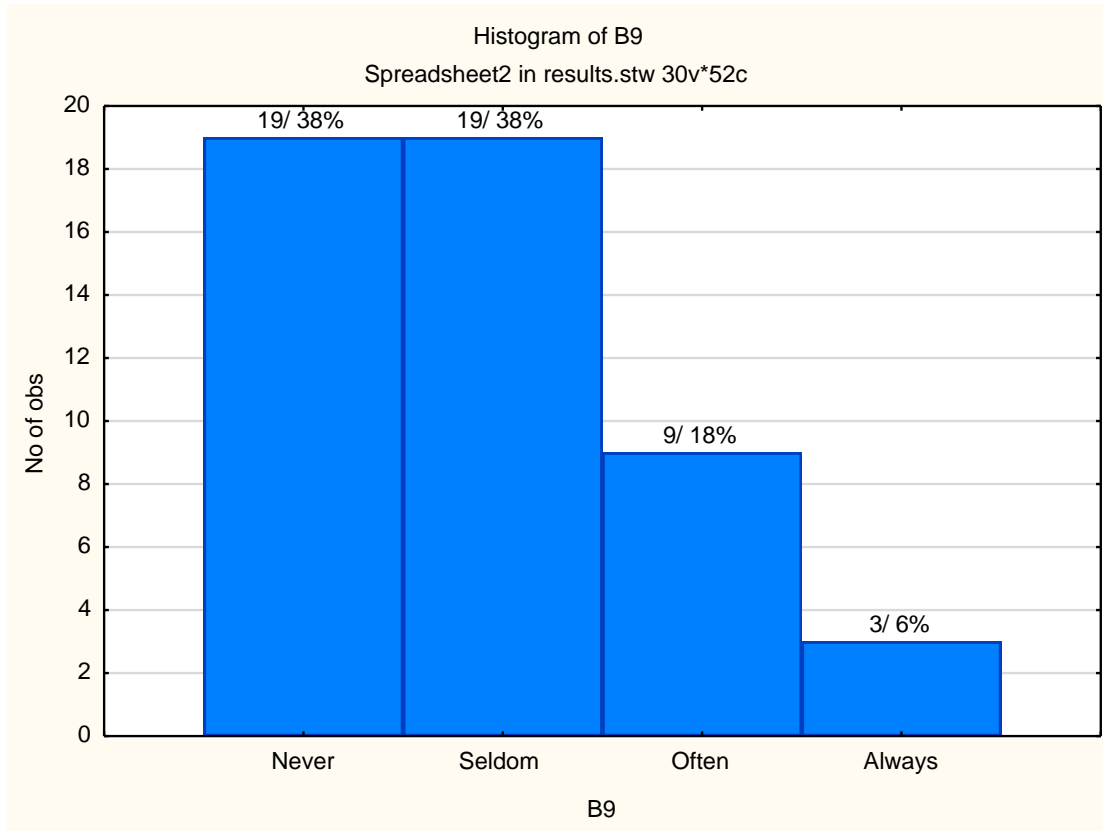


Figure 4.10 HIV/AIDS training

The results collected from respondents indicate training never conducted (38%) or seldom (38%) takes place. This clearly indicates that HIV/AIDS is not receiving the necessary attention it deserves. HIV/AIDS in the DOD should be treated like any other life-threatening disease. This question is specifically aimed at answering “if HIV/AIDS training is presented to senior management”.

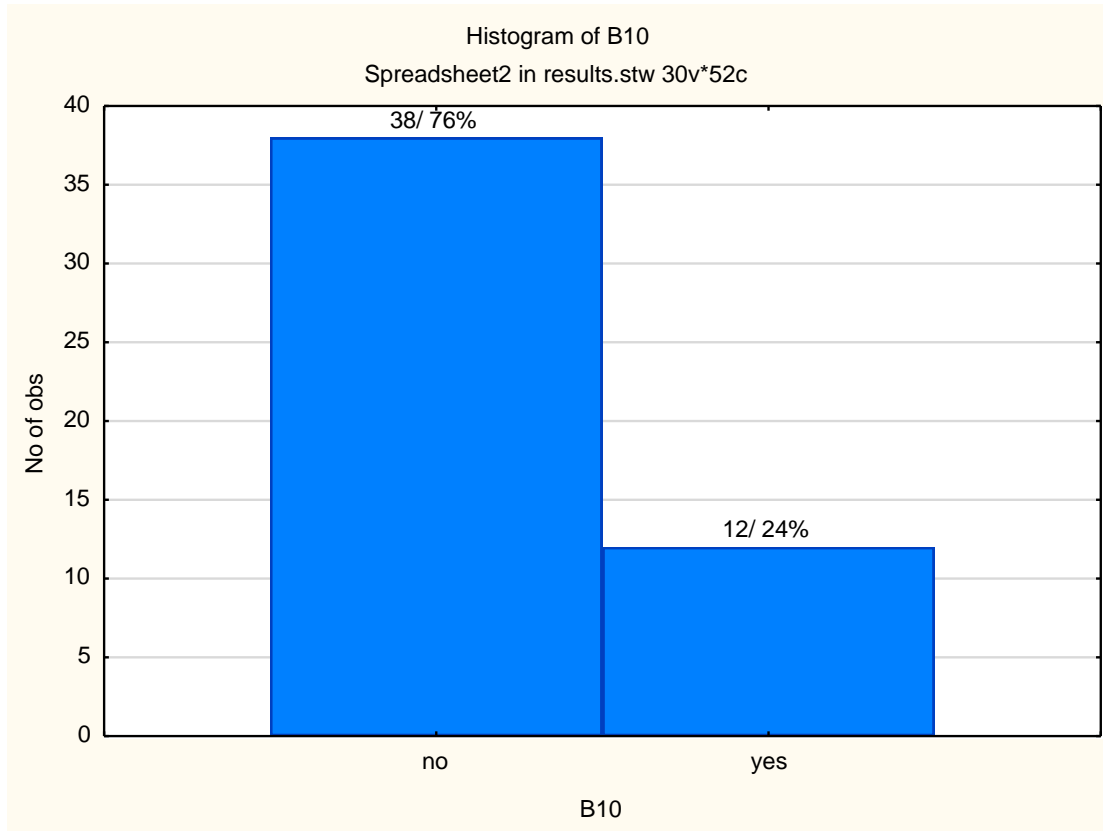


Figure 4.11 HIV/AIDS awareness campaigns/workshops

This research question intended to answer the question of “how many HIV/AIDS campaigns were held within 12 months in military bases in the Western Cape?”. The results indicated no campaigns (76%) and only (24%) respondents answered yes. The fact that no campaigns were held indicates a lot with regard to HIV/AIDS needs to be done in SANDF. Some respondents suggested campaigns be held every three months or least once every six months.



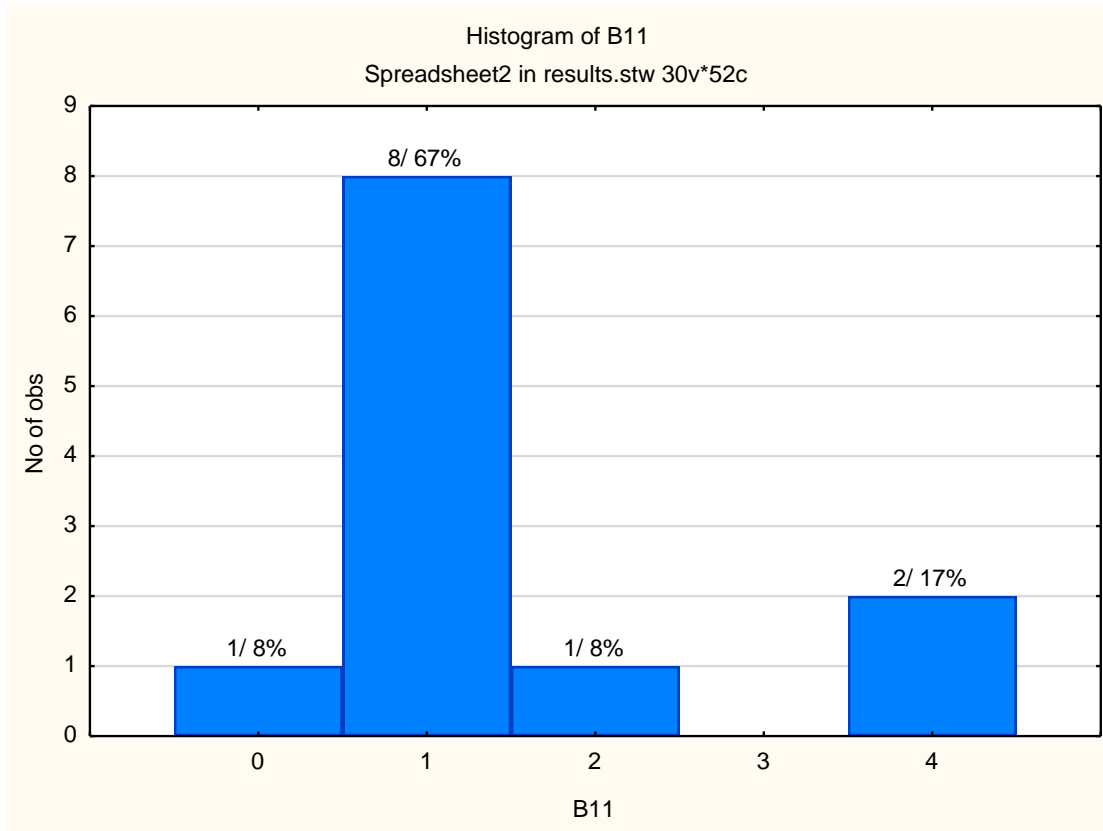


Figure 4.12 HIV/AIDS Campaigns in DOD

Sixty seven percent (67%) of respondents indicated that HIV/AIDS awareness campaigns were held and seventeen percent (17%) none were held to get the HIV/AIDS message across to personnel in military bases of Youngsfield. HIV/AIDS campaigns create awareness amongst personnel will be constantly aware of the dangers of being infected with the virus.

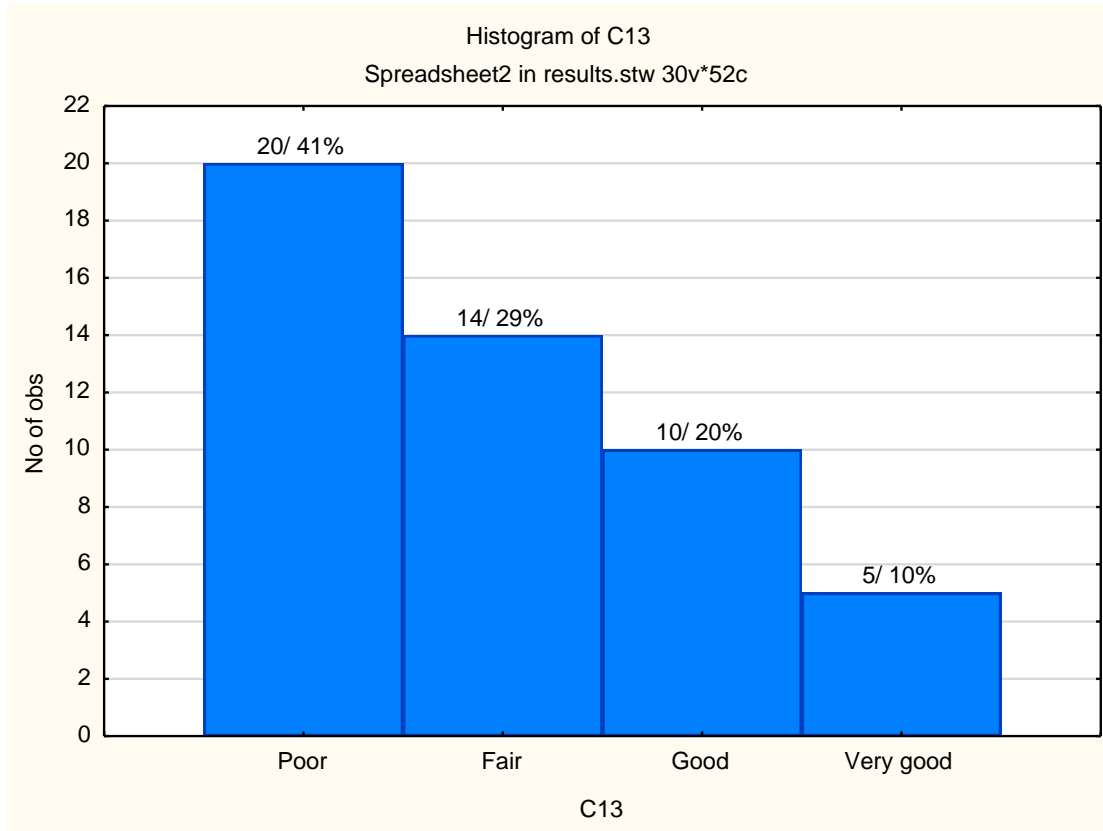


Figure 4.13 Level of support from HQ

Most participants answered this question by indicating poor support (41%) from headquarters indicating that management of HIV/AIDS in the workplace is not regarded as key in minimising infection rate in the DOD, followed by only (29%) indicating support is fair. South African National Defence Force if compared to many large organisations in the South Africa are supposed to be the driving force in educating soldiers on HIV/AIDS and ensuring funds are allocated for this purpose.

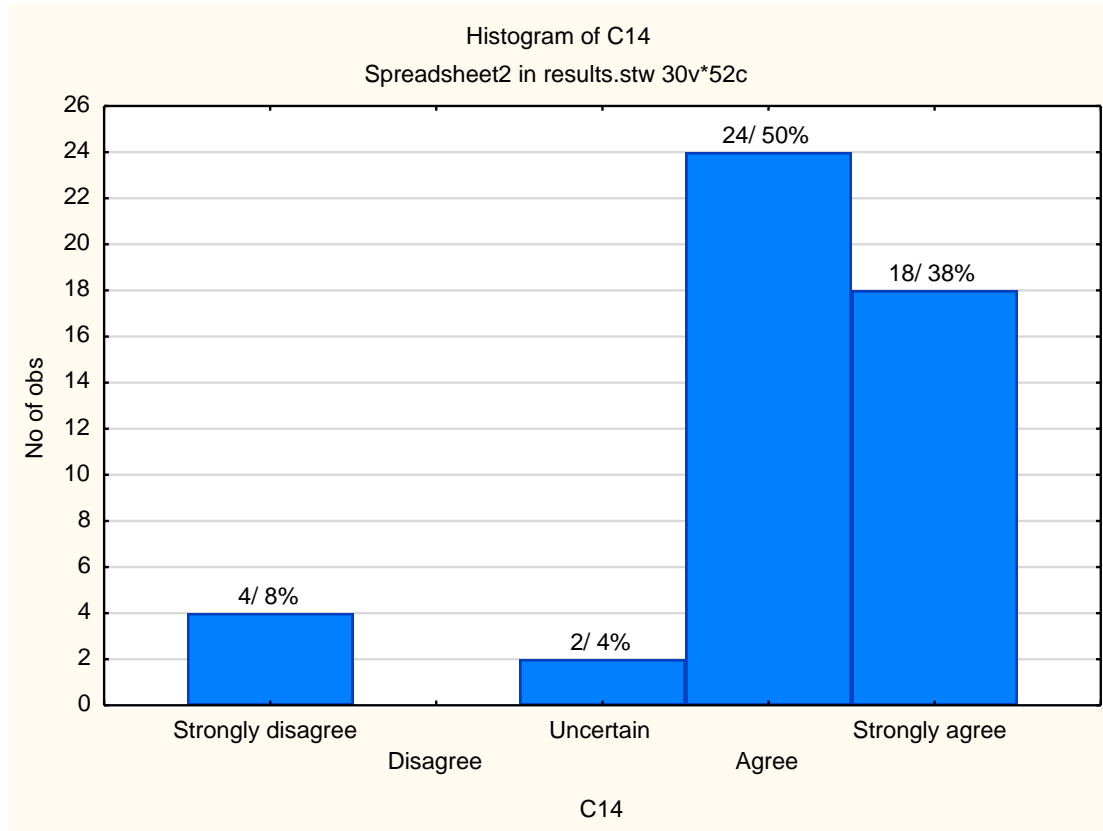


Figure 4.14 Management of HIV/AIDS

Most of the participants agree (50%) that managing HIV/AIDS in the workplace minimises the impact the infection rate in the department of defence. Those who strongly agree percentage is (38%) followed by (8%) who strongly disagree and uncertain (4%). The DOD have obligation of protecting its personnel against any debilitating illnesses and HIV/AIDS is no exception.

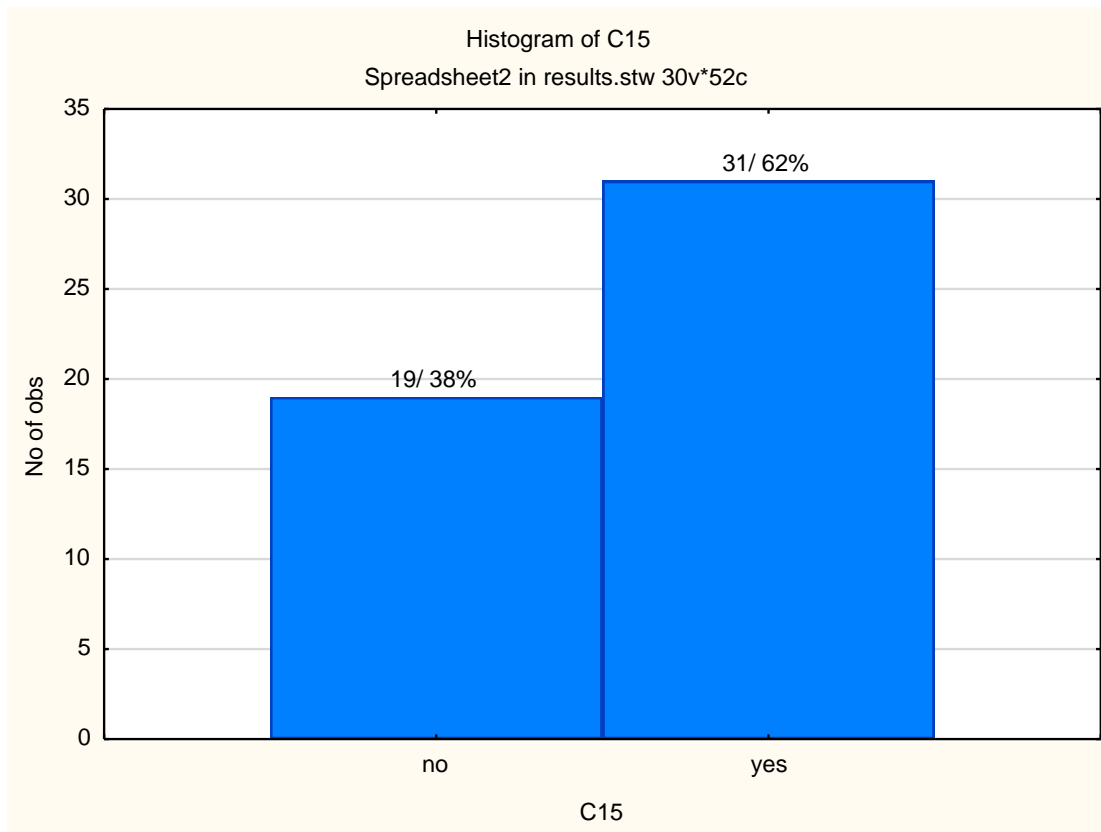


Figure 4.15 Commemoration of World AIDS day

Large number of respondents (62%) indicated that they celebrate World AIDS Day on the 1st of December annually when compared to those who said no (38%). It is encouraging to notice that the majority of military bases in Youngsfield do celebrate World AIDS Day, how it can more effective when campaigns and training programs are conducted throughout the year. The message will be clearer to all attendees of such event and willingness to support increased.

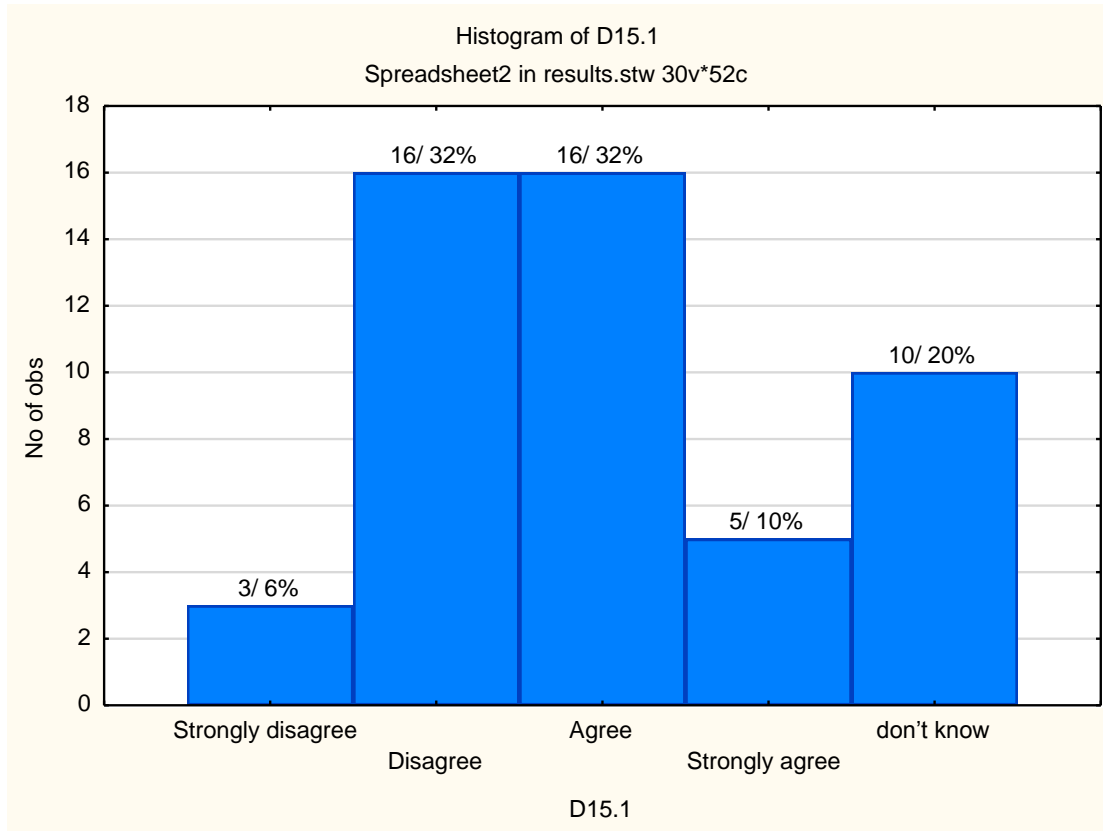


Figure 4.17 Senior Management campaigns attendance

The number of respondents who responded on the question of senior management attending campaigns reacted equally thirty two percent (32%) disagreeing and thirty two percent (32%) agreeing and twenty percent (20%) don't know, lastly six percent strongly disagreeing. Leading by example is very important in any large organisation. Employees feel obliged to take part in activities of the organisation such as HIV/AIDS campaigns if management lead upfront.

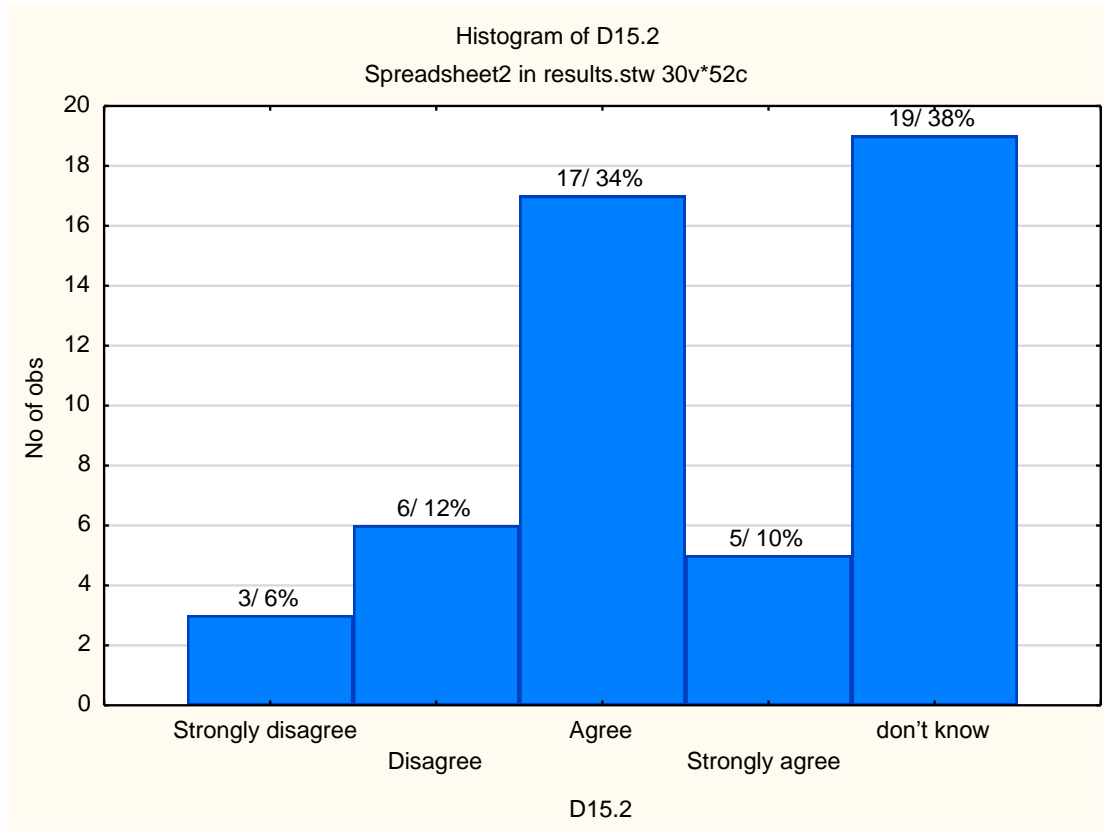


Figure 4.18 Labour unions HIV/AIDS policy support

Thirty eight percent (38%) of the respondents are not aware if labour unions are actively involved in minimising the impact of HIV/AIDS within the South African National Defence Force. Those who indicated that labour unions do play active role is thirty four percent (34%). Labour unions are however vocal on issues pertaining to workers' rights that may include discrimination of those carrying the HIV/AIDS virus and disclosure of confidential information.

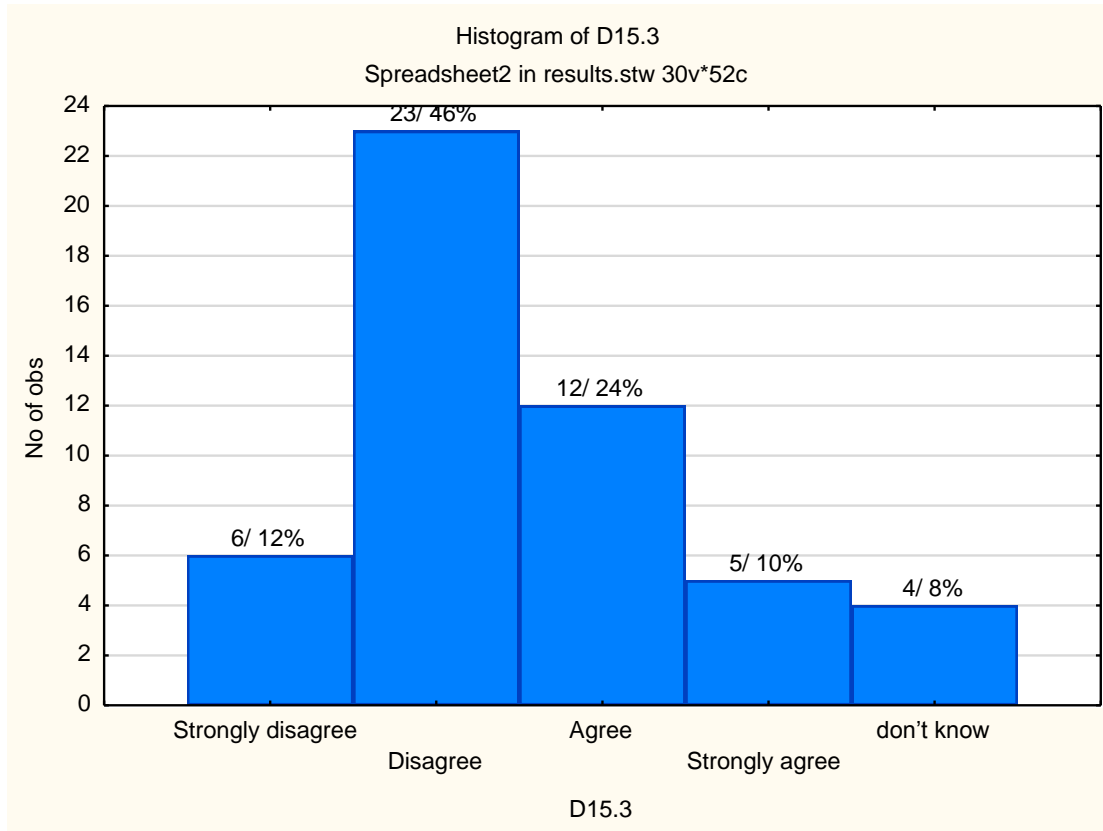


Figure 4.19 Workplace forums

Intention of workplace forums in the DOD is for personnel to raise collective grievances in the workplace. Individual problems are handled on one to one basis. In figure 4.13 the respondents (67%) indicated no HIV/AIDS campaigns were held to create awareness among soldiers. Respondents indicated on the question “if HIV/AIDS was part of discussions that involve employees concerns and forty six percent (46%) disagreed. Only twenty four percent (24%) agreed and (12%) strongly agree and (8%) don’t know.

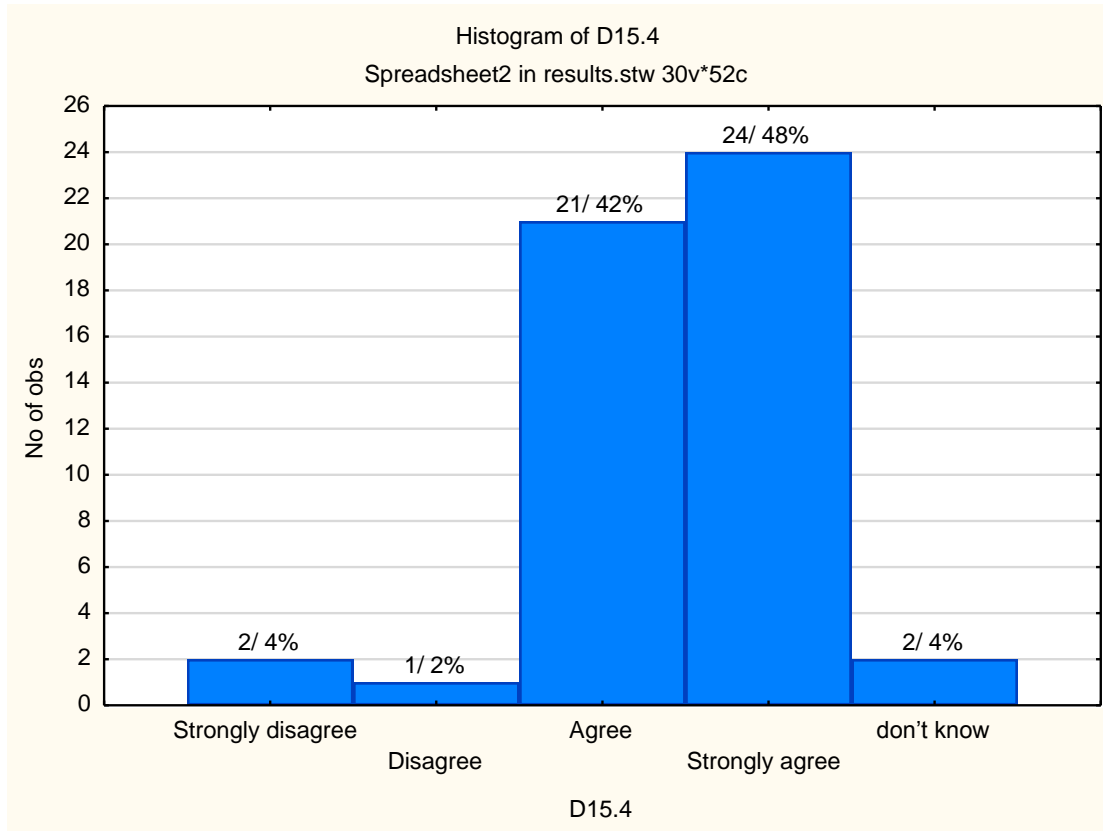


Figure 4.20 Military hospitals and sickbays

More than half of the respondents (48%) strongly agree that military hospitals and sickbays are supposed to play a leading role in minimising the impact of HIV/AIDS in SANDF due to their medical background. Slightly less than half (42%) agreed that responsibility of military sickbays and hospitals is vital in educating personnel on minimising the spread of HIV virus.



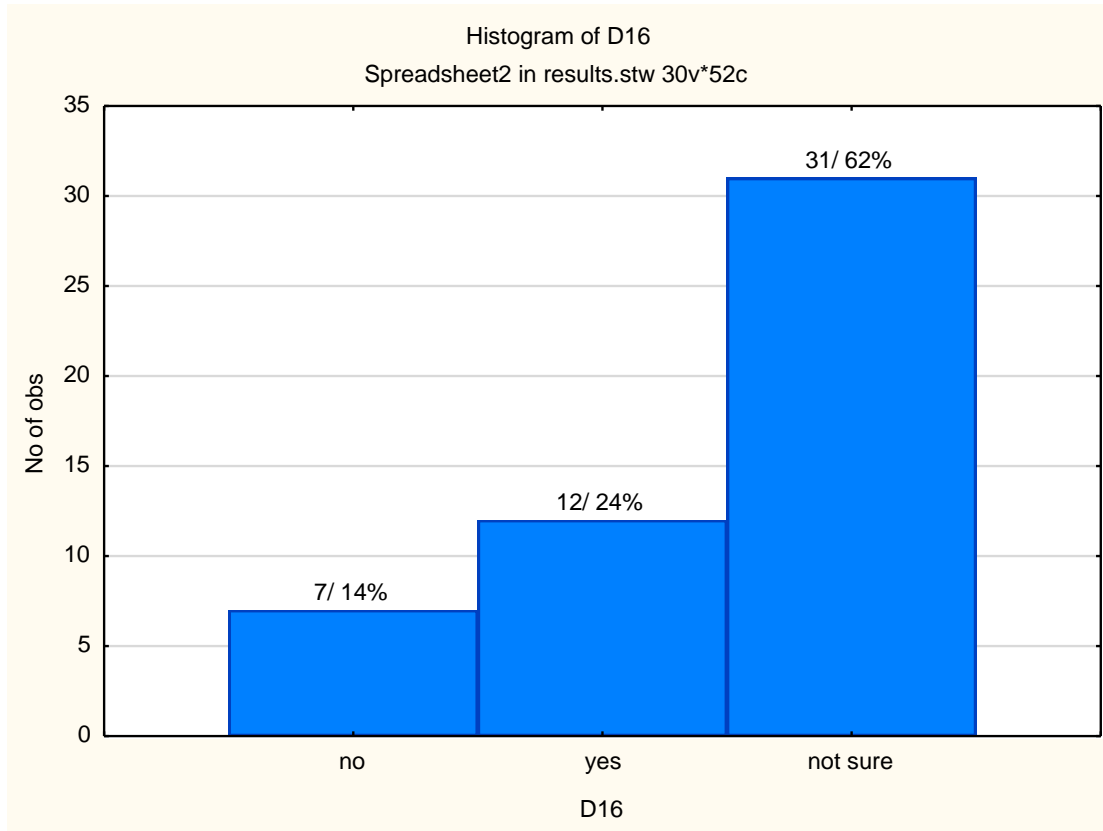


Figure 4.21 Workplace policy

Sixty two percent (62%) of the respondents were not sure if the current workplace HIV/AIDS policy impacts on the reduction of HIV/AIDS infection. Twenty four percent (24%) indicated yes it does reduce spread of infection and fourteen percent (14%) saying no.

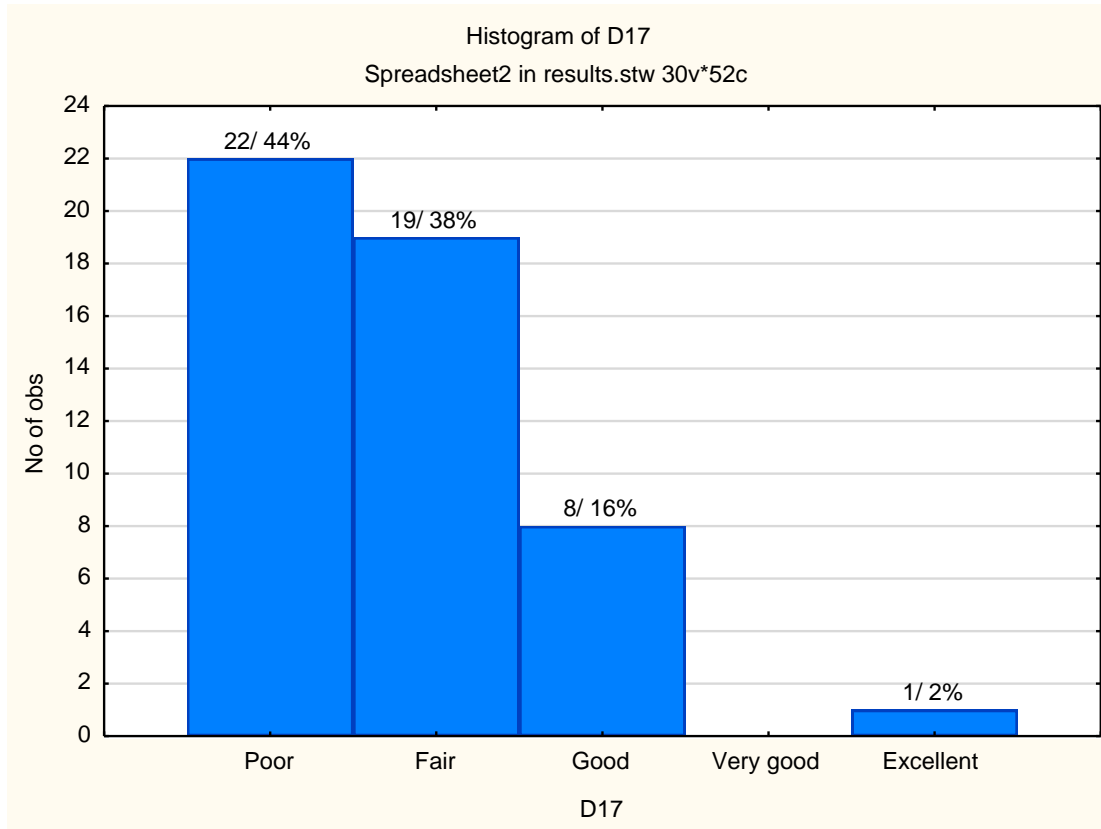


Figure 4.22 Availability of financial resources

Forty four percent (44%) of the participants indicated that financial support from higher authority (HQ) is poor. This is a very important aspect because when no financial support is received, training aids cannot be purchased, pamphlets and posters printed. Respondents who indicated financial support is fair totalled thirty eight percent (38%) and only sixteen percent (16%) good. Military bases should include in the annual planning funds for HIV/AIDS awareness campaigns material.

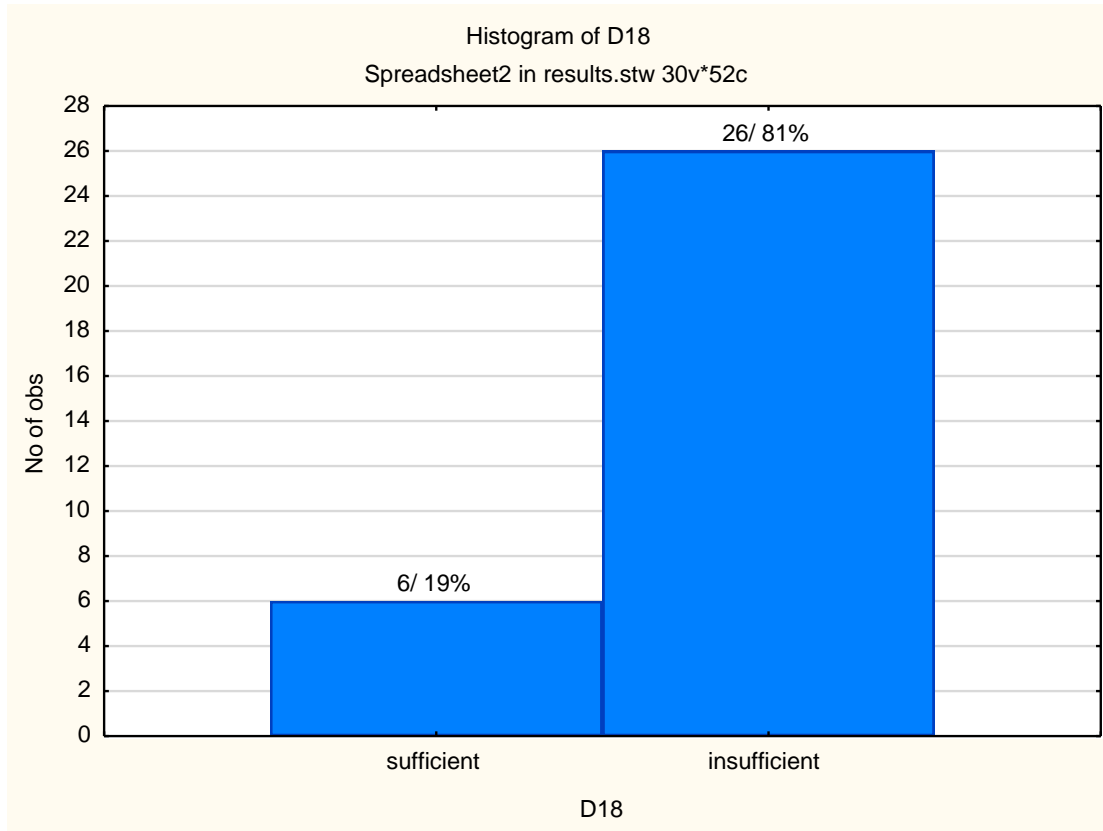


Figure 4.23 Funds

This question relates to the question in Figure 4.21 concerning availability of funds in addressing HIV/AIDS in the DOD. Majority of respondents (81%) indicated that funds if allocated by headquarters were insufficient and to a lesser extent (19%) indicating it was sufficient. Both Figure 4.21 and Figure 4.22 answers availability of funds to create awareness of HIV/AIDS in the DOD.

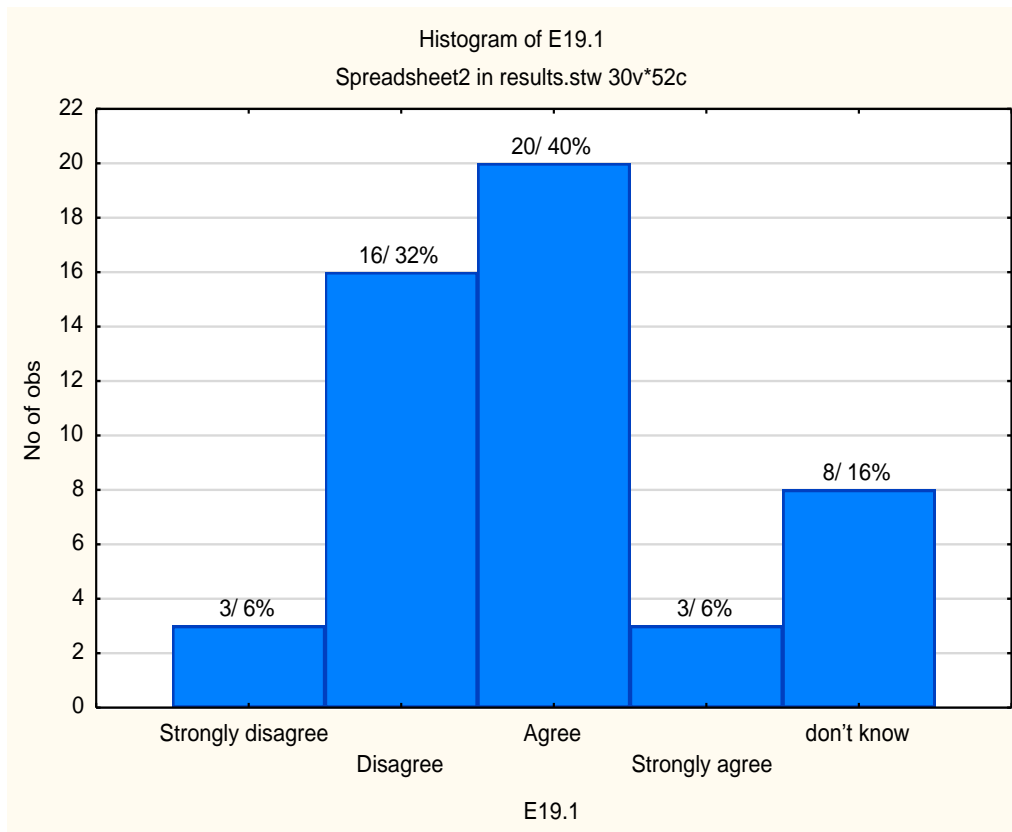


Figure 4.24 Knowledge of policy

Forty percent of the respondents (40%) indicated they knew the workplace HIV/AIDS policy very well. This indicates that less than half of the respondents (32%) did not know the HIV/AIDS policy very well and sixteen percent didn't know and six percent (6%) disagree. The purpose of research paper intends to address implementation of HIV/AIDS policy in the workplace.

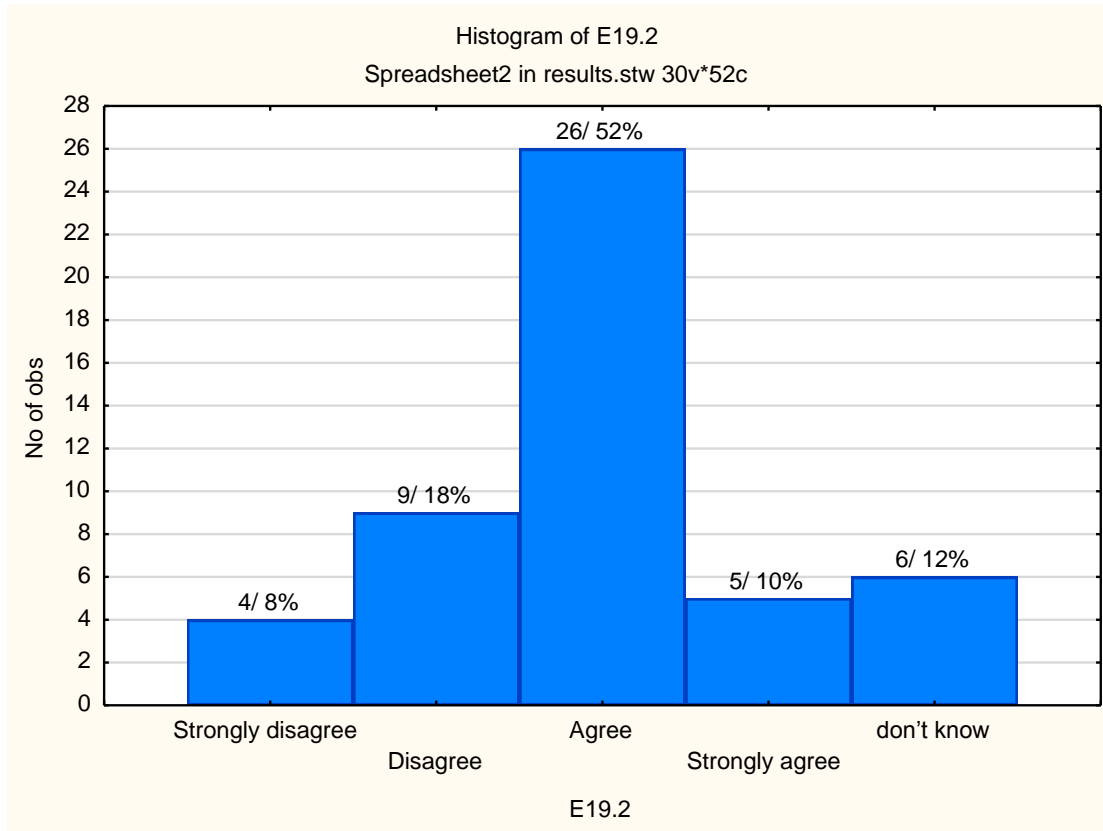


Figure 4.25 Clarity on policy

More than half of the respondents fifty two percent (52%) indicated that the Department of Defence workplace HIV/AIDS policy clearly laid out and easy to understand without usage of unclear jargon. Further results indicated eighteen percent (18%) indicated that respondents disagree and twelve percent (12%) don't know and only eight percent (8%) strongly disagree.

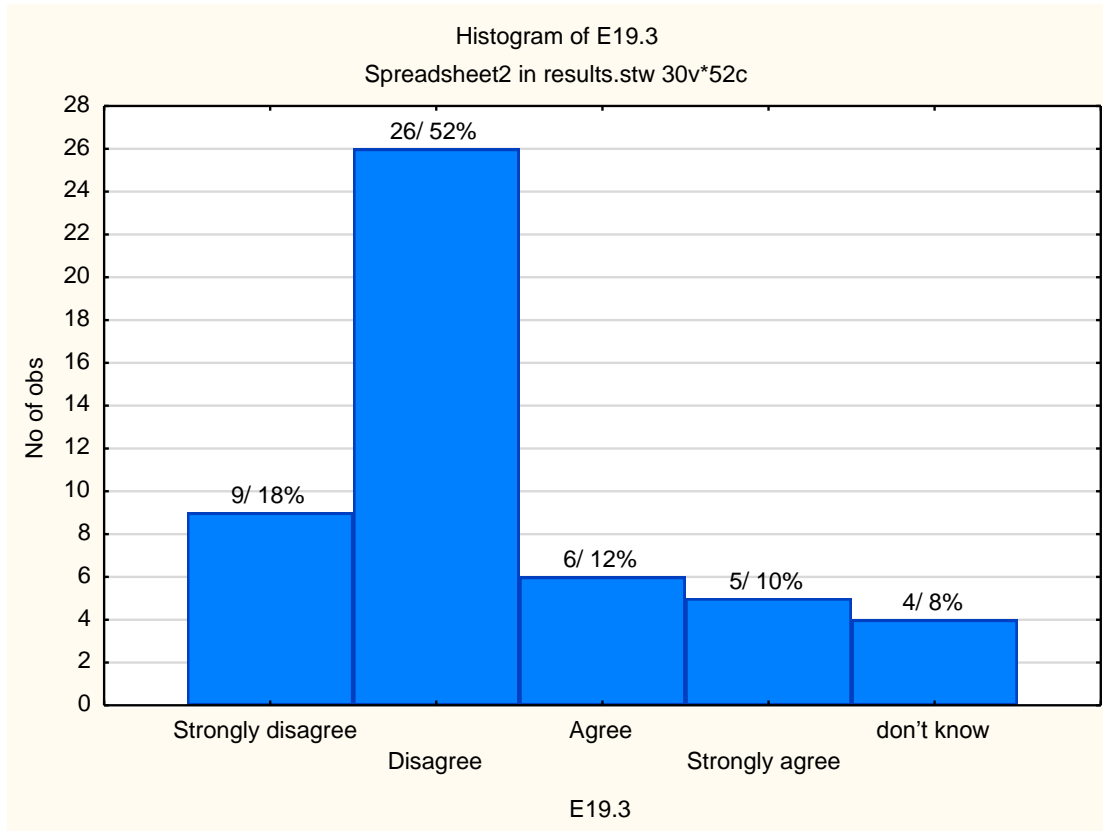


Figure 4.26 Management interest on HIV/AIDS policy

Large number of respondents (52%) disagreed on management level that they are not familiar or interested in DOD workplace HIV/AIDS policy. Another eighteen percent (18%) strongly disagreed and small percent (12%) agreed including (10%) who strongly agreed. HIV/AIDS workplace policy is part of workplace prescription on how South African National Defence must execute their duties. Implementation of HIV/AIDS policy is no exemption. This success of minimising the impact HIV/AIDS in the workplace can only be achieved if management is committed to the task.

## CHAPTER 5

### CONCLUSION AND RECOMMENDATIONS

A holistic approach addressing HIV/AIDS needs to be implemented by the Department of Defence. HIV/AIDS workplace response must be based on considering the rights and personnel who are infected and affected. Based on the findings the researcher, the following recommendations are included relating to implementation of workplace policy by senior management in the DOD at Youngsfield military base.

#### FINDINGS OF THE RESEARCH

##### 5.1 Workplace programs

Workplace programs addressing HIV/AIDS should not only be directed at infected individuals but those who are affected as well. Support mechanisms constructed and centres where they approach professionals who can counsel or advise them where they can seek help. Keynote speakers must be invited on special days such as the 1<sup>st</sup> of December (World AIDS Day) to present topics on prevention methods. World AIDS Day should be part of the military base calendar with a full program included for that specific day. Introduction of induction programmes must be instituted by South African National Defence Force in all the military bases as awareness mechanism for incoming personnel.

##### 5.2 Programme evaluation

Implementation of HIV/AIDS workplace programmes without monitoring and evaluating progress is futile. The importance of M&E is to determine financial loss to the company or organisation and secondly to measure risk reduction. Another reason for measuring results is to assess what worked and what needs to be changed in the future. Evaluation and review committee must be established to assess the whole process. To develop a comprehensive workplace HIV/AIDS programme, representatives of the following departments must be appointed to serve on HIV/AIDS committee: Health and Safety (OHS), training department, human resources, top and middle management, people living with AIDS, unions and personnel representative (UNAIDS, 2002). National laws need to be reviewed as a final step.

### 5.3 Training

Part of the budget allocation must include resources that will be made available for acquiring of training material for HIV/AIDS prevention training. Personnel that are involved in handling and transportation of blood must be included in the training program. When forces are receiving final training before deployment, part of the training should involve assistance to fellow soldiers who are injured during combat and possibility of infection through contaminated blood. Grant, Strode & Smart (2002) claims Surgeon General of SA Military Health Service decided in 1999 that every soldier should receive training on HIV/AIDS prevention and management in the workplace. The following key role players should be part of this training:

- HIV/AIDS advisors who support regions e.g. Gauteng Province;
- Peer educators;
- Program Managers of HIV/AIDS in the workplace;
- Psychosocial Officers;
- Educational Officers training the trainers (Grant, Strode & Smart, 2002).

Joint decision should be made between employers and employees concerning training program and important factors that must considered include HIV/AIDS information, policies, constraints and important workplace guidelines (Walch et al., 2005). All personnel must be involved with matters that relates to HIV/AIDS and given the opportunity to voice their inputs how training should be conducted. Training on topics that involve HIV/AIDS should be included in all levels personnel structures. Materials such as pamphlets, posters, DVD's and typed information must be distributed amongst employees.

### 5.4 Stigma and discrimination

Personnel must be trained on the importance of embracing those who are infected instead of ostracising them due to their HIV status. Dupper (2003) lists Australia, New Zealand and Canada as the only countries offering protection on discrimination against those living with HIV/AIDS and legislation preference is that it be classified as a disability. The South African Constitution prefers to treat HIV as unlisted rather than as a disability. A very good example is the *Hoffmann vs. South African Airways* case when an employee was discriminated against for employment due to his HIV status. The Court ruled in favour of the applicant. ILO (2000)



concludes that when an employee HIV status is known to colleagues and community members they face discrimination and even hostility.

## **5.5 Absenteeism**

When employees are ill they exhaust normal leave and then take additional leave, meaning long absence from place of work. This type of occurrence disrupts normal flow work. It lowers moral and de-motivates employees who are staying behind and having to carry-out additional tasks of their fellow employees who may be absent for short or long periods.

When HIV/AIDS preventative measures are introduced in the workplace, it implies that when employees reach their homes and communities the message gets spread further than just the workplace. Any organisation that loses trained employee costs are doubled in training a new individual to replace the one who have passed on. Illness such as HIV/AIDS is characterised by absenteeism and low productivity compared to quick death and there financial implications for any company by replacing the employee who have died due to the virus (Dickinson, 2010). Preventative measure such as in house training or transfer of skills will ensure productivity continues unaffected.

## **5.6 Occupational Health and Safety (OHS) policy**

The South African National Defence Force is under the ambit of Occupational Health and Safety Act 85 of 1993, that mentions in section 8 (1) “ every employer shall provide and maintain a working environment that is safe and without risk to the health of employee” (Heinecken, 2003). Occupational Health and Safety (OHS) Officer is responsible for the safety and training of every employee including the right of not being subject to HIV infection. Every military base that cannot appoint a suitable qualified Occupational Health Safety Officer must request the services of social worker who may serve as educational officer on HIV matters. HIV/AIDS must be managed at all levels in the DOD. In 1997 the South African Military Alliance combating HIV/AIDS were established, with the intention of bringing together intergovernmental departments as Police, Health, Correctional Services and Welfare in all nine provinces of South Africa (Heinecken, 2003).

Some of the responsibilities of the OHS Officer are to training employees on how to handle or treat injured fellow employees. This involves usage of gloves when treating injured or handling of blood. Appointed OHS manager forms part of training personnel.

## **5.7 Implementation of workplace HIV/AIDS policy**

Main responsibilities of appointed person should be to manage and monitor implementation of HIV/AIDS policy in the workplace. This should be his/her only responsibility on a day to day basis to avoid attention attracted by other responsibilities.

Such responsibility will also require co-ordinated effort from other stakeholders including HIV/AIDS committee that must be established. The policy must include employees, all workplace situations, employment contracts, and change of behaviour in order to minimise risks and including measures on how to address these issues. Workplace HIV/AIDS policy institutes framework action in reducing the spread HIV/AIDS and manages its impact (NAC, 2010).

## **5.8 Awareness campaigns/workshop**

In order to get the message across to every individual serving in SANDF, HIV/AIDS should not only be commemorated on the 1<sup>st</sup> of December every year but throughout the year. Programs such as candle lighting ceremony in remembrance of those infected and affected can be held on a monthly or quarterly basis.

## **5.9 Conclusion**

HIV/AIDS is a very serious issue not just in the workplace but even in the communities where personnel live. It deserves the same attention as any chronic disease. Soldiers are not just part of the South African National Defence Force; they form part of the country as well. When HIV/AIDS intervention measures are not applied in the workplace then it escalates to communities and countries where South Africa is involved in peace keeping operations. Part of management duties is to keep his/her subordinates well informed about some of the external dangers that they can encounter besides being the enemy in combat operations.

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### ADDENDUM-A Tool to measure HIV/AIDS leadership

1.1 Does everyone know their role within and their overall contribution to the HIV/AIDS policy programme?

No  To some extent  To greater extent  Always

1.2 Are good practices, which have been identified, shared internally and externally?

Never  Occasionally  Usually  Always

1.3 Are efforts toward s continuous improvement acknowledged and recognised?

Never  Occasionally  Usually  Always

1.4 DO we listen each other's views and make collective decisions on HIV/AIDS

Never  Occasionally  Usually  Always

1.5 Are relationships with partners and persons we serve cultivated?

Never  Occasionally  Usually  Always

What evidence do you support the above marking?

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What are the strengths?

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What do you think needs improvement?

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## **ADDENDUM-B Informed consent**

**RWU WC/C/79685210**

Telephone: (021) 787-1954  
Extension: 1954  
Fax: (021) 787-1808



Regional Works Unit Western Cape  
Private Bag x1  
Kenwyn  
7790  
March 2015

**Dear Participant**

### **INFORMED CONSENT**

1. As part of my requirement for my MPhil degree I have to complete a research dissertation. I wish to determine implementation of HIV/AIDS policy by senior management in Youngsfield Military Base. As participant you are required to complete questionnaire and have been randomly selected.

2. You will not have to answer any question you do not wish to answer. As the study coordinator I will be the only one who has access to questionnaires. Your personal information will be kept confidential to the extent provided by law and will not be revealed in the completed manuscript. Preventative measures are implemented to prevent risks and there are no direct benefits directly to you as participant in the study. You may discontinue participating in the study any time you wish without any consequence.

3. Should any questions arise regarding research protocol, feel free to contact on the following numbers: 021-7871954 or 0844401003. I am a registered student of the University of Stellenbosch.

**(G. CRISP)**  
**SUPERVISOR: MAJ**  
GC/GC

Please sign and return copy of this letter to me. A copy will be provided for your own record keeping. When signing this letter, you hereby give consent in participating in this study.

I voluntarily participated in this study and have received a copy of this consent. I have read procedures described in the proposed study.

---

**Participant signature**

---

**Date**

**ADDENDUM-C Questionnaire**

**NAME STUDENT:** GABRIEL CRISP

**PURPOSE OF RESEARCH: VIEWS OF SENIOR MANAGEMENT AT A MILITARY BASE IN THE WESTERN CAPE IN IMPLEMENTING WORKPLACE HIV POLICY**

**SECTION A - BIOGRAPHICAL DATA**

Indicate your preference by making a cross (x) in the block of your choice

1. Age:

20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
1	2	3	4	5	6	7	8	9

2. Gender:

Male	
Female	
1	2

3. Nationality:

African		White		Coloured		Indian		Other	
1		2		3		4		5	

4. Home language:

English	
Afrikaans	
Xhosa	
Zulu	
Tswana	
Sotho	
Venda	
Others (Please specify)	
1	2

5. Indicate is the level of your management:

Junior management	
Middle management	
Senior management	
1	2

6. What is the length of your service in the Department of Defence (DOD)?

0-4 years	1-3 years	3-5 years	5-7years	7-10 years	More than 10 years
1	2	3	4	5	6

7. Indicate any of the services listed below describing your appointment best in the DOD.

Permanent Force	Military Skills Development Service(MSDS)	Reserve Force	Civilian member
1	2	3	4

8. What is your rank level in the DOD?

1- 4	5 - 7	8	9 -10	11-12	13 -15
1	2	3	4	5	6

**SECTION B – HIV/AIDS CADER TRAINING IN THE UNIT**

IN THIS SECTION I AM GOING TO ASK ABOUT HIV/AIDS TRAINING IN THE MILITARY BASE. PLEASE READ THE FOLLOWING STATEMENTS AND IN EACH CASE INDICATE YOUR PREFERENCE BY MAKING A CROSS OVER YOUR CHOICE.

9. In the unit how regularly does HIV training take place?

Never	
Seldom	
Often	
Always	
1	2

9.1 If the answer is “no” give suggestions.

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9.2 If the answer is “yes” what changes should be implemented?

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10. In the past 12 months have you attended any of the SANDF HIV workshops or awareness campaigns?

Yes	NO
1	2

11. If the answered “yes” indicate how many in the past 12 months?

\_\_\_\_\_HIV/AIDS awareness campaigns attended in past 12 months.

12. If answer is “no” in question 10 give reasons why you have not attend HIV/AIDS campaigns in the past 12 months

Reasons for not attending:

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**SECTION C- CAMPAIGNS ADDRESSING HIV/AIDS IN DEPARTMENT OF DEFENCE (DOD).**

13. Level of support from higher HQ (Army Head Quarters) in implementation of HIV/AIDS policy

1	Poor	
2	Fair	
3	Good	
4	Very good	
5	Excellent	

14. Please read the following statement and indicate your response by making encircling your preference. Managing HIV/AIDS in the workplace is the key to minimising infection rate in the DOD.

- 1 Strongly disagree
- 2 Disagree
- 3 Uncertain
- 4 Agree
- 5 Strongly agree

15. Is there a program in place for commemoration of World AIDS Day?

Yes	No
1	2

**SECTION D – WORKPLACE HIV/AIDS POLICY IMPLEMENTATION AND BUDGET ALLOCATION**

The following section focuses mainly in the involvement of all role players in the DOD and support in implementing workplace policy. Please tick by making a cross (x) in the block of your choice.

15. What is your view on the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
15.1 Headquarters Senior management set good example by attending HIV/AIDS awareness campaigns	1	2	3	4	5
15.2 Labour unions support workplace HIV/AIDS policy	1	2	3	4	5
15.3 Workplace forums include HIV/AIDS discussions in issues that involves employees matters	1	2	3	4	5
15.4 Military hospital and sickbays personnel play a crucial role in fight against HIV/AIDS in the workplace	1	2	3	4	5

16. Do you think that the DOD HIV/AIDS workplace policy has been successful in reducing the number of new HIV infections?

Yes	No	Not sure
1	2	3

17. Availability of financial resources to support programme implementation

1	Poor	
2	Fair	
3	Good	
4	Very good	
5	Excellent	

18. If the answer in question 17 is “yes” are the funds?

Sufficient	Insufficient
1	2

**SECTION E – SENIOR MANAGEMENT WORKPLACE HIV/AIDS POLICY KNOWLEDGE**

The next section contains questions addressing knowledge of HIV/AIDS policy by senior management of SANDF. Kindly tick (x) the box best describing your view.

19. Think about your familiarity with SANDF HIV/AIDS programme and then indicate if you agree with the following statements:

	Strongly agree	agree	Disagree	Strongly Disagree	Don't know
19.1 I know the DOD HIV/AIDS workplace policy very well	1	2	3	4	5
19.2 I know some sections of the policy, but would like more clarity on certain matters	1	2	3	4	5
19.3 I am not familiar with DOD workplace HIV/AIDS policy and not interested	1	2	3	4	5

**SECTION F - GENERAL KNOWLEDGE OF HIV/AIDS**

Indicate your preference by making a cross over your choice. (5 is the most preferable and 1 is not)

20. Your knowledge of HIV/AIDS policy

1	Poor	
2	Fair	

3	Good	
4	Very good	
5	Excellent	

**Thank you very much for participating!**

ADDENDUM –D Consent participate in study



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jou kennisvenoot • your knowledge partner

**STELLENBOSCH UNIVERSITY  
CONSENT TO PARTICIPATE IN RESEARCH**

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**HIV/AIDS in the workplace: views of Senior Management at a military base in the Western Cape in implementing workplace policy**

You are asked to participate in a research study conducted by Gabriel Crisp -14967839, from the Africa Centre at Stellenbosch University. The results will contribute to completion of dissertation compiled by Gabriel Crisp. You were selected as a possible participant in this study because your input is highly valued and results of this study will contribute to minimizing impact of HIV/AIDS in the South African National Defence Force workplace.

**PURPOSE OF THE STUDY**

The aim of the study is to determine the reasons for not implementing HIV/AIDS policy by management of the DOD in order to provide guidelines for the organisation.

**1. PROCEDURES**

If you volunteer to participate in this study, we would ask you to do the following things:

Complete a questionnaire consisting of 25 questions that are related to implementation of HIV/AIDS workplace policy.

The study is specifically aimed at senior management at Youngsfield implementation of HIV/AIDS policy, views, support from higher authority and general knowledge of HIV/AIDS.

The study will be conducted before or after senior management meetings with permission of Officer Commanding during the period 1 March 2015 – 30 April 2015 in Conference rooms.

**2. POTENTIAL RISKS AND DISCOMFORTS**

No possible risks and discomforts are anticipated during completion of questionnaires. When possible physical or psychological risks are experienced by participant's researcher will terminate the study to prevent further discomfort.



### **3. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

Participants in this study will not directly benefit however the DOD will be able to implement recommendations and inputs collected from research.

The research will not benefit the Department of Defence but also world of knowledge and broader society. When HIV/AIDS is addressed in the workplace, issues addressed broaden to wider society benefits communities as well because soldiers live among community members.

### **4. PAYMENT FOR PARTICIPATION**

No payment will be received by participants and time is offered on a voluntary basis. Subjects are encouraged to withdraw any time should they wish to do so. The investigator may also request a participant /participants to withdraw from the study.

### **5. CONFIDENTIALITY**

Collected data will be stored at a lockable storage facility with a safe where I as the researcher will be the only one who has access. Contents of completed results will not be revealed to any friends or close relatives. The objective and importance of the study will be explained to participants and ethical committee for clearance. Activities will not audio or video taped during completion of questionnaires. Published results will become property of the SANDF and University of Stellenbosch.

### **6. PARTICIPATION AND WITHDRAWAL**

The respondents will be asked to participate voluntarily in the study. They will not be required to reveal their names or any other personal information on distributed questionnaires to maintain confidentiality. Written consent will be obtained from each study participant. The right of any study participant to refuse participation or withdraw any time during the study will be respected.

### **7. IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact researcher Maj G. Crisp at the following contact numbers:

Work – 021 787 1813 or 021 787 1821(Day)  
Cell –0844401003

### **8. RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

<b>SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE</b>
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The information above was described to [me/the subject/the participant] by [name of relevant person] in [Afrikaans/English/Xhosa/other] and [I am/the subject is/the participant is] in command of this language or it was satisfactorily translated to [me/him/her]. [I/the participant/the subject] were given the opportunity to ask questions and these questions were answered to [my/his/her] satisfaction.

*[I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study. ]* I have been given a copy of this form.

\_\_\_\_\_  
Name of Subject/Participant

\_\_\_\_\_  
Name of Legal Representative (if applicable)

\_\_\_\_\_  
Signature of Subject/Participant or Legal Representative

\_\_\_\_\_  
Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to \_\_\_\_\_  
[*name of the subject/participant*] and/or [his/her] representative \_\_\_\_\_  
[*name of the representative*]. [He/she] was encouraged and given ample time to ask me any  
questions. This conversation was conducted in [*Afrikaans/\*English/\*Xhosa/\*Other*] and [*no  
translator was used/this conversation was translated into \_\_\_\_\_ by  
\_\_\_\_\_*].

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

## ADDENDUM-E Approval notice



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### Approval Notice New Application

18-Feb-2015  
Crisp, Gabriel G

Proposal #: SU-HSD-000253

Title: **HIV/AIDS in the workplace: views of senior Management at a military base in the Western Cape in implementing workplace policy.**

Dear Gabriel Crisp,

Your New Application received on 10-Feb-2015, was reviewed  
Please note the following information about your approved research proposal:

Proposal Approval Period: 18-Feb-2015 -17-Feb-2016

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your proposal number (SU-HSD-000253) on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 218089183.

**Included Documents:**

DESC Report - Davis, Herbert

REC: Humanities New Application

Sincerely,

Clarissa Graham  
REC Coordinator  
Research Ethics Committee: Human Research (Humanities)