

**ASSESSMENT OF HIV/AIDS WORKPLACE POLICY ADOPTION IN  
FACTORIES IN MACHAKOS COUNTY, KENYA**

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## DECLARATION

This thesis is my original work and has not, to the best of my knowledge, been presented for an award of degree in any other College, University and Institution or Examination body.

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## **DEDICATION**

I dedicate this work to my husband and son for their tireless encouragement and inspiration.

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## DEFINITION OF OPERATIONAL TERMS

<b>Term</b>	<b>Definition</b>
<b>Adoption</b>	Refers to action of taking and following (a course of action, for example) by choice or assent; to take up and make one's own.
<b>Adoption of HIV/AIDs</b>	Having an existing policy that is either in the process of operationalization and/or implementing the components therein
<b>Workplace policy</b>	
<b>A HIV and AIDs workplace policy</b>	Refers to a written document that sets out an organization's position and practices as they relate to HIV and AIDs.
<b>Awareness</b>	Knowledge or perception of HIV/AIDs policy and policy components at the work place
<b>Confidentiality</b>	Refers to the right of every person, employee or job applicant to have his/her medical/other information, including HIV status kept secret
<b>Discrimination</b>	Refers to unfair and unjust treatment of an individual based on his or her real or perceived HIV status.
<b>Employer</b>	A person or organization employing workers or contracting labour under a written or verbal contract of employment which establishes the rights and duties of both parties, in

accordance with national law and practice.

<b>Management staff</b>	Individuals in supervisory positions within the factories/organization i.e. Individuals with supervisory positions at the top, middle and lower levels of management.
<b>Private sector</b>	Refers to the part of a nation's economy that the government does not control; it includes for-profit and not-for-profit organizations.
<b>Stigma</b>	Refers to a process of devaluation of people, either living with, affected by HIV/AIDs.
<b>Workplace Programme</b>	Intervention to address a specific issue within an organization in order to prevent new HIV infections, provide care and support for employees who are infected or affected by HIV and AIDs, and manage the impact of the epidemic on the organization.
<b>Workplace</b>	Occupational settings, stations and places where workers spend time for gainful employment.

## **ABBREVIATIONS AND ACRONYMS**

<b>ACE</b>	AIDs Coalition for Education
<b>ART</b>	Anti-Retroviral Therapy
<b>CSR</b>	Corporate Social Responsibility
<b>FGD</b>	Focus Group Discussion
<b>FHI</b>	Family Health International
<b>FKE</b>	Federation of Kenyan Employers
<b>GOK</b>	Government of Kenya
<b>ID</b>	International Development
<b>ILO</b>	International Labour Organization
<b>KAIS</b>	Kenya AIDs Indicator Survey
<b>MOH</b>	Ministry of Health
<b>NACC</b>	National AIDs Control Council
<b>NGO</b>	Non Governmental Organization
<b>PLWHA</b>	People Living with HIV/AIDs
<b>PSWP</b>	Public Sector Workplace Policy
<b>RAs</b>	Research Assistants
<b>SME</b>	Small and Medium Size Enterprises
<b>SSA</b>	Sub Saharan Africa
<b>STI</b>	Sexually Transmitted Infections
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDs
<b>ZBCA</b>	Zimbabwe Business Council Coalition

## **ABSTRACT**

HIV/AIDs pandemic poses a significant obstacle to the attainment of decent work and sustainable development. Its effects are concentrated among the most productive age groups imposing huge costs on enterprises through falling productivity, increased labour costs and the loss of skills and experience. Despite ILO recognizing adoption of HIV/AIDs workplace policy as the initial practical step towards addressing HIV/AIDs pandemic and its effect at the work place, many companies are yet to adopt the HIV/AIDs workplace policy as a guiding document in recognizing and addressing HIV/AIDs as a workplace issue. Therefore, the broad objective of the study was to assess adoption of HIV/AIDs workplace policy among factories in Machakos County, Kenya. The study adopted a cross-sectional study design incorporating use of pre-tested questionnaires, key informant guides, focus group discussion guide and observation checklist for collecting data. A stratified sampling technique was used to sample a total of 386 respondents while purposive sampling was used to select 22 key informants who participated in the study. Descriptive statistics and Chi-square test were used to analyze quantitative data with the aid of Statistical Package for Social Sciences. Qualitative data was thematically analyzed using Nvivo software. Findings of the study indicated that only 39% of the factories had adopted HIV/AIDs workplace policy. On policy awareness, 70% of the respondents were aware of the policy. Out of these, 53% of the respondents had a moderate policy content awareness level and above. In regards to work-related factors, stigmatization ( $p=0.001$ ) staff involvement ( $p=0.021$ ), employer commitment ( $p=0.012$ ), workers union activism ( $P=0.002$ ) and government support (0.037) influenced adoption of the HIV/AIDs workplace policy in the factories. The main challenges facing adoption of the policy were poor enforcement of policies, lack of employer commitment, government support and employee involvement. In conclusion, there is low level of HIV/AIDs adoption in the factories due to poor enforcement of policies, low awareness of employees on the ILO recommendation in regards to HIV/AIDs workplace policy and lack of sufficient stakeholder support and commitment in developing, implementing and sustaining gains of the policy at the workplace. The study recommends enforcement of adoption of HIV/AIDs workplace policies by the factory management. The study identifies need for close supervision by government agencies, provision of regular sensitization/awareness seminars, trainings and sharing of relevant information on the policy and adequate staff involvement in adoption and implementation of the policy.

## CHAPTER ONE: INTRODUCTION

### 1.1 Background of the Study

The HIV/AIDs pandemic is one of the most significant challenges to health, development, economic and social progress facing the world today. In the countries that are worst affected, the impact of HIV and AIDs has eroded decades of development gains, undermined economies and destabilized societies (Kanengoni *et al.*, 2011). HIV is expected to continue to be a leading cause of mortality and morbidity in many countries and populations. HIV poses a significant obstacle to the attainment of decent work and sustainable development (KAIS, 2012). Its effects are concentrated among the most productive age groups and it imposes huge costs on enterprises through falling productivity, increased labour costs and the loss of skills and experience (ILO, 2010).

Worldwide in 2007 there were an estimated 33 million people living with HIV, 2.7 million newly infected people, and 2 million AIDs related deaths (UNAIDS, 2008). Majority of those living with HIV/AIDs live in Sub Saharan Africa (SSA) are employed and in their productive years, with skills and experiences that their families, workplaces and countries can ill afford to lose (ILO, 2009). By 2015, HIV/AIDs was expected to cause a 10% to 30% reduction in labour force in high prevalence countries. The main source of employment in these countries is the informal sector where workers are particularly vulnerable to the epidemic's impact due to lack of social protection and limited access to essential health care services. The International Labour Organization (ILO) estimates that over 20 million workers globally are living with HIV/AIDs (ILO, 2008).

International organizations have embraced the challenges imposed by the epidemic by developing internal policies for responding to HIV/AIDs. These are aimed at reducing the spread of HIV among employees and their families and preserving the human rights of people living with HIV/AIDs. Internationally, the ILO Code of Practice provides guidelines for employers to address HIV/AIDs related issues in the workplace by developing and implementing appropriate and acceptable company policies on HIV/AIDs (UNAIDS, 2012).

The economic impact of HIV/AIDs in Sub-Saharan Africa is far more severe than previously thought and will seriously undermine the development prospects of African countries. The ILO reports that across all occupational sectors in Sub-Saharan Africa it is becoming increasingly difficult to replace skilled as well as unskilled labor lost to HIV/AIDs (UNAIDS, 2010). With the escalating prevalence rates of HIV infection the world over, the need for responding to HIV/AIDs within the workplace is increasingly being felt by both profit and non-profit organizations.

The Kenya AIDS Indicator Survey (KAIS) estimated the national HIV prevalence rate for adults aged 15-64 years to be 5.6%, which is equivalent to 1,192,000 million Kenyans (KAIS, 2012). As a result of the negative impact of HIV/AIDs in the workplace, the Government of Kenya, through the National Aids Control Council (NACC), recognized that a workplace policy framework on the pandemic is central to putting in place and implementing effective workplace programmes (GOK, 2009). The policy framework was formulated in 2005, demonstrating the Government's concern and commitment in the management of HIV/AIDs pandemic and providing guidance on the development of sector-specific workplace policies (GOK, 2009).

According to Machakos County HIV/AIDs Strategic plan, 2015-2019, HIV/AIDs in Machakos County is a major health problem with the prevalence averaging 5%. Majority of the HIV/AIDs patients are found in Machakos town and its environs and along Mombasa highway. Important to note is that cases are being reported in the small upcoming towns in the County like Matuu and Mavoko which has HIV prevalence rate of 4.6%. HIV/AIDs incidences in Machakos county and along the major highway and upcoming towns are attributed to the long distance truck drivers/touts and the commercial sex workers.

HIV/AIDs workplace policy is a guideline on how a company intends to address HIV/AIDs in the workplace and specifically defines the company's position and practices for preventing the transmission of HIV (Ennie, 2012). The policy is based on principles of addressing no discrimination against employees with or at risk of acquiring AIDs, implementation of safety procedures where there is risk of infection and no obligation by infected employees to disclose their status (GOK, 2009). Workplace programs have become an essential part of response to cope with the pandemic, to reduce HIV/AIDs and related stigma and discrimination. Programs include prevention, treatment, care and support (GIZ, 2012). This study intends to explore adoption of the policy in the study area and provide vital information to inform further development in the area of HIV/AIDs workplace policy.

## **1.2 Problem Statement**

HIV prevalence among adult people in Kenya is 6% compared to 5.2% in Sub-Saharan Africa (KAIS, 2012). Many of those affected are economically productive, (KAIS, 2012). In Botswana for instance, 5.4% of the workers are HIV positive (*et al.*, 2007) while in



Namibia, HIV prevalence in workplace stands at 8.9% (Guariguata *et al.*, 2015). In many developing countries, Kenya included, many workers are subjected to compulsory testing; those infected denied promotions, demoted and or irregularly transferred due to their status (ILO, 2010). The impact is greater among lower cadres, who are likely to experience discrimination and stigma due to their status which contravenes their human rights for safe and conducive workplace (Aguwa *et al.*, 2015).

In Machakos County, HIV prevalence is estimated at 5% (Machakos County HIV/AIDs Strategic Plan, 2015-2019). A substantial proportion of the infected persons are workers. According to SWOT analysis observations on HIV/AIDs reported by Machakos County HIV/AIDs Strategic plan, 2015-2019, the county faces various challenges in addressing HIV/AIDs in workplace. Some of the challenges include lack of county budget on HIV/AIDs, weak workplace HIV interventions and lack of appropriate legal and institutional structures to address HIV/AIDs issues such as HIV tribunal.

To address such challenges, the government of Kenya developed a public sector HIV/AIDS workplace policy (MOH, 2010) and adopted ILO code of conduct on HIV/AIDs at workplace (ILO, 2001) which requires factories and industries to adopt and implement an HIV/AIDs workplace policy (GOK, 2009). However, there is limited local evidence in Machakos County on the extent of adoption, challenges and workplace factors influencing the adoption of the policy. This is the gap which this study intended to address in the County with a view of informing local interventions and policy discussions in workplace.

### **1.3 Justification of the Study**

Workplace provides a crucial front in addressing HIV/AIDs. This study is based on the ILO code of conduct on HIV/AIDs, 2001 and Kenya Public Sector Workplace Policy on HIV/AIDs 2010, which requires mandatory implementation of HIV/AIDs workplace policy to safeguard workers interests and rights. The study will also contribute to the Machakos County HIV/AIDs strategic plan 2015-2019 which prioritizes creation of safe workplaces through adoption and implementation of workplace policies such as HIV/AIDs policy. The study will also fill the local evidence gap on adoption and implementation status of the policy. This will play a key role in informing relevant local policies and interventions at the workplace.

In regards to the study area, Athi River Sub-County is experiencing rapid growth of factories and influx of people working in these factories (UNHABITAT, 2012). Currently, there is no known documentation on HIV/AIDs workplace adoption among factories in the Sub County.

### **1.4 Research Question(s)**

The study was guided by the following research questions:

- i. Which factories have a HIV/AIDs workplace policy in factories in Machakos County?
- ii. What is the level of HIV/AIDs workplace policy content awareness among factory staff in Machakos County?
- iii. What are the work-related factors influencing adoption of HIV/AIDs workplace policy in factories in Machakos County?
- iv. What are the challenges facing adoption of the policy in factories in Machakos

County?

## **1.5 Null Hypothesis**

Work related factors (*Stigma and discrimination, Staff involvement, Workers union activism, Government support and employer commitment*) do not influence adoption of HIV/AIDs workplace policy in factories in Machakos County.

## **1.6 Objectives**

### **1.6.1 Main Objective**

To assess the adoption of workplace HIV/AIDs workplace policy in factories in Machakos County

### **1.6.2. Specific Objectives**

1. To establish existence of HIV/AIDs workplace policy in factories in Machakos County;
2. To determine the level of HIV/AIDs workplace policy content awareness among factory staff in Machakos County;
3. To establish work-related factors influencing adoption of HIV/AIDs workplace policy in factories in Machakos County;
4. To determine challenges facing adoption of the policy in factories in Machakos County.

## **1.7 Delimitation and Limitation**

Due to financial constraints, the study was only conducted in Athi River Sub County among employees in factories operating in the area. The factories included production, manufacturing and processing companies. These factories included; food, cement and construction, steel mill/metal fabrication, pharmaceutical, printing and textile, mattress &

household goods, film industry, vehicle body assembly & accessories, agriculture and commercial factories. The study primarily focused on examining HIV/AIDs adoption in the factories and challenges facing adoption. Therefore, the study findings were only generalized to factories operating in Machakos County with similar ecological and contextual characteristics. In regards to respondents' distribution, Athi River Sub County has a concentration of factories in close proximity. However, majority of the factories are engaged in heavy labour activities which warrant that they employ many male employees than their female counterparts. It was therefore, difficult for this study to achieve gender parity.

### **1.8 Significance and Anticipated Output**

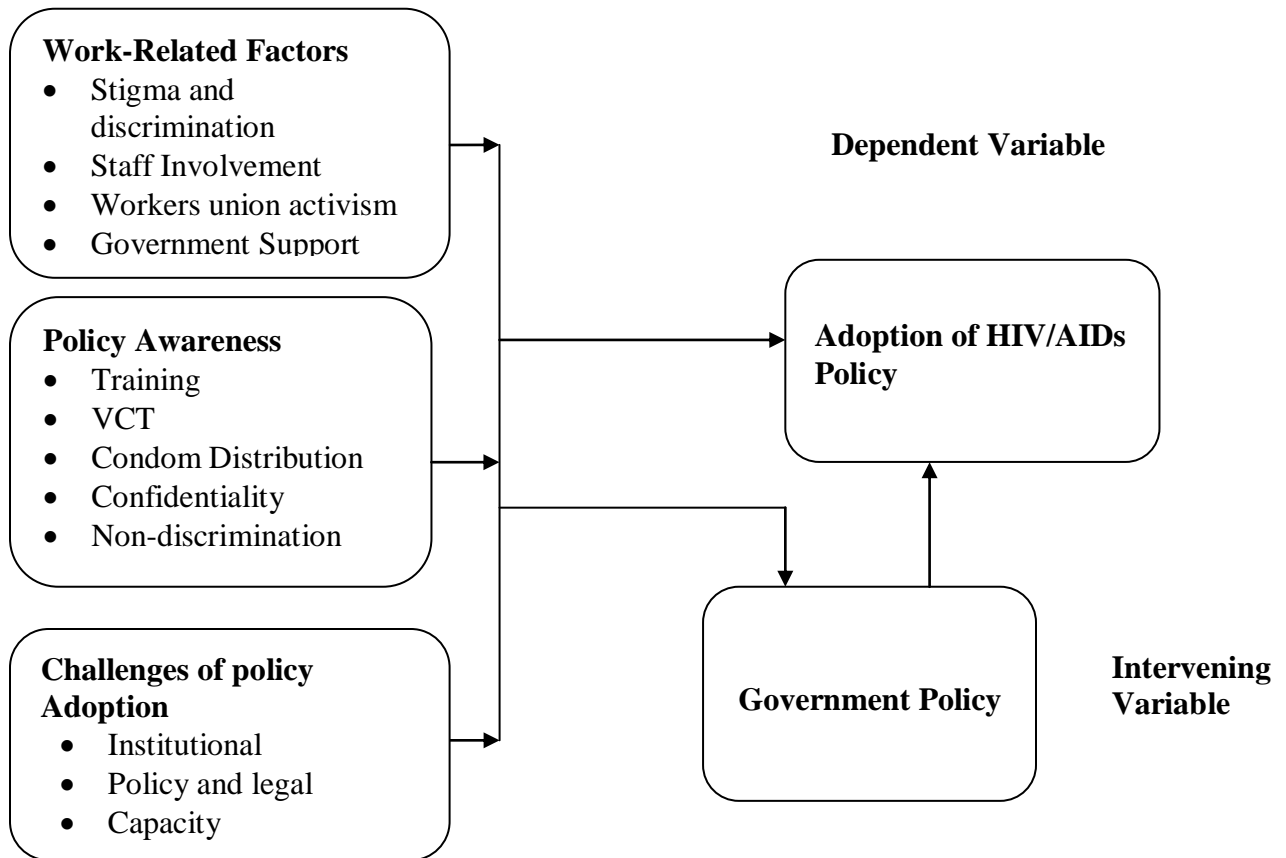
The study findings will help policy makers initiate and develop locally feasible policies on HIV/AIDs in the workplace. Programme managers, donors and partners will benefit from the improving adoption of HIV/AIDs workplace policy and promoting workers welfare at the workplace. The study results will be vital to public health researchers by contributing current evidence to existing research knowledge and documentation.

### **1.9 Conceptual Framework of the Study**

The conceptual framework illustrates the relationship between the independent variables of the study (Awareness of the policy, work-related factors and challenges facing policy adoption) and the dependent variable (adoption of HIV/AIDs workplace policy). Improving staff awareness on need of the policy and identifying challenges to adoption is expected to encourage factory management to adopt HIV/AIDs workplace policy. Further, establishing the relationship and association between work-place factors linked

to adoption of the policy would provide insight on focusing key interventions aimed at strengthening policy enforcement and adoption within the factories. In this context, government policies on workplaces play a mediating role between the variables. For instance, enforcing mandatory adoption requirement can result into higher rates of policy adoption. Figure 1.1 below illustrates this conceptual relationship between the study variables.

### Independent



Source: Modified from James, 2009

Figure 1.1 *Conceptual framework*

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter presents literature review from other related studies done globally, regionally and in Kenya. The literature review section provides a framework for understanding and synthesizing key ideas, concepts, methods and approaches used in the study. The findings of the review were used to identify existing gaps and emerging trends in HIV/AIDs workplace policy, its adoption, implementation and associated challenges. The chapter is organized as follows: introduction; value of HIV/AIDs workplace policy; Adoption of HIV/AIDs workplace policy; work related factors influencing HIV/AIDs policy adoption; legal provisions on HIV/AIDs workplace policy; implementation; awareness; challenges; ILO principles and role of key stakeholders in HIV/AIDs and its adoption.

### **2.2 Adoption and Implementation of HIV/AIDs Workplace Policy**

One way to manage HIV/AIDs in the workplace is to develop and implement a HIV/AIDs workplace policy, which provides the framework for actions to reduce the spread of HIV/AIDs and manage the impact on the workplace (ILO, 2009). Having the HIV/AIDs policy in place shows that the organization acknowledges the potential impact of HIV/AIDs and is committed to address the impact in a responsible way. HIV/AIDs workplace policies and their implementation are an important part of a company's response to the epidemic (Ron and Zellner, 2008).

Recognizing the major impacts of HIV and AIDs on workers, enterprises, families and national economies, ILO members adopted the first international labour standard on HIV and AIDs at the 99th International Labour Conference in 2010. This was an affirmation of the ILO code of practice in the Workplace 2001. The recommendation concerning HIV and AIDs and the World of Work, 2010 (No. 200) calls for the adoption of workplace policies and programmes on HIV and AIDs to tackle stigma and discrimination and protect the human rights of People Living with HIV (PLHIV). Recommendation 200 promotes social dialogue and other forms of cooperation among government authorities, public and private employers and workers and other relevant actors including organizations of people living with HIV. Through strengthening national and enterprise-level workplace HIV policy and programmes, the ILO aims to protect worker' rights at work and eliminate HIV-related stigma and discrimination (ILO, 2010; ILO, 2012).

In a survey of 225 companies in Botswana, Namibia, Zimbabwe and South Africa, Mahajan *et al.* (2007) reported an increasing proliferation of workplace policies and programmes in large companies, which included safeguards against discriminatory practices, HIV education programmes, the growing provisions of voluntary counseling and testing (VCT), and enabling smaller companies to develop HIV programmes. In an explorative study by Mahajan *et al.* (2008) in South Africa, most small construction companies in the Durban area had a long way to go in terms of implementation. Although small firms perceived the development of a policy to be costly and time consuming, the fact that they are doing something, even in a small way, showed commitment and can assist in creating a working environment of trust and confidence. It was also found that

in medium to large construction firms the major impact of policies was the reassurance of workers that they would not be retrenched.

A random sample of 162 private sector companies in Malawi to determine the extent of non-adoption of HIV/AIDs workplace policies by the sampled private sector companies in the country revealed that only 38% of the sampled private sector companies had adopted HIV/AIDs workplace policies whilst 62% of the sampled private sector companies had not yet adopted the policy. HIV/AIDs workplace policy was considered adopted when a decision for its adoption had been made by either top management or the board of directors as evidenced by the existence of a written HIV/AIDs workplace policy document in a company (Bakuwa, 2010).

The ILO's "Code of Practice on HIV/AIDs and world of work" (ILO, 2001; 2010) provides guidelines for developing policies and programmes on HIV/AIDs in the workplace. The ILO's guidelines are based on the following 10 key components: recognition of HIV/AIDS as a workplace issue, non-discrimination, gender equality, healthy work environment, social dialogue, no HIV screening for purposes of excluding one from employment or work processes, confidentiality, continuation of employment relationship, prevention, and care and support.

## **2.3 Work-related Factors Influencing Adoption of Workplace HIV/AIDs Policies**

### **2.3.1 Stigma and Discrimination**

Effective prevention and management of HIV/AIDs has been hampered by stigma and discrimination (GOK, 2009) which has resulted to rising rates of infection and



transmission of HIV. One of the effective means for businesses to respond to this threat is to develop HIV and AIDs policies that create an environment in which workers feel free to communicate their HIV status and participate in care and support programs. This environment needs to be characterized by fair employment practices devoid of any harassment and victimization of infected workers (John and Jeckoniah, 2013).

Unless stigma is addressed, effective implementation of an HIV and AIDs policy is impossible. A key objective is to create an open and supportive environment, through an improved understanding of HIV and AIDs among staff members. This can be done both formally and informally through trainings, sensitization sessions, staff meetings and storytelling (Volpp and Asch, 2011). There is also need to address stigma in the external environment which has the potential to restrict take-up of services such as VCT. Building this capacity takes time, understanding and knowledge such as providing tailored trainings to staff at all levels of management (Holden, 2008).

For example, UNAIDS (2010) reported that, in the Asia Pacific Region, stigma and discrimination for PLWHA had played a part in respondent's loss of income or employment (16-50%), being refused the opportunity to work (9-38%), or being refused promotion or the nature of work changing (8-52%). In addition to job losses, approximately one-in-four respondents in Kenya and Zambia reported that they had been denied promotions or had their job responsibilities changed because of their HIV status (De Beer *et al.*, 2012).

### **2.3.2 Top Management and Employer Commitment**

Commitment of top leadership/management is crucial to get internal mainstreaming of HIV/AIDs workplace issues prioritized and supported. Evidence-based information is important for convincing management on the need for a workplace policy (Ennie, 2012). According to National Code of Practice on HIV/AIDs in the workplace in Kenya 2009, employers must consult with workers and their representatives to develop and implement appropriate workplace HIV policies, encourage workers buy-in to reduce the risk of HIV transmission and protect all workers from discrimination based on their status. They should initiate and support education programmes on HIV/AIDs, promote confidentiality, facilitate treatment, care and support, finance HIV programmes and support community initiatives (Arogundade and Faloore, 2012).

In order to ensure leadership buy-in, it is vital to make sure that all staff are fully trained. It should not be assumed that senior staffs have more knowledge with regard to HIV and AIDs than other staff. Workplace policies and programmes can contribute most in workplaces where the quality of work and a healthy lifestyle are valued and worked at. In such workplaces, the push to improve worker performance is a visible and primary goal of leadership; it is central to the institution's planning, budgeting and personnel decisions (Birungi, 2008).

The hierarchical regression results from a study done in Malawi on factors hindering HIV/AIDs policy adoption indicate that top management support and organizational size have been found to be predictors of adoption (Bakuwa, 2010). The results of this study revealed that adopting an HIV/AIDs policy was highly dependent on the extent to which

it was perceived as both necessary and appropriate by employers, with some managers also stating that not all of their staff viewed the policy as important. This highlights a great weakness in the assumption that a National Policy on its own can be a strong enough motivator to encourage businesses to follow its recommendations.

In majority of firms with established HIV/AIDs policies, the overriding motivating factor for adopting an HIV/AIDs policy was the need to aid the growing numbers of infected employees in managing their illness. In other cases, HIV/AIDs policies had not been adopted because there was no perceived risk by the management to the business. Therefore, the National Policy is shown to be insufficient as a sole motivating factor for businesses to adopt HIV/AIDs policies. Lack of top management support accounts for 18% of the reasons for non-adoption of HIV/AIDs workplace policy (Bakuwa, 2011).

Management needed to play an active role in implementing and monitoring the programmes. The success of any workplace programme is predicated upon the goodwill of the top management; while most programmes are considered successful, they are hampered by severe challenges that include weak policies, inadequate resources, personnel and time allocation (Holden, 2008). In many organizations top management has control over financial resources and, in the context of HIV/AIDs, top management might demonstrate its commitment towards addressing HIV/AIDs by allocating funds needed to develop HIV/AIDs workplace policy. A strong top management commitment is therefore crucial because among other reasons, this makes it clear that addressing HIV/AIDs is a company priority (Bakuwa, 2010).

### **2.3.3 Expertise and Skills**

Expertise is needed to develop an HIV and AIDs policy especially in identifying and making decisions about the critical choices in policy adoption, which should be in line with national laws and international codes (John and Jeckoniah, 2013). Workplace policy adoption and development needs skilled change facilitators who can structure participatory processes which build trust, leadership commitment and staff ownership. This makes the organizational culture more open to change and addresses stigma.

In supporting local organizations in the development of workplace policies and programmes, follow-up is critical. Just an introductory training is not enough (Chibukire, 2008). According to a Survey on adoption of the policy by ZBCA (2006), companies which had complied with Statutory Instrument provisions and developed comprehensive workplace HIV interventions, hired external technical experts to develop the requisite policy frameworks on their behalf, an indicator giving credence to suggestions that most employers have limited resident capacities and skills to develop workplace HIV and employee wellness programs.

In a study done in Uganda on lessons learnt in the country on successful implementation of HIV/AIDs workplace policy, it was perceived that in some regions there was still a lack of people skilled in HIV and AIDs mainstreaming to provide support to local organizations. This results in organizations scrambling for the few experts there are which can affect the pace and quality of the services provided (Concern, 2008). In Kenya, the Federation of Kenya Employers has supported its membership to develop workplace HIV policies to enable the implementation of HIV programmes; training of trainers

(TOTs), staff, and peer educators; and development of information, education and communication (IEC) materials (FKE report, 2012).

#### **2.3.4 Labour Unions**

Labour unions play an active role in ensuring that all their members are aware of the HIV/AIDs policy. According to Bakuwa (2010), strong labour unions with a focus on healthy and supportive work environment play a crucial role in adoption of HIV/AIDs workplace policy and its implementation. In a study of 302 union shop stewards from firms representing 10 different sectors in South Africa by Mahajan *et al.*, (2007), 15% reported that their union discussed HIV/AIDs issues with the employer, 52% reported an existing HIV/AIDs workplace policy, and only 15% reported that they had received a copy of the policy. Many respondents criticized the trade union movement for not really engaging with HIV/AIDs issues: ‘it is a conspicuous failure and their involvement is belated and focused on treatment only, what of other workplace issues?’ trade unionist respondent noted that other important issues were currently taking precedence over AIDs. These included the issues of exports, job losses, companies closing, retrenchments and wage negotiations.

In Kenya, as the representative of Kenyan workers, Confederation of Trade Unions (COTU) has long advocated for workplace programmes and policies that fully cater for the workers’ needs (Kazembe and Machimbira, 2012) which has seen an increase in adoption of HIV/AIDs workplace policy and programmes in organizations. However, reviews indicated that the level of adoption is low due to poor implementation and supervision.

### **2.3.5 Government Support**

The government plays an important role in developing and enforcing implementation of workplace policies and programmes as a leader in regulating and providing the benchmark for other sectors in terms of policies and programmes (Adefuye *et al.*, 2011). Government has made key strides in setting out a legal framework supportive of employees infected with, and affected by HIV/AIDs. The challenge is to implement these legal and policy frameworks (GOK, 2009).

Government policies can be instrumental in encouraging workplace policies that can benefit employees with HIV. In Kenya, the government is expected to act as a coordination body to create an enabling environment and ensure involvement of relevant stakeholders in all sectors in controlling HIV infections in the country. The government should provide guidelines for effective treatment and diagnosis of HIV besides providing HIV prevention interventions, treatment, care and support, social protection, legislation, financing and enforcement (Kazembe and Machimbira, 2012).

### **2.3.6 Legal Support/Legislations**

The impact of HIV/AIDs on the workforce and the role of the workplace as a key arena where HIV/AIDs is managed (ILO, 2009) are well recognized. To ensure that these are appropriately addressed in current and future workplace efforts, appropriate national legislation has been passed and a code of practice internationally accepted. The work environment should be healthy and safe for all concerned parties in accordance with ILO Conventions on Occupational Safety and Health. Employers, thus, have legal frameworks within which to anchor the development or enhancement of their workplace-based

HIV/AIDs policies and programs (ILO, 2008). Kenya has a number of statutes that respond to HIV/AIDs related issues in the workplace. Part VIII, Section 31 of the HIV/AIDs Prevention and Control Act (2006) addresses discriminatory acts and policies in the workplace; no person should be denied access to any employment for which he is qualified, transferred, denied promotion or employment terminated on grounds of perceived, actual or suspected HIV status. The Sexual Offences Act (2006), revised in 2014, also addresses the pandemic in Section 26. The Government remains committed to the fight against the pandemic as evidenced by the above legislative reforms which are responsive to the needs of HIV/AIDs infected and affected persons in line with the ILO Code of Practice on HIV/AIDs (GOK, 2009).

The ability of a company to facilitate access to HIV/AIDs services for its employees is influenced by an enabling national policy environment that includes political commitment, support systems, policies, and the resources to influence the impact of HIV/AIDs interventions (Chibukire, 2008). Such legislation can range from nonexistent to stringent regulations about how companies can offer HIV/AIDs services. For example, the lack of government support in developing countries such as Lesotho and Zambia, with ambivalent policies and limited access to low-cost medications, restricted the expansion of HIV services by companies (Kazembe and Machimbira, 2012). In response to the lack of support or a national HIV policy, companies may carve their own niche to provide services for employees. In South Africa, where the government questioned the origin of AIDs and failed to provide ART through public clinics, some large, multinational companies were the trend setters in establishing programs to provide ART to their employees and dependants (UNAIDS, 2012).

### **2.3.7 Corporate Social Responsibility (CSR)**

Multinational companies, which typically have more financial resources and more social pressure to undertake CSR, often establish workplace HIV/AIDs policies (Bakuwa, 2011). For many companies, CSR programs emerge as a result of both internal motivators and external pressures. Internal motivators include corporate values, reputation and image, business strategy, and employee recruitment. External pressures include customers and consumers, community expectations, and the regulatory environment (Arogundade and Faloore, 2012).

### **2.3.8 Staff Involvement**

For effective workplace policies it is important to positively and meaningfully involve people living with HIV (ACE, 2008). If all the staff are not involved from the beginning, and so do not own the process, less progress will be made. Involving everyone from the beginning helps them understand the need for everyone to do something about managing HIV/AIDs within their workplace and ensures everyone's views are taken into account. Using a participatory approach encourages discussion of important issues of disclosure, stigma and discrimination and can therefore help in demystifying these issues (Kanengoni *et al.*, 2011).

In Malawi, the results of cross-tabulating state of HIV and AIDs workplace policy and staff participation in the activities of HIV and AIDs institutions by Bloom *et al.* (2006) revealed that 67% of the companies whose human resource management and/or health and safety staff participated in the activities of HIV and AIDs had adopted formal HIV and AIDs workplace policies, compared with only 6% of the companies with no policy whose human resource management and/or health and safety staff did not participate in



the activities of HIV and AIDs. There exist a significant relationship in the adoption of formal HIV and AIDs workplace policies based on staff participation in the activities of HIV and AIDs. Staff involvement improves commitment and ownership of programmes and or activities (Bakuwa, 2010).

## **2.4 HIV/AIDs Workplace Policy Awareness**

To increase participation of employees and all other parties in the implementation of the HIV/AIDs policies and programmes at work places it is required that the management and workers representative make it known to all employees. It could be communicated using information and education sessions as well as ensuring the copies of the policies and the programmes are available and accessible. For effectiveness, thus, there is an apparent duty and responsibility placed upon employers and workers in raising awareness and advocating for the implementation of those policies (Muadinohamba, 2009).

A study done in Tanzania on assessment of HIV/AIDs workplace policies and Programme interventions in commercial farms in Iringa Region revealed that employees had a high level of awareness of their company respective policies; more than three quarters (87.2%) of respondents acknowledged being aware of the existence of the company HIV/AIDs policy (Tunaloga, 2013). Results showed that companies used both formal and informal channels for informing employees on the existence and the contents of the HIV policy. The study also indicated that majority of employees knew the details of the company HIV/AIDs policy which was demonstrated by 77.7% of the respondents.

The study recommended keeping the policy available and accessible to allow individuals to learn their status and to be cognizant of their rights and responsibilities in the HIV/AIDs management at workplaces.

In Kenya, a study by Kibaara (2012) revealed that 71% of civil servants were aware of the HIV/AIDs policy in their work place but Laas (2009) found that only 45% were aware that their organization has an HIV/AIDs workplace policy and almost half of these (46.3%) were unsure of why the organization implemented the policy. In addition to lack of authoritative documentation to explain the discrepancies reported in the two studies, the studies focused on civil service as opposed to our study which focuses on factories which are mainly privately owned. Therefore, there exist gaps on awareness of the policy in these institutions.

## **2.5 Challenges in Adopting Workplace HIV/AIDs Programmes and Policy**

Many companies face challenges in developing and implementing policies such as HIV/AIDs policy which requires one to articulate and integrate the key requirements from the many legislative frameworks such as ILO, international covenants/agreements, national policies and company policies. Lack of proper harmonization results into serious challenges and legal liabilities to the factory and its management while operationalizing the policy contents e.g. policies poorly developed can contravene existing legislations which can attract legal suits and liabilities (Kibaara, 2012).

A past study highlighted leadership, budgetary constraints and human resource costs to constitute key challenges cited as bottlenecks to HIV/AIDs policy and programme implementation (Mahajan *et al.*, 2007). A Zambian NGO reported lack of management

commitment, ownership and support, lack of awareness, lack of financial and other resources, lack of understanding of what can be done with minimal resources, absence of a structure and/or framework for policy adoption, lack of capacity of trained staff to facilitate policy adoption and implementation, absence or inadequate legislation requiring policy adoption and implementation, stigma and discrimination as typical constraints to policy adoption that have been experienced by resource persons (Afya Mzuri, 2006).

Despite the key highlights on these challenges, a contextualized Kenyan study reflecting the unique characteristics of this study context was not found. Therefore, the findings of these studies cannot be sufficiently generalized to the study area. The challenges facing HIV/AIDs policy in Kenya requires further investigation to ensure the recommendations are contextualized and practical for positive results to be achieved.

## **CHAPTER THREE: MATERIALS AND METHODS**

### **3.1 Introduction**

This chapter discusses the design and settings of the study, population, sample size, sampling technique and the research instruments used. It further addresses the data collection techniques, which include gaining access to the study area, ethical considerations, pilot testing and the actual data collection methods used for presentation.

### **3.2 Description of Study Area**

The study was carried out in factories situated in Athi River Sub County, situated in Machakos County (Appendix 14). By the time of this study, there were 120 factories within Athi River Sub County with 17,455 employees (Public Health Office, 2015). The factories included production, manufacturing and processing companies. They included; food, cement and construction, steel mill/metal fabrication, pharmaceutical, printing and textile, mattress & household goods, film industry, vehicle body assembly & accessories, agriculture and commercial factories (Appendix 13).

Athi River Sub County was selected as the study site because it has one of the highest industrial growth rates in not only Machakos County but also in the country (Mc'Mireri, 2013). According to Mc'Mireri report (2013), in the year 2013, the town's industrial growth rate stood at 10% and the employment growth rate was 10.6%. The township has been rooted as a model industrial centre with all the requisite facilities for an economic focal point. Athi River still enjoys vast land which could easily house several manufacturing companies.

### **3.3 Research Design**

A descriptive cross sectional study design was adopted. Marie and Olsen (2004) states that cross-sectional study design entails gathering information on a phenomenon that is ongoing at only one point in time. The researcher considers the adoption of HIV/AIDs workplace policy as a phenomenon that can best be studied using this design since ‘adoption’ is an ongoing process. This study design was also appropriate for collecting data on the study variable within a short period of time.

### **3.4 Study Variables**

#### **3.3.1 Dependent Variable**

The dependent variable in this study was the adoption of workplace HIV/AIDs policy in factories within Athi River Sub County. Adoption was measured by the proportion of factories having a written HIV/AIDs workplace policy.

#### **3.3.2 Independent Variables**

The study had four independent variables:

- a) Existence of HIV/AIDs workplace policy. The variables studied included existence of a policy, implementation status and contents implemented.
- b) HIV/AIDs workplace policy awareness. The variables studied included training, availability of VCT services, condom distribution, confidentiality & privacy, non-discrimination and communication.
- c) Work-related factors influencing policy adoption. The variables studied included, Stigma and discrimination, Staff Involvement, Workers union activism, Government Support and Employer commitment

- d) Challenges facing policy adoption. The variables studied included institutional, policy and legal, operational and capacity related challenges.

### **3.5 Study Population**

The study population comprised of 386 factory employees in Athi River Sub County (Appendix 13).

#### **3.5.1 Inclusion Criteria**

The study included employees who had worked in their respective factory in Athi River Sub County for at least six months and who gave informed consent to participate in the study.

#### **3.5.2 Exclusion Criteria**

The study excluded employees who were too sick to participate in the study. Those sick based on self-report at the time of study were also excluded. Based on this criterion, five respondents were excluded.

### **3.6 Sample Size Determination**

Sample size is a small portion from the total population that is representative of the entire population. The sample size for this study was determined using Fischer's formula (Fischer *et al.*, 1991):

$$N = \frac{Z^2 pq}{d^2}$$

**Where:**

N = the desired sample size (if the target population is greater than 10,000)

$p$  = the proportion in the target population estimated to have characteristics being measured which was level of adoption of the policy. In this study,  $p$  was set at 50% (0.5) because it was adoption level was unknown.

$q = (1-p)$  i.e. the proportion in the target population estimated not to have characteristics being measured,  $(1-0.5) = 0.5$ .

$d$  = the level of statistical significance set. For this study this was placed at 0.05

$Z$  = the standard normal variety at the required confidence level. This was placed at 95% level of confidence.

Therefore, substituting the variables in the formulae;

$$n = \frac{1.96 \times 1.96 \times 0.5 \times 0.5}{0.05 \times 0.05} = 384$$

To cater for non-response of questionnaires, 10% of the questionnaires (38) was added on the sample size.

### **3.7 Sampling Technique and Procedure**

Census approach was used to select all the factories located in the study area. In selecting study respondents, stratified sampling was used to determine the number of units (factories and their workforce) based on production category (strata). A list of employees in each factory was obtained from respective human resource office.

After compiling a list of the employees and assigning codes from respective factories, simple random sampling was used to proportionately sample and interview a total of 386 study

respondents from each stratum to take part in the study (Table 3.1). An excel sheet was used to randomly assign codes and select respondents from the list.

Purposive sampling was used to sample key informants and focus discussion participants to participate in the study. Selection of key informants was based on their understanding, experience and knowledge of the subject matter studied. A total of 22 key informants who included managing directors, chief executive officers, human resource managers, line managers, Sub County Aids Coordinator and representative, health care workers (in factory clinics), health and safety committee members, HIV/AIDs committee members and workers' union leaders were selected to participate in the study.

A total of six Focus Group Discussions (FGDs), comprising 4-8 members were also done to provide insight and triangulate study findings. First, six factories from different line of production (strata) were randomly selected from the 10 strata. In each selected factory, simple random sampling was used to select FGDs respondents using a list of staff. These respondents were excluded from those selected for the administration of the study questionnaire. The FGD respondents comprised staff from different departments in the factory. FGDs and Key Informant Interviews were done to the point of saturation.



*Table 3.1* Distribution of study respondents

<b>No.</b>	<b>Factory Type</b>	<b>No. of Factories</b>	<b>No. of Employees</b>	<b>Sample Size</b>
1	Food	20	3,963	88
2	Cement and construction	16	4,002	89
3	Steel mill/metal fabrication	11	1,274	28
4	Pharmaceutical	4	108	2
5	Printing and Textile	13	4,225	93
6	Mattress & Household Goods	20	1,522	34
7	Film Industry	5	61	1
8	Vehicle body Assembly & Accessories	6	486	11
9	Agriculture	15	1,688	37
10	Commercial	10	126	3
	<b>Total</b>	<b>120</b>	<b>17,455</b>	<b>386</b>

### 3.8 Pretesting of Study Tools

Prior to the main study, the questionnaires were pretested at Darfords Limited in Kajiado County. The pretesting was carried out with thirty five respondents, three key informants and seven FGD participants (i.e. one FGD comprising seven participants). Pre-testing was done to ensure that the study tools took into consideration the opinions, views and needs of the study respondents. After pre-testing, changes were done to improve the tools which included removal of redundant questions, improvement of logical flow of the questions and inclusion of questions omitted in the first draft.

### **3.8.1 Validity**

Validity is the ability of a research instrument to measure what it is intended to measure. Cook and Gromm (2008), instrument validity concerns with the level of accuracy to which the particular instrument actually measures what it is meant to measure. To enhance internal validity, random sampling technique was used to enhance homogeneity and representativeness of selected population while random selection of a large sample of study respondents and review of similar studies done elsewhere to inform the new tools was done to enhance external validity of the study. To enhance content validity, expert opinion from the supervisors was sought and their inputs taken into account in development of the study tools.

### **3.8.2 Reliability**

Reliability is defined by Brink (2006) as the degree to which the instrument can be depended upon to yield consistent results if used repeatedly over time on the same person or if used by two researchers. It refers to precision, consistency and accuracy of the research instrument. During pretesting, the researcher adopted the test-retest technique to test reliability of the questionnaires. The questionnaires were administered to four selected respondents on two different occasions within a span of two weeks. After administration of the questionnaires, a correlation coefficient was calculated to indicate the relationship between the two tests of scores using the Pearson Product Correlation Coefficient. This yielded a Pearson Coefficient correlation of 0.76 which meant that the questionnaire was reliable for the study.

### **3.9 Construction of Data Collection Tools**

The study used questionnaires (Appendix 2 and 3), key informant guides (Appendix 4 and 5), focus group discussion guide (Appendix 6) and observational checklist (Appendix 7) to collect data. The questionnaires were used to collect data from factory employees who constituted primary respondents of the study. Two questionnaires were formulated: for the factory with the policy and that without a policy. Key informant guides were used to guide key informant interviews to ensure comparability of the interview outcomes while focus group discussion guide was used to guide discussions with discussants sampled for in-depth interviews. Observational checklists were used to collect observational data on policy aspects and its implementation in the factories.

The data collection tools were formulated to capture data on socio-demographic characteristics of respondents, existence of HIV/AIDs policy and its implementation status, awareness of the policy and its contents among the staff, work-related factors influencing its adoption and challenges facing adoption of the policy. Construction of the study tools was informed by the study gaps identified during literature review.

### **3.10 Data Collection Procedures**

This was a factory-based study in which data was collected within the factories. During data collection informed consent was obtained using an informed consent form (Appendix 1), respondents were issued with either self or researcher-administered questionnaires based on the literacy capability of the respondents. For self-administered questionnaires, respondents were allowed time to fill before collecting for data entry, cleaning and analysis. For key informant interviews and focus group discussants,

respondents who gave informed consent to participate in the study were interviewed using standardized interview guides. The interviews and discussions were conducted on a neutral venue within the factories and at a convenient time consultatively agreed upon with respondents before the interviews. Consent for recording interviews was obtained prior to recording for the purposes of aiding compilation and analysis of emerging themes.

Observational checklists were also used to obtain information on existence of policy and status of implementation. This information was obtained from the human resources office upon receiving management permission. The checklist was used to ask and verify documents/evidences on the policy aspect under observation.

### **3.11 Logistical and Ethical Considerations**

Approval to undertake the study was granted by Kenyatta University graduate school (Appendix 8). Ethical clearance (Appendix 9) was obtained from Kenyatta University Ethics Review Committee (KUERC) and research permit (Appendix 10) to carry out the research was obtained from the National Commission for Science, Technology and Innovation (NACOSTI). An informed consent form (Appendix 1) was administered to each respondent to provide information to the respondents about the study and aid in obtaining informed consent for participation. All the documentations, data and information related to the study were treated with confidentiality. Privacy of the respondents was also assured by adopting codes in study tools; actual names of participants were not used.

### **3.12 Community Considerations**

In the field, permission to collect data was obtained from the Sub County Administration office, the Sub County Medical Officer of Health office and factory management. The community is expected to benefit indirectly from this study by the virtue that HIV/AIDs workplace policy adoption will lead to increased awareness of HIV/AIDs in the factories and at the same time at the community level. Therefore, this study will inform and support awareness programmes at workplace.

### **3.13 Data Analysis**

Once quantitative data was collected, it was first compiled and coded into SPSS Version 20. This was followed by pre-analysis which was done to check for inconsistencies, incorrect and missing data. Descriptive statistics constituting frequencies and percentages were used to describe variables used in the study. Chi-square test was done using SPSS v21 to test association between the work-related factors and adoption of policy. Statistical significance was inferred at 5 percent. Qualitative analysis of data from key informants and focus group discussions was analyzed thematically using Nvivo software. This was useful in identifying emerging themes, patterns within and between variables and triangulating quantitative findings.

## **CHAPTER FOUR: RESULTS**

This chapter presents results on HIV/AIDs workplace policy adoption in factories in Machakos County, Kenya. The chapter is organized as follows: socio-demographic characteristics of respondents, existence and awareness of HIV/AIDs workplace policy, work-related factors influencing HIV/AIDs workplace policy and challenges facing HIV/AIDs workplace policy.

### **4.1 Response Rate**

A total of 422 questionnaires were sent out to study respondents. Out of the 422 questionnaires administered, 386 questionnaires were duly filled and submitted for analysis translating to a response rate of 91.5%. The return rate superseded minimum target sample of 384 respondents hence making it adequate for the study. Appendix 12 shows a return rate of the issued questionnaires by factory type.

### **4.2 Socio-Demographic Characteristics**

This section shows the distribution of the respondents in terms of age, gender, marital status, educational level, position within the organization and duration of service.

#### **4.2.1 Age, Gender and Marital Status**

Majority of the respondents, 100 (26%) were aged between 30-34 years. A total of 38 (10%) of the respondents were aged over 54 years. In terms of gender, 216 (56%) of the respondents were males. In regards to marital status, 181 (47%) of the respondents were

married, 66 (17%) were widowed and 42 (11%) were divorced. Distribution of the respondents by age, gender and marital status is presented in Table 4.1.

*Table 4.1* Age, gender and marital status of respondents

<b>Variable</b>		<b>F</b>	<b>%</b>
<b>Age</b>	20-24 years	12	3%
	25-29 years	86	22%
	30-34 years	100	26%
	35-39 years	45	12%
	40-44 years	63	16%
	45-49 years	9	2%
	50-54 years	33	9%
	55-59 years	26	7%
	Above 60 years	12	3%
<b>Gender</b>	Male	216	56%
	Female	170	44%
<b>Marital status</b>	Married	181	47%
	Single	97	25%
	Widowed	66	17%
	Divorced	42	11%

#### **4.2.2 Education level, work experience and position**

In regards to educational level, 147(38%) of the respondents had a secondary education as their highest educational attainment while 47 (12%) had diploma as the highest educational attainment. In terms of work experience, 273 (70%) had more than 6 years of work experience in the organization while 68 (18%) had 6 months to 3 years of work

experience. In regards to position of interviewed staff in the organization, 302 (78%) held non-managerial positions. Table 4.2 presents distribution of the respondents by education level, work experience and position.

*Table 4.2* Education level, work experience and position

<b>Variable</b>		<b>F</b>	<b>Percent</b>
Education Level	Primary	54	14%
	Secondary	147	38%
	College Certificate	76	20%
	Diploma	47	12%
	University Degree	62	16%
Work experience	6 months to 3 years	68	18%
	4-5years	45	12%
	6-7 years	221	57%
	8-10 years	40	10%
	10 plus years	12	3%
Position in Organization	Management	84	22%
	Non-Management	302	78%

### **4.3 Existence of HIV/AIDs Workplace Policy in the Factories**

#### **4.3.1 Availability of HIV/AIDs Workplace Policy**

The researcher used a checklist to establish whether an organization had a work place policy. This information was obtained from the human resources office and verified by existence of a written document availed upon request. Results revealed that only 39% (47



factories) of the 120 factories surveyed had adopted a HIV/AIDs workplace policy (Figure 4.1).

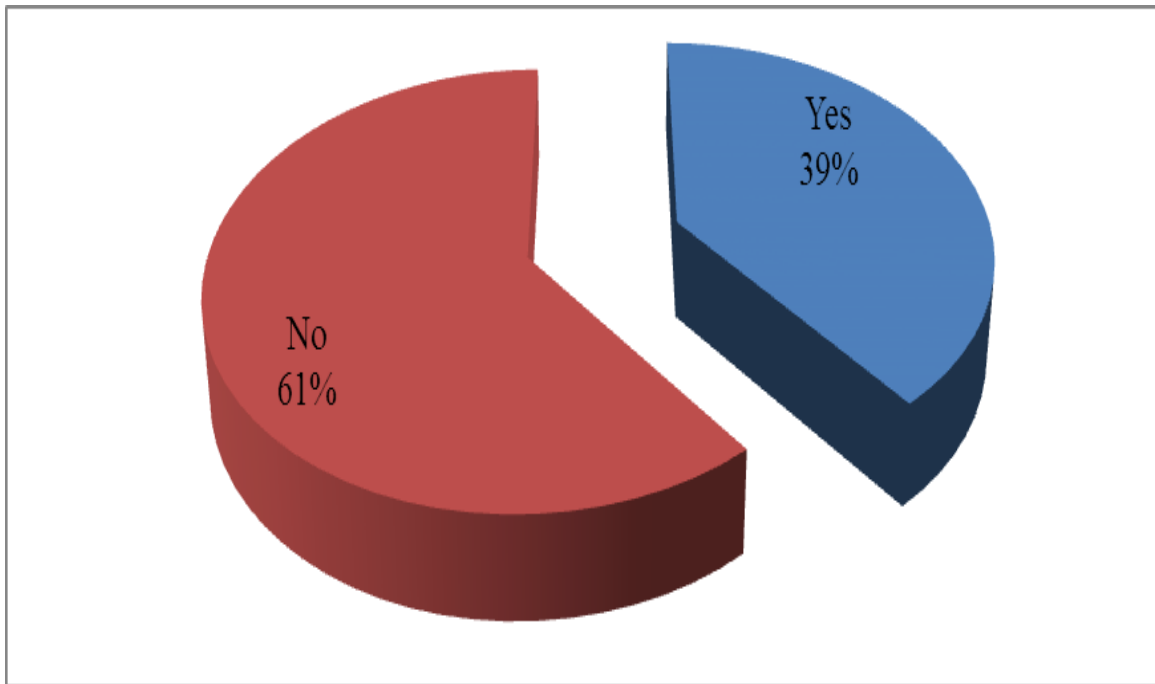


Figure 4.1 *Adoption of a HIV/AIDs workplace policy in the factories*

Qualitative results indicated that many factories were yet to adopt a HIV/AIDs workplace policy as explained in the statements below:

A health and safety committee member stated:

*“...We are yet to adopt the policy. However, we do our best to protect the rights of each staff without prejudice of their status...”*

Another statement from a Sub-County Aids Coordinator affirmed the finding:

*“Many of the factories in this area have no HIV/AIDs workplace policy. They don’t seem to prioritize worker’s interest because their main goal is profit. As a government, we have resolved to enforce this requirement so that we can have safer and conducive work environment for our staff...”*

#### 4.3.2 Implementation of the HIV/AIDs Workplace Policy

On further assessment on the status of the policy implementation using an observation checklist, results revealed that; of the 47 factories which had a policy, (7) 15% were implementing all the policy contents while (30) 64% had partially implemented the policy (Figure 4.2).

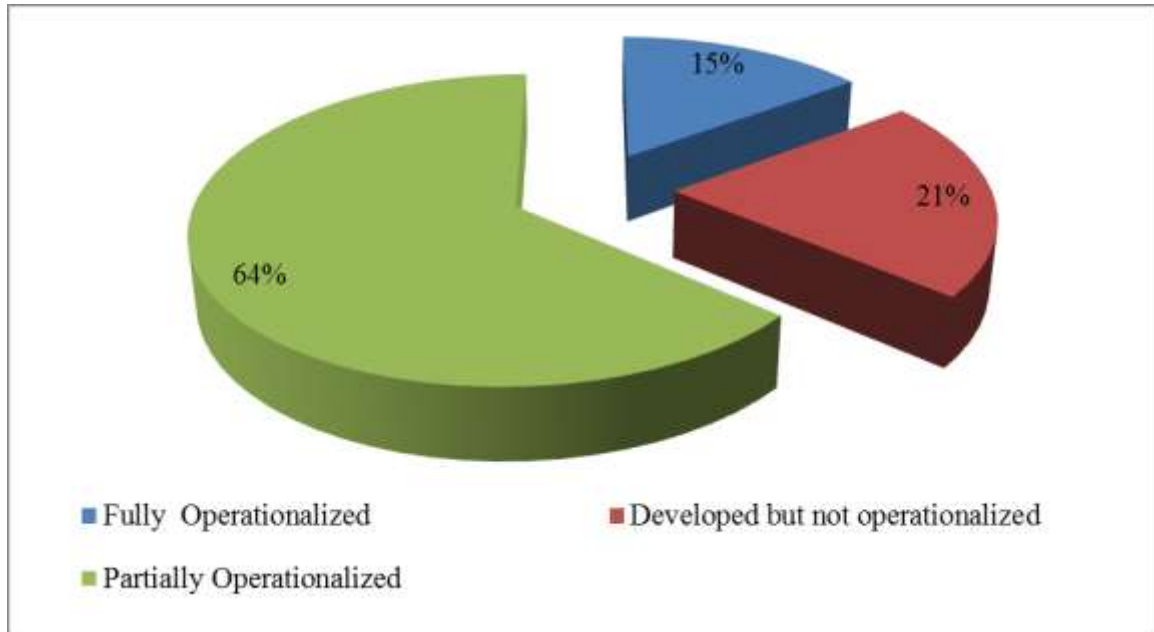


Figure 4.2 Status of HIV/AIDs workplace policy

Qualitative results revealed that many factories had adopted the policy but there was inadequate implementation of the policy contents. The components were either partially and or not implemented at all. The following statement from a FGD discussant explains:

*“...The Company says they have a policy to safeguard the interest of the infected staff but in reality, the rights of the staff are not respected. There is fear of victimization which causes staff to keep their status confidential...”*

### **4.3.3 Implementation of Key HIV/AIDs Workplace Policy Components**

Implementation status of key components of the policy was also based on observation information obtained using checklist. The observations were done in all the factories that had reported to be fully or partially implementing HIV/AIDs policy components. To achieve this, key records, facilities and or documents such as minutes, attendance lists, number of dispensers were used to verify activities. Observations relating to document review were made for a period of one year up to the time of this study. This allowed documentation of key implementation activities which are periodic such as training and meeting reports. Results indicated that provision of condom provision, trainings and provision of IEC materials on HIV/AIDs were the policy components implemented by most of the factories. Most factories did not have HIV/AIDs committees (Table 4.3).

Table 4.3 Implementation of key HIV/AIDs workplace policy components

<b>Policy Components implemented in the Factories</b>	<b>N=37</b>	<b>%</b>
HIV/AIDs committee	7	19%
VCT center	9	24%
Open forums/discussions	8	22%
Support programme	9	24%
Infection prevention guidelines	15	41%
Displayed HIV/AIDs Policy statement	19	51%
Peer educators	20	54%
IEC materials on HIV/AIDs	27	73%
Trainings/sensitizations	32	86%
Condom in condom dispensers	34	92%

Qualitative findings showed that staff support activities such as forum for discussion and provision of free VCT services are not commonly implemented in the workplaces. Training and condoms dispensing are the most activities undertaken to some extent. The following statements explains this from FGD discussants:

FGD Discussant 1;

*“...The condoms are provided but not regularly...”*

FGD Discussant 2;

*“...I have worked in this factory for 10 years and I have attended only one awareness training which was last year...”*

FGD Discussant 3;

*“....There is no support provided to the employees. No one talks about HIV/AIDs in this place. It is like a taboo...”*

#### **4.4 HIV/AIDs Workplace Policy Awareness**

This section presents results on HIV/AIDs workplace policy awareness in the factories.

##### **4.4.1 Awareness of HIV/AIDs Workplace Policy Existence**

Upon verification of policy existence, respondents were asked if there was a HIV/AIDs workplace policy in the factory. Out of the 142 interviewed respondents in the factories with a policy, 99 (70%) of the respondents were aware of an HIV/AIDs workplace policy existence (Figure 4.3)

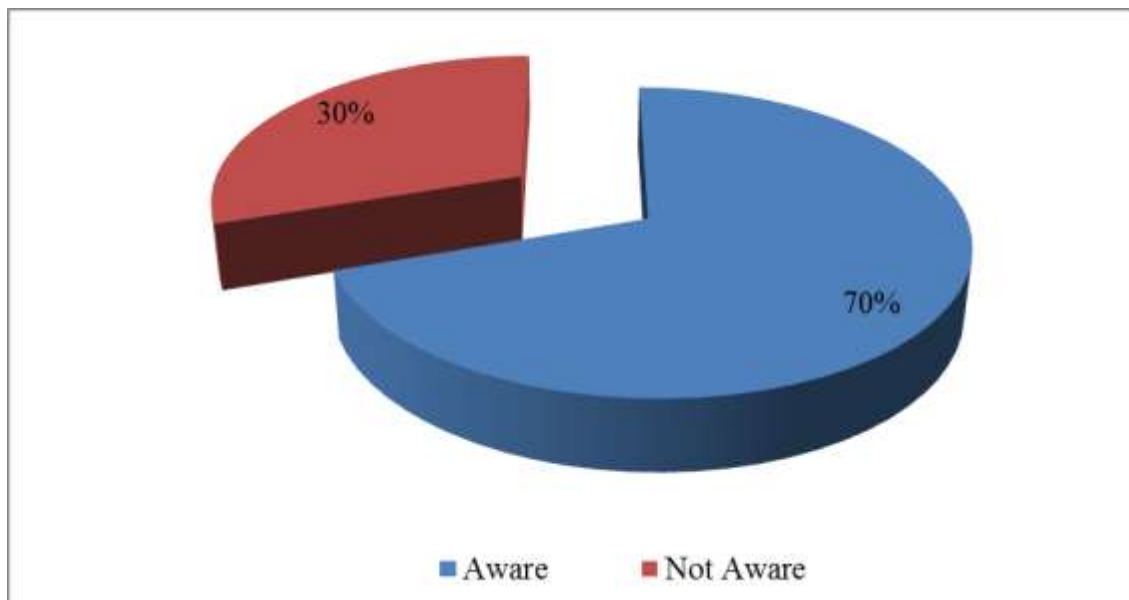


Figure 4.3: Awareness of HIV/AIDs workplace policy existence

Qualitative results established that many factories have HIV/AIDs workplace policy but majority of the staff were not aware of the policy. The following statements from focus group discussants explain this point:

FGD discussant 1:

*“...There is a communication breakdown in this company. I am not aware of any HIV/AIDs workplace policy in this company...”*

FGD discussant 2:

*“’...We started sensitizations last year after adopting the policy. We have adopted a policy of briefing all staff during placement; we are yet to achieve 100% sensitization ...”*

#### **4.4.2 Awareness of HIV/AIDs Workplace Policy Contents**

The 99 respondents who said they were aware of the policy were asked to identify components of HIV/AIDs workplace policy contents in place in their factory. After reviewing adopted HIV/AIDs workplace policies, ten (10) key but similar components of all policies in the factories which had adopted the policy were listed in a table from which the respondents were asked to pick. The total correct responses were ranked using a scale of 1-5 where “1” means not “aware at all” and “5” meant “extremely aware”. Those who did not identify any policy components correctly were ranked as 1 while those who got above 8 components correctly were ranked as extremely aware. Results showed that 11% of the respondents were not aware at all on policy contents while 32% were moderately aware on policy contents (Figure 4.4).

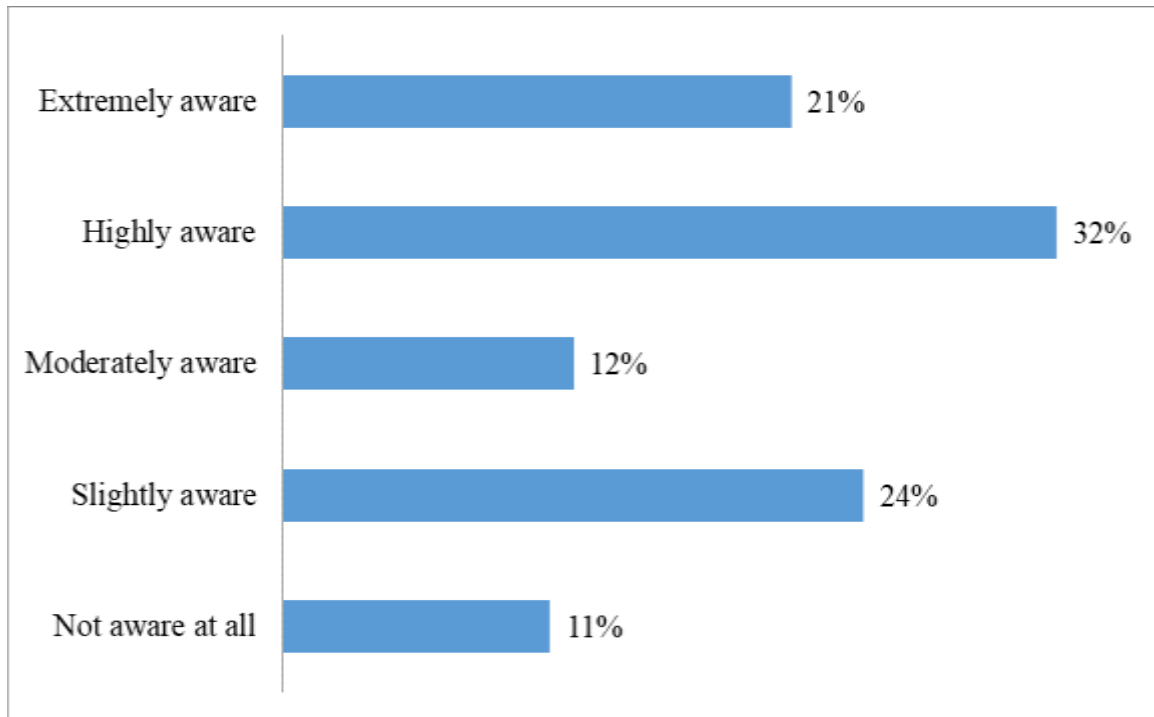


Figure 4.4: Awareness of HIV/AIDS workplace policy components

Qualitative results affirmed that awareness on HIV/AIDS workplace policy contents was inadequate among most of the staff. A statement derived from a HIV/AIDS committee member explained:

*“...We share information briefs on this issue but it is not regularly. We need a focal person to be responsible for this to improve awareness and benefits thereof...”*

#### 4.4.3 Source of Information

The 99 respondents who were aware of the policy existence were asked to state the channel through which they learnt or came to know about the policy. Findings showed

that sensitization seminars, 65 (66%) were the main source of information on the policy while organizational bulletins, 10 (10%) were the least source of information (Figure 4.5).

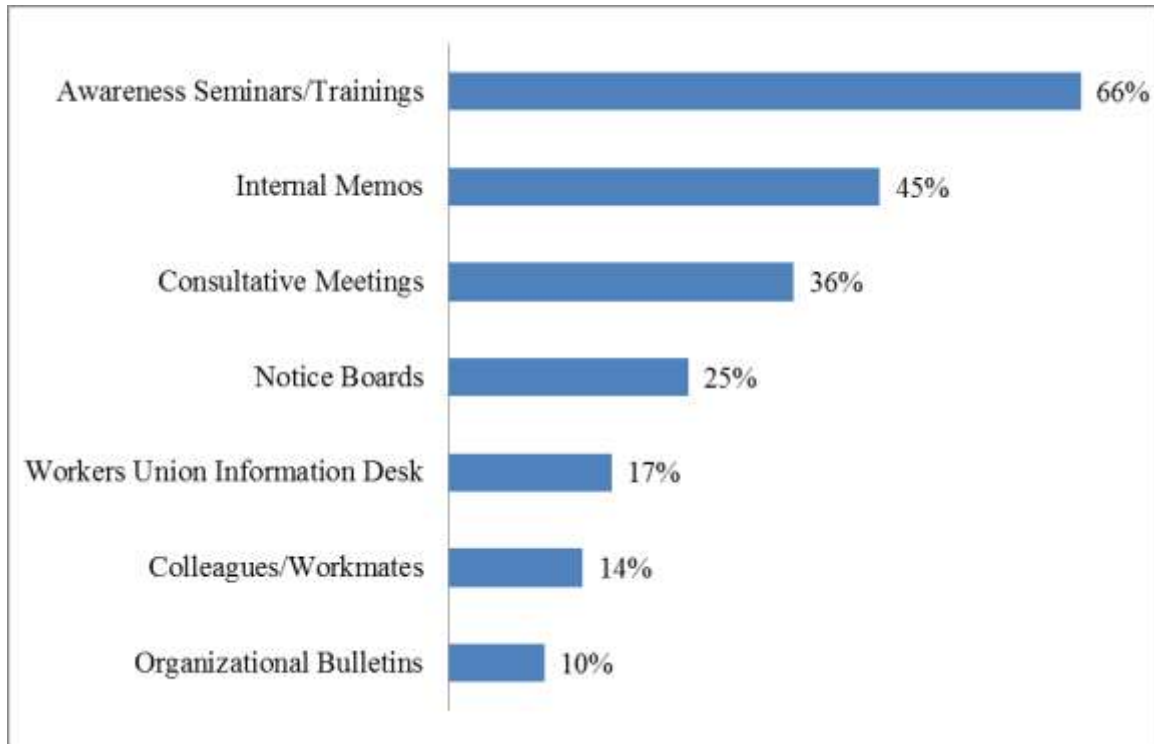


Figure 4.5 *Source of information on HIV/AIDS workplace policy*

Qualitative results indicated various channels of communication are used across the factories. However, many staff, especially low cadre staff, do not receive timely communication. Many staff rely on informal briefs from colleagues. A statement derived from a company director explains:

*“...We organize periodic sensitization meetings, briefs and notice boards among others. The method of sharing information is greatly based on end user suitability...”*



*A FGD discussant affirmed;*

*“...We don’t easily get such communication. Low cadre staff are not well informed on important issues in this factory. They need to involve us well by ensuring timely and appropriate communication...”*

#### **4.4.4 HIV/AIDs Workplace Policy Perceptions**

Respondents were asked to give their opinion on various aspects of their HIV/AIDs workplace policy by ranking them on a scale of 1-5 where “1” meant “strongly disagree” and 5 meant “strongly agree”. The responses for each aspect were aggregated and their mean responses converted to percentage to indicate their overall perception on the aspects.

Effectiveness of the policy in enhancing continued employee-employer relationship, recognizing HIV/AIDs as a workplace issue and providing appropriate precaution in ensuring a healthy and safe work environment had the least positive perception of 61 (62%), 63 (63%) and 67 (67%) respectively. However, the policy was perceived to have significantly improved HIV counseling and testing, condom distribution in the factory and HIV/AIDs education and awareness in the factory. The mean perception rating of the policy implementation by the staff was 75% (Table 4.4).

*Table 4.4 HIV/AIDs workplace policy perceptions*

<b>Policy Aspect</b>	<b>Frequency (N=99)</b>	<b>Ranked Perception</b>	<b>Perception (%)</b>
Advocates for continued employee relationship	<b>61.38</b>	3.10	62%
Recognizes HIV/AIDs as a workplace issue	<b>62.37</b>	3.15	63%
Provides precautions to ensure healthy and safe work environment	<b>66.33</b>	3.35	67%
Provides for a communication strategy on aspects of HIV and AIDS	<b>73.26</b>	3.70	74%
Provides for all employees and employer involvement in HIV/AIDs programmes	<b>74.25</b>	3.75	75%
Prohibit unfair discrimination of employees based on HIV and AIDS	<b>74.25</b>	3.75	75%
Provide for the confidentiality of an employee's HIV status	<b>75.24</b>	3.80	76%
Does not advocate for screening pre-employment or as part of job	<b>78.21</b>	3.95	79%
Encourages acceptance of people living with HIV	<b>78.21</b>	3.95	79%
Promote HIV counseling and testing	<b>81.18</b>	4.10	82%
Provides for Condom distribution in the factory	<b>81.18</b>	4.10	82%
Provide for HIV and AIDS education, awareness and prevention	<b>83.16</b>	4.20	84%
<b>Average mean of perception</b>	<b>74.09</b>	3.74	<b>75%</b>

Qualitative results established that where well implemented, the policy had resulted into improved and conducive work environment for the workers in regards to HIV/AIDs. The following statement derived from key informant interview explains this point:

A factory director said,

*“...The policy has helped us to safeguard the rights of the workers as required by law and other statutory requirements. We have received letter of recommendation for implementing this policy which is a good thing ...”*

A Human Resource representative said,

*“...This has helped a lot. Productivity has improved. Earlier on, many staff who were either affected or infected would find problems coping or feeling accepted but now, things have changed which is worthy appreciating; thanks to the management...”*

#### **4.5 Work-related Factors Influencing Adoption of HIV/AIDs Workplace Policy**

The study sought to determine work-related factors influencing adoption of HIV/AIDs policy. The factors were subjected to a cross tabulation and a test of independence to establish the relationship between the factors and policy adoption (Table 4.5).

Table 4.5 Work-related factors and their influence on policy adoption

Variable	Adoption of policy			%	$X^2$
	Adopted	Not Adopted	Test statistics		
Discrimination	Yes	12(13%)	80(87%)	24%	$X^2=29.284$ , $df=1$ , $p=0.001$
	No	130(44.2%)	164(55.8%)	76%	
Staff Involvement	Yes	130(52.2%)	119(47.8%)	65%	$X^2=71.747$ , $df=1$ , $p=0.021$
	No	12(8.8%)	125(91.2%)	35%	
Open Discussion on HIV/AIDs	Yes	134(52.5%)	121(47.5%)	66%	$X^2=80.269$ , $df=1$ , $p=0.001$
	No	8(6.1%)	123(93.9%)	34%	
Disclosure of Status	Yes	121(60.2%)	80(39.8%)	52%	$X^2=98.847$ , $df=1$ , $p=0.001$
	No	21(11.4%)	164(88.6%)	48%	
Workers Union Activism	Yes	119(47.8%)	130(52.2%)	65%	$X^2=36.529$ , $df=1$ , $p=0.001$
	No	23(16.8%)	114(83.2%)	35%	
Government Support	Yes	49(81.7%)	11(18.3%)	16%	$X^2=61.533$ , $df=1$ , $p=0.002$
	No	93(28.5%)	233(71.5%)	84%	
Employer Commitment	Yes	134(39.4%)	206(60.6%)	88%	$X^2=8.449$ , $df=1$ , $p=0.037$
	No	8(17.4%)	38(82.6%)	12%	

Results found that 92 (24%) of the respondents reported cases of discrimination and stigmatization in their factories. The proportion of respondents who reported that they had witnessed cases of discrimination at their workplace was less common, 12 (13%) among factories which had adopted the policy compared to those which had not adopted the policy 80 (87%). Discrimination had a statistically significant relationship with

adoption of HIV/AIDs workplace policy ( $p=0.001$ ,  $df=1$ ). Close to two thirds of the respondents, 249 (65%) said that staff are involved in HIV/AIDs issues at work. The proportion of respondents who reported staff involvement was higher 130 (52.2%) in factories which had adopted the policy compared to factories which had not adopted the policy 119(47.8%). Staff involvement had a statistically significant relationship with adoption of HIV/AIDs workplace policy ( $p=0.021$ ,  $df=1$ ).

On open discussion on HIV/AIDs at the workplace, 255 (66%) said that there was open discussion on HIV/AIDs at the work place. The proportion of respondents who reported open discussion on HIV/AIDs was higher 134 (52.5%) in factories which had adopted the policy compared to factories which had not adopted the policy 121 (47.5%). Openness in discussing HIV/AIDs had a statistically significant relationship with adoption of HIV/AIDs workplace policy ( $p=0.001$ ,  $df=1$ ). Close to half of the respondents, 185 (48%) said that they cannot disclose their status at the workplace. The proportion of respondents who reported disclosure of HIV/AIDs in workplace was higher 121 (60.2%) in factories which had adopted the policy compared to factories which had not adopted the policy 80 (39.8%). Disclosure of HIV/AIDs status had a statistically significant relationship with adoption of HIV/AIDs workplace policy ( $p=0.001$ ,  $df=1$ ).

Close to two thirds of the respondents, 249 (65%) said that workers unions are involved in championing workers' rights including HIV/AIDs at their workplace. The proportion of respondents who reported lack of workers union activism was higher 114 (83.2%) among factories which had not adopted the policy compared to the factories which had adopted the policy 23 (16.8%). Workers union activism had a statistically significant relationship with adoption of HIV/AIDs workplace policy ( $p=0.001$ ,  $df=1$ ). On

government support, 60 (16%) of the respondents were of the view that government has been supporting workers' rights especially in regard to HIV/AIDs such as through training and supervision. The proportion of respondents who reported government support at their workplace was higher 49 (81.7%) among factories which had adopted the policy compared to factories which had not adopted the policy 11 (18.3%). Government support had a statistically significant relationship with adoption of HIV/AIDs workplace policy ( $p=0.002$ ,  $df=1$ ).

On employer commitment, 340 (88%) said that their employer was committed in protecting and upholding staff rights. The proportion of respondents who reported lack of employer commitment was higher 38 (82.6%) among factories which had not adopted the policy compared to those which had adopted the policy 8 (17.4%). Employer commitment had a statistically significant relationship with adoption of HIV/AIDs workplace policy ( $p=0.037$ ,  $df=1$ ).

#### **4.6 Challenges Facing Adoption of HIV/AIDs Policy**

Respondents were asked to name main challenges facing adoption of HIV/AIDs policy in their workplaces. Main challenges noted were lack of employer commitment, employee representation and government support especially enforcement supervision. The results are shown in Figure 4.6.

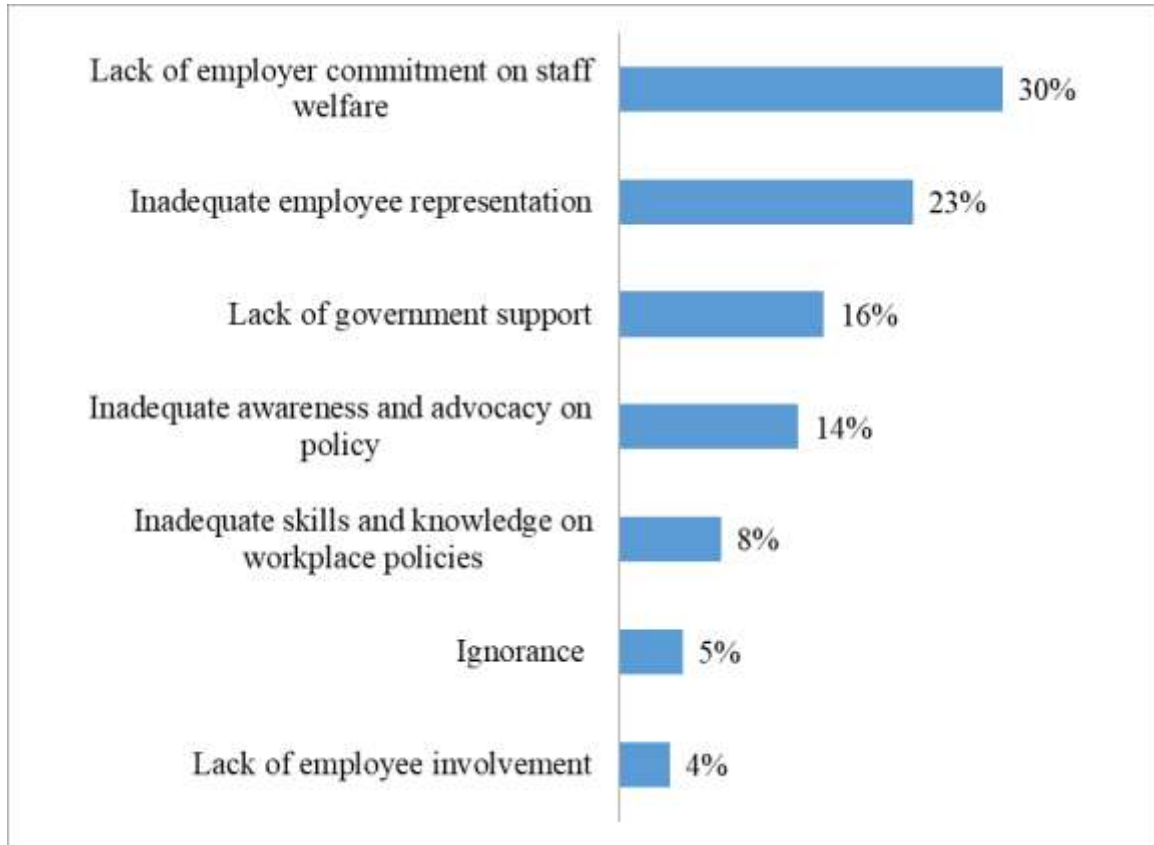


Figure 4.6 *Challenges facing adoption of HIV/AIDS workplace policy*

Qualitative results established that poor enforcement of relevant policies by government, lack of stakeholder support and commitment were the main challenges facing adoption and implementation of the HIV/AIDS workplace policy. The following statement expounds:

A human resources representative said:

*“...The main challenge in this company is the management. They don’t prioritize HIV/AIDs despite being a key requirement for conducive work place. You bring it as an agenda but they don’t seem to buy the idea...”*

A company director affirmed:

*“...The problem is that compliance with the ILO code of conduct is left at the discretion of the management. We adopted the policy because we felt obligated to protect the right of workers. Imagine of companies which are more interested with profit than her staff? The issue is that there is no proper enforcement of government policies on workplace. There is need for strengthening supervision by the government agencies...”*



## **CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter presents discussion, conclusions and recommendations of the study based on the study findings and objectives.

### **5.2 Discussion**

#### **5.2.1 Adoption of HIV/AIDs Workplace Policy**

The study revealed that there was a low level of HIV/AIDs workplace policy adoption among factories in Athi River Sub County. Privately owned factories reported the highest proportion of companies without an HIV/AIDs workplace policy. This was linked to lack of strong enforcement structures of the workplace policies from relevant authorities such as government authorities charged with the mandate of supervision and enforcement. Lack of proper recognition of HIV/AIDs as a workplace issue requiring recognition and prioritization by the management contributed to poor adoption rate.

For instance, although most factories were providing condoms, trainings and IEC materials on HIV/AIDs, very few factories had HIV/AIDs committees, open forums for discussing HIV/AIDs and displayed HIV/AIDs workplace policy statement. This indicated selective implementation of the policy contents which compromised effectiveness of control, prevention and management of the pandemic impact at the individual, organizational and economy level. This was similar to findings of a study conducted in Malawi by Bakuwa (2010), where most companies were not adequately committed to respond to HIV threats at workplace as evidenced by lack of adoption of

policies that address HIV/AIDs in their workplaces as well as selective policy content implementation.

Low levels of HIV/AIDs policy adoption levels was also highlighted in a study conducted by Kazembe and Machimbira (2012) who reported that despite the estimated high HIV/AIDs prevalence rates among working adults in South Africa, only a quarter of the companies in the country had an HIV/AIDs workplace policy in place. This is reported to undermine HIV/AIDs prevention and control efforts not only at the factory and country level, but also globally owing to the globalization of markets and work. The study points out that despite the increasing efforts and investment in the war against HIV/AIDs which continues to ravage workforce and adversely affect work productivity, there is more that needs to be done in addressing HIV/AIDs issues in the workplace. ILO recognizes and advocates for a written HIV/AIDs workplace policy as the initial statement and commitment towards realizing zero infections, prevention, treatment and care at the workplace (ILO, 2012).

### **5.2.2 HIV/AIDs workplace policy content awareness**

Many factory staff are not aware of the existing HIV/AIDs workplace policy with a greater proportion of them having low policy content awareness. This was linked to lack of effective awareness programmes and inadequate involvement of staff in the policy adoption process as required by the ILO Code of practice on HIV in the World of Work (2001) and the Kenya National Code of Practice in the Workplace (GOK, 2009). This finding was similar to that reported by Adefuye *et al.* (2011) who found that a significant lack of awareness about HIV/AIDs at the workplace still exists among factory workers in

Burmese. Awareness of HIV/AIDS workplace policy empowers the staff to demand their rights and bargain for a healthier work place which enhances their productivity and performance. Insufficient policy awareness undermines the spirit of the policy and drastically affects its effectiveness in addressing pertinent issues such as workers' rights and appropriateness of the working conditions for optimal productivity.

Organizations should use existing structures and or implement other necessary channels to enhance provision of information and support to their workforce on HIV/AIDS in the workplace. Sensitization seminars and customized briefs are effective channels for sharing and communicating information on HIV/AIDS to staff (Bakuwa, 2011). Effective channels should not only be efficient but also reach a large audience as well as provide opportunities for clarification and conversation to dispel fear and or associated myths (FKE report, 2010). Factories should place emphasis on developing educational materials and activities appropriate for workers and their families, including regularly updated information on workers' rights and benefits to ensure awareness is instilled at the workplace (UNAIDS, 2012). This will enhance awareness, knowledge and hence contribute to the capacity of workers to protect them against HIV infection as well as improve their productivity and functionality at the workplace.

Organizations stand to benefit more than even staff by spearheading workers' rights through proper communication, education, promotion and implementation of supportive structures and networks to support their staff who are either infected and or affected as well as the general workforce. Sufficient awareness on policy contents have been shown to significantly reduce HIV related anxiety and stigmatization, minimize disruption in the

workplace and bring about positive attitudinal and behavioral change (Kanengoni *et al.*, 2011).

Policy content awareness requires involvement and participation in the development and implementation of the policy which will also reduce resistance among the staff especially where their expectations are not well taken into account in the policy. This result was similarly expounded by Muadinohamba (2009) who noted that once a draft policy has been consolidated by the task team constituting an appropriate representation of workers, circulation ought to be done widely in the company before its approval. This requires adequate time for policy review by the labour unions, top management and employees before approval. Opportunities should be given to discuss the draft policy, its implications to the workforce as well as concerns to be raised. This will enhance awareness; improve implementation, efficiency and ownership (Volpp and Asch, 2011).

### **5.2.3 Work-related Factors Influencing Adoption of HIV/AIDs Workplace Policy**

In this study, the extent of non-adoption was evidenced by lack of any written document on HIV/AIDs at the workplace. The study also established that factories that promoted healthy work environment in which workers were given freedom to disclose their status, speak openly about HIV/AIDs; incidents of discrimination reported were low. These findings concur with James (2009) that most factories with HIV/AIDs workplace policy had a work environment that was friendly to people living with HIV/AIDs.

The study established that staff involvement in HIV/AIDs activities, top management commitment, Workers' union championship for inclusion of HIV/AIDs programmes and government support were reported to influence adoption of the HIV/AIDs workplace

policy. ILO (2010) reported that existence of a written HIV/AIDs policy in a company, demonstrates that top management has acknowledged HIV/AIDs as a workplace issue and provided direction to both managers and employees on how they are expected to act when dealing with HIV/AIDs matters. Top management plays a key role in allocation of required resources, skills and time for developing and implementation of a relevant policy to address the workers issues. This finding was emphasized by Mabuza (2011) who found that successful implementation of an HIV/ AIDs workplace policy depends on the allocation of adequate resources, including budgeting and hence the importance of the top management support. Factories which had management that prioritized workers' rights and well-being were reported to put in place supportive structures for implementation provisions of the ILO on HIV/AIDs.

Workers' involvement is key in addressing workplace issues (Laas, 2009). Engaging staff in adoption of HIV/AIDs policy adoption and implementation was reported to reduce resistance in its adoption and provide a feeling of safety and acceptance of every staff irrespective of their health status. Staff engagement can be achieved through staff representativeness, workers unions, consultative meeting and or requesting for suggestions and inputs after draft stage to be incorporated in the final policy (Kibaara, 2012). Workers are the primary beneficiaries of the policy and therefore, their views and opinions need to be incorporated in the policy to be implemented. This indicates existence of goodwill in improving workers wellbeing and upholding their rights at workplace.

A well implemented policy supports open discussion on HIV/AIDs in the workplace. It facilitates staff to share knowledge, experiences and relevant ideas on the subject matter.

This helps ease emotional stress and related problems associated with the pandemic. The discussions shape workplace norms and values which can greatly influence managerial decisions and discretions on the issue (FHI, 2012). Where open discussions are encouraged, individuals feel secure to share their problems and even disclose their status. Lack and or poor implementation of HIV/AIDs workplace policy and its related contents limits freedom to talk and discussion of pertinent issues. This has adverse effects on employee-employer relationship, staff performance and prevention efforts at the work place. ILO (2009) encourages work environment which creates incentives for open discussions and safe disclosure of information on individual status for optimal individual support and performance.

According to ACE (2008) and ILO (2009), government agencies responsible for workplace health and safety are important in enhancing adoption of HIV/AIDs workplace policy. Government has a supervisory and oversight role in ensuring that the rights of the workers are respected and upheld without discrimination (FKE report, 2012). The study revealed lack of strong supervisory and oversight structures for enforcing the rights of workers in regards to HIV/AIDs. Although there is a Sub-County coordination office on HIV/AIDs, its roles are mainly focused on training and awareness creation with little capacity for enforcement of the ILO recommendations on HIV/AIDs at the workplace. This has resulted into many factories ignoring the significance of HIV/AIDs at the workplace and implementation of frameworks for protecting their workers against the pandemic.

The study established that many factories were facing myriad of challenges in adopting HIV/AIDs workplace policy. In work environments where there are many competing

demands for the company's resources, HIV/AIDs might be kept off the list of priority concerns of managers (Tunaloga, 2013). Similar to finding by Kazembe and Machimbira (2012), one significant reason why companies do not rate HIV/AIDs as a major issue is that their workers do not rate the issue highly in collective bargaining between employers and unions, but wage levels, job security and pensions are higher priorities for workers. Therefore, the myriad challenges faced by companies operating in Africa combined with the difficulties in demonstrating the relative advantages of action on HIV/AIDs and the inability of trade unions to prioritize HIV/AIDs lead to many companies viewing HIV/AIDs as not a priority business issue.

ACE (2008) agreed that, for effective workplace policies, it is important to positively and meaningfully involve those concerned and people living with HIV. According to Bakuwa (2010), lack of staff participation in the activities of HIV/AIDs remains a major factor hindering the adoption of HIV/AIDs workplace policies. Involving everyone from the beginning helps them understand the need for everyone to do something about managing HIV/AIDs within their workplace and ensures everyone's views are taken into account.

#### **5.2.4 Challenges facing adoption of the HIV/AIDs workplace Policy**

Most factories that had not adopted the policy cited lack of elaborate guidelines on adoption, not knowing whether the policy adoption is mandatory and committing to too many established requirements by the government. Similar to a study result by James (2009), there was no policy adoption where factory top management were not committed and did not show personal interest to the implementation of the policy at the workplace. This could be orchestrated by the fact that priority at these workplaces is measured by

production time by which these managers are appraised on. This is in addition to the high costs associated with implementing such related policy within factories.

De Beer *et al.* (2012) noted that companies will consider the cost versus the benefit to accrue prior to deciding on whether to approve an activity or not; such policies are considered time consuming and cumbersome and an avenue for workers to steal work-time from their employers according to some managers. Mainstreaming HIV/AIDs is a process and takes time with the staff requiring a lot of initial guidance, support and motivation from their managers in order to embrace the HIV/AIDs workplace policy.

In some instances, factory owners and managers are ignorant of developing appropriate workplace policies and programmes with some unaware of any framework aimed at providing guidelines for addressing HIV/AIDs-specific issues at the workplace. This can be linked to the finding that proper guidance by government representatives has been reported very wanting since many workplaces report inadequate guidance from the government and not knowing where to seek support. These challenges continue to take toll on the ability and willingness of factory managements to adopt the policy.

### **5.3 Conclusions**

The study conclusions are drawn from the study findings and based on the objectives of the study.

#### **Adoption of the HIV/AIDs Workplace Policy**

Many factories, 73 out of 120, had not yet adopted the policy resulting into low rate of HIV/AIDs workplace policy adoption. Low rate of policy adoption was linked to poor



enforcement of relevant policies by the government such as the ILO code of conduct on HIV/AIDs at workplace 2001 and Kenya Public Sector Workplace Policy on HIV/AIDs 2010.

### **Awareness of HIV/AIDs Workplace Policy and its Contents**

Where implemented, many staff were aware of policy existence. However, level of policy contents awareness was low due to lack of proper staff involvement and ineffective communication approaches. Operationalization of the policy contents helps to create conducive work environment for infected workers.

### **Work-Related Factors Influencing HIV/AIDs Workplace Policy Adoption**

Results showed that stigmatization ( $p=0.001$ ), staff involvement ( $p=0.021$ ), employer commitment ( $p=0.037$ ), workers union activism ( $0.001$ ) and government support ( $0.002$ ) influenced adoption of the HIV/AIDs workplace policy.

### **Challenges Facing Adoption of the HIV/AIDS Workplace Policy Adoption**

The main challenges facing adoption of the policy was lack of adequate stakeholder commitment, involvement and support such as lack of employer commitment, government support and workers involvement.

## **5.4 Policy Recommendations**

Based on the study conclusions, this study recommends that:

1. The government through the Sub-County Aids Co-ordination offices to enforce adoption of HIV/AIDs work place policy and offer close supervision for implementation by making it mandatory for factories to adopt the policy at the

workplace.

2. The government (national and county) in partnership with factory management and other relevant stakeholders to provide sensitization/awareness seminars, trainings and share information tailored to their staff needs on the policy and its contents for effective implementation.
3. Factory managements should implement work place programs aimed at minimizing stigmatization and enhancing staff and employer involvement in HIV/AIDs work place issues.
4. Factory managements should provide leadership in adoption and implementation of the policy by prioritizing staff welfare, enhancing staff representation and providing support such as budget towards implementation of the HIV/AIDs workplace policies.

## **5.5 Further Research**

To effectively address the research gap regarding HIV/AIDs in the workplace, further research ought to be done on the impact of HIV/AIDs in the workplace and role of government in HIV/AIDs policy adoption at the workplace as well as the impact of HIV/AIDs workplace policies on work productivity. Conducting HIV/AIDs baseline and tracking surveys to help track and monitor extent and outcomes of policy implementation in the factories will also provide useful insight on the effectiveness of the policy in addressing workers needs and expectations. Finally, there is need for further research on HIV/AIDs workplace policies development process and their compliance with the ILO Code of Practice and the national laws and guidelines in Kenya.

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## **APPENDICES**

### **Appendix 1: Consent form**

My name is Jacinta Kaliti and I am carrying out a study on **Assessment of HIV/AIDs workplace policy adoption in factories in Machakos County** as part of my master's degree in Public Health at Kenyatta University. The envisaged outcome of this study is to identify gaps and challenges in adoption of the policy and thus assist its implementers to consider addressing required improvements in order to enhance HIV/AIDs prevention at the workplace. For this purpose, your kind co-operation is needed. You have been randomly selected for participation in this study.

#### **Procedure to be followed**

Participation in this study will require that I ask you some questions and record the information from you in a questionnaire. You have the right to decline participation in this study. Participation in this study is purely voluntary. You may ask questions related to the study at any time. You may refuse to respond to any questions and stop an interview at any time.

#### **Discomforts and risks**

Some of the questions you will be asked are on intimate subject and may make you feel uncomfortable to respond to. If this happens, you may refuse to answer these questions if you so choose. You may also stop the interview at any time.

#### **Benefits**

Your input in this study will help identify gaps in HIV/AIDs workplace policy adoption and implementation for the purpose of informing relevant workplace programs and factory-based policies for creating a conducive work environment.

### **Confidentiality**

In this study, no name will be recorded on the data collection tools. All the data collection tools will be kept safe, secure and private. Every information obtained in this study will be treated with uttermost confidentiality.

### **Participant's statement**

The above information regarding my participation in the study is clear to me. I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time.

ID no of the participant .....Signature or Thumbprint.....

Date.....

### **Investigator's statement**

I, the undersigned, have explained to the volunteer in a language s/he understands the procedure to be followed in the study and the risks and benefits involved.

Name of the interviewer.....

Signature of the interviewer.....Date .....

### **Contact information**

If you have any questions you may contact:

1. Jacinta Kaliti  
Email: [kalitijacinta@gmail.com](mailto:kalitijacinta@gmail.com)
2. Supervisor, Dr. George Orinda  
Email: [rudevsol@gmail.com](mailto:rudevsol@gmail.com)
3. Supervisor, Dr. Peterson Warutere  
Email: [Peterson.warutere@yahoo.com](mailto:Peterson.warutere@yahoo.com)
4. Kenyatta University Ethical Review Committee Secretariat  
Email: [kuerc@ku.ac.ke](mailto:kuerc@ku.ac.ke).

## **Appendix 2: Questionnaire for Factories with Policy**

### **SECTION A: INTRODUCTION**

My name is Jacinta Kaliti and I am carrying out a study on **Assessment of HIV/AIDs workplace policy adoption in factories in Machakos County** as part of my master's degree in Public Health at Kenyatta University. The envisaged outcome of this study is to identify gaps and challenges in adoption of the policy and thus assist its implementers to consider addressing required improvements in order to enhance HIV/AIDs prevention at the workplace. For this purpose, your kind co-operation is needed. You have been randomly selected for participation in this study. Your knowledge and views are very important in this study. All the information you provide will be treated as strictly confidential. No names will be used in this study for privacy purposes. You are therefore requested not to write your name anywhere on this questionnaire.

### **SECTION B: BACKGROUND CHARACTERISTICS**

1. What is your age (please tick your age category)
  - [1] 20-24 years
  - [2] 25-29 years
  - [3] 30-34 years
  - [4] 35-39 years
  - [5] 40-44 years
  - [6] 45-49 years
  - [7] 50-54 years
  - [8] 55-59 years
  - [9] Over 60 years
2. What is your gender?
  - [1] Male
  - [2] Female
3. What is your Marital Status?
  - [1] Married
  - [2] Single
  - [3] Widowed
  - [4] Divorced
4. What is your highest educational level?
  - [1] Primary
  - [2] Secondary
  - [3] College Certificate
  - [4] Diploma
  - [5] University Degree
5. What is your position in this factory?
  - [1] Management
  - [2] Non-Management
6. What is your level of work experience in years in this factory?
  - [1] 6 Months to 3 years
  - [2] 4-5 years

- [3] 6-7 years
- [4] 8-10 years
- [5] Over 10 years

### SECTION C: POLICY ADOPTION

7. Does this organization have a HIV/AIDs workplace policy?
- [1] Yes
  - [2] No
8. If you are aware of a HIV/AIDs workplace policy in this factory, please specify how you got to know and or hear about the policy?
- [1] Through consultative meetings
  - [2] Through workers union briefings/information desk
  - [3] Through sensitization/awareness seminars/trainings
  - [4] Through organizational bulletins
  - [5] Through notice boards
  - [6] Through internal Memos
  - [7] Colleagues/workmates
  - [8] Others (specify)\_\_\_\_\_

9. If <b>Yes</b> in <b>question 7</b> above, please tick whether the policy addresses any of the following issues at the work place			
<b>The policy:</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
i) Prohibits unfair discrimination of employees based on HIV and AIDs			
ii) Promotes HIV counseling and testing			
iii) Provides for the confidentiality of an employee's HIV status			
iv) Provides for HIV and AIDs education, awareness and prevention			
v) Encourages acceptance of people living with HIV			
vi) Promotes Condom distribution in the factory			
vii) Prohibits pre-employment HIV/AIDs screening or as part of job			
viii) Recognizes HIV/AIDs as a workplace issue and regard it as part of chronic illnesses in the workplace			
ix) Provides precautions to ensure healthy and safe work environment			
x) Enhances employees and employer involvement in HIV/AIDs programmes			

10. In a scale of 1-5, please rate the following statements about your factory policy; where 1=strongly disagree, 2=Disagree, 3=neither agree or disagree, 4=Agree, 5=strongly agree

The policy:

- a. Has enhanced continued employee relationship-----
- b. Recognizes HIV/AIDs as a workplace issue and regard it as part of chronic illnesses in the workplace-----
- c. Has provided precautions to ensure healthy and safe work environment-----
- d. Has provided for continuous communication on aspects of HIV and AIDs-----
- e. Has enhanced employees and employer involvement in HIV/AIDs programmes-----
- f. Prohibits unfair discrimination of employees based on HIV and AIDs-----
- g. Has enhanced confidentiality of a employee's HIV status-----
- h. Prohibits pre-employment HIV/AIDs screening or as part of job-----
- i. Has encouraged acceptance of people living with HIV at the work place-----
- j. Promotes HIV counseling and testing-----
- k. Has improved condom distribution in the factory-----
- l. Has improved HIV and AIDs education and awareness-----

11. Please indicate whether the following statement are true or false			
Statement In this factory:	Yes	No	Not sure
i) Employees are involved in HIV/AIDs activities			
ii) The top management is committed in implementing and supporting HIV/AIDs activities in the factory			
iii) Workers' union champion and actively advocates for inclusion of HIV/AIDs activities in factory employee welfare programmes and policies			
iv) Government representatives hold support programmes and health education sessions within the factory			
v) There is stigma/ discrimination in the factory in regards to HIV/AIDs status			
vi) There is open discussion on HIV/AIDs among staff			
vii) I can disclose my status to colleagues/staff/management when diagnosed with HIV/AIDs			

12. In your opinion, what main challenges does this factory face in adoption and implementation of the HIV/AIDs workplace policy?

- a) -----
- b) -----
- c) -----
- d) -----
- e) -----
- f) -----

**Thank you for your co-operation**

### **Appendix 3: Questionnaire for Factories without Policy**

#### **SECTION A: INTRODUCTION**

My name is Jacinta Kaliti and I am carrying out a study on **Assessment of HIV/AIDs workplace policy adoption in factories in Machakos County** as part of my master's degree in Public Health at Kenyatta University. The envisaged outcome of this study is to identify gaps and challenges in adoption of the policy and thus assist its implementers to consider addressing required improvements in order to enhance HIV/AIDs prevention at the workplace. For this purpose, your kind co-operation is needed. You have been randomly selected for participation in this study. Your knowledge and views are very important in this study. All the information you provide will be treated as strictly confidential. No names will be used in this study for privacy purposes. You are therefore requested not to write your name anywhere on this questionnaire.

#### **SECTION B: BACKGROUND CHARACTERISTICS**

1. What is your age (please tick your age category)
  - [1] 20-24 years
  - [2] 25-29 years
  - [3] 30-34 years
  - [4] 35-39 years
  - [5] 40-44 years
  - [6] 45-49 years
  - [7] 50-54 years
  - [8] 55-59 years
  - [9] Over 60 years
2. What is your gender?
  - [1] Male
  - [2] Female
3. What is your Marital status?
  - [1] Married
  - [2] Single
  - [3] Windowed
  - [4] Divorced
4. What is your highest educational level?
  - [1] Primary
  - [2] Secondary
  - [3] College Certificate
  - [4] Diploma
  - [5] University Degree
5. What is your position in this factory?
  - [1] Management
  - [2] Non-Management
6. What is your level of work experience in years in this factory?
  - [1] 6 Months to 3 years

- [2] 4-5 years
- [3] 6-7 years
- [4] 8-10 years
- [5] Over 10 years

### **SECTION C: POLICY IMPLEMENTATION**

13. Please indicate whether the following statement are true or false			
<b>Statement</b> <b>In this factory:</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
i) Employees are involved in HIV/AIDs activities			
ii) The top management is committed in implementing and supporting HIV/AIDs activities in the factory			
iii) Workers' union champion and actively advocates for inclusion of HIV/AIDs activities in factory employee welfare programmes and policies			
iv) Government representatives hold support programmes and health education sessions within the factory			
v) There is stigma/ discrimination in the factory in regards to HIV/AIDs status			
vi) There is open discussion on HIV/AIDs among staff			
vii) I can disclose my status to colleagues/staff/management when diagnosed with HIV/AIDs			

7. In your opinion, what main challenges does this factory face in adoption and implementation of the HIV/AIDs workplace policy?

- d) -----
- e) -----
- f) -----
- d) -----
- e) -----
- f) -----
- g) -----
- h) -----

**Thank you for your co-operation**

## Appendix 4: Interview Guide for Factory Management

Date of Interview \_\_\_\_\_

Name of Interviewer \_\_\_\_\_

- a) Name of the Company-----
- b) Main Production Activity-----
- c) Type of workforce:
  - i) Permanent-----
  - ii) Non-Permanent-----
- d) Designation-----

### Questions

1. Does this factory have HIV/AIDs workplace policy? Is the policy offered as part of human resource policies? *Probe for how the policy was developed and participation of the stakeholders (Ask to see copies).*
2. In your own view, what is the level of awareness of employees on the policy and its contents? *Probe for methods used to share information and ways in which the policy is enforced.*
3. What are the main factors which influenced or would influence (for those which had not adopted) adoption of HIV/AIDs workplace policy in this factory? *Probe for involvement, commitment, supervision, resources.*
4. What are the key challenges facing adoption and implementation of HIV/AIDs in this factory?



## Appendix 5: Interview Guide for Government Representatives

Date of Interview \_\_\_\_\_

Name of Interviewer \_\_\_\_\_

Designation of Interviewee-----

### Questions

1. Are you involved in implementation of HIV/AIDs activities in the workplace?  
What is your level of involvement?
2. What kind of support do you give to workplaces specifically factories in regards to implementation of workplace programmes?
3. Do you offer guidance on development of workplace HIV/AIDs policies? What assistance do you give? (*probe for channels used and by who*)
4. Does the County Government of Machakos have an elaborate policy on HIV/AIDs in the workplace?
5. Do you think factories in the Sub County have actively been involved in developing and implementing HIV/AIDs workplace policy? What would you attribute the current situation to?
6. How many factories have you supported with HIV/AIDs workplace policy adoption
7. What challenges do you think factories encounter in HIV/AIDs workplace policy adoption?
8. Are there concerns that you would advise to be prioritized or planned in the area of HIV/AIDs workplace policy in these factories?

## Appendix 6: Focus Group Discussion Guide

Name of factory-----

Date-----

### **Questions**

1. In your own view, do you think HIV/AIDs is an issue in the factory? Give reasons
2. Does this factory have a HIV/AIDs workplace policy? Why do you think this factory has/does not have the policy?
3. In what ways has the existence and or non-existence of a HIV/AIDs workplace policy affected you as a worker?
4. Who is charged with implementation of the policy?
5. Are you all aware of the policy contents? If yes, how was awareness created? Are copies of the policy available for employees? Is the policy displayed in a conspicuous place for all workers to see? Is it regularly updated? Who is responsible?
6. How often do you attend meetings, seminars or training sessions that are specifically directed to HIV/AIDS policies? Who conducts them?
7. What support structures exist for those who are affected and or infected?
8. In your opinion, what constraints has the factory faced in implementation of HIV/AIDs workplace policy/programmes?

**Appendix 7: Observation Checklist**

Appendix 7: Observation Checklist			Yes	No
1. Does the company have HIV/AIDs workplace policy?				
2. Are copies obtained from Human resource department for verification?				
3. When was the policy developed?				
4. In what stage of development is the policy?				
a) Not operationalized				
b) Some components are implemented (What components have been implemented)?				
c) All components are implemented (What components have been implemented)?				
5. Has the policy been reviewed?				
6. Is the policy statement displaced in all departments?				
7. Are the departments having/able to access the copy of the policy?				
8. Which of the ILO Code of Practice on HIV/AIDs and the World of work's key principles does the policy cover?				
a) Recognize HIV/AIDs as a workplace issue and regard it as part of chronic illnesses in the workplace				
b) Advocate for awareness programs?				
c) Provide measures for prevention of discrimination of PLWHA				
d) Address gender equality				
e) Provide precautions to ensure healthy and safe work environment				
f) Provide for all employees and employer involvement in HIV/AIDs programmes				
g) Advocate for screening pre-employment or as part of job				
h) Address confidentiality of workers status on HIV/AIDs				
i) Advocate for continued employee relationship				
j) Provide for employee education and awareness and prevention programmes				
<b>Status of Policy Implementation</b>	Yes	No	Evidence	
Availability of VCT sessions				
Trainings/sensitizations on HIV/AIDs				
Peer educators				
Condom dispensers				
HIV/AIDs committee				
Open discussions forums				
Counseling/support programme				
Infection prevention guidelines				
IEC materials/posters				
HIV/AIDs workplace policy				

## Appendix 8: Graduate School Approval Letter



### KENYATTA UNIVERSITY GRADUATE SCHOOL

E-mail: [dean-graduate@ku.ac.ke](mailto:dean-graduate@ku.ac.ke)

Website: [www.ku.ac.ke](http://www.ku.ac.ke)

P.O. Box 43844, 00100  
NAIROBI, KENYA  
Tel. 810901 Ext. 57530

#### Internal Memo

FROM: Dean, Graduate School  
TO: Jacinta Muthen Kaliti  
C/o Community Health  
Department

DATE: 8<sup>th</sup> October, 2013  
REF: P57/CTY/PT/23653/2011

#### SUBJECT: APPROVAL OF RESEARCH PROPOSAL

This is to inform you that Graduate School Board, at its meeting of 2<sup>nd</sup> October, 2013, approved your Research Proposal for the M.P.H Degree Entitled, "Assessment of HIV/AIDS Workplace Policy Adoption in Factories in Athiriver District, Machakos County, Kenya."

You May Now Proceed with Data Collection.

Thank you.

**JULIA GITU**  
**FOR: DEAN, GRADUATE SCHOOL**

c.c. Chairman, Department of Community Health

Supervisors:

1. Dr. George Orinda  
C/o Department of Biochemistry and Biotechnology  
Kenyatta University
2. Dr. Peterson Warutere  
C/o Department of Environmental Health  
Kenyatta University

JG/rwm

## Appendix 9: Ethical Clearance from KUERC

### KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE

Email: [chairman.kuerc@ku.ac.ke](mailto:chairman.kuerc@ku.ac.ke)  
[secretary.kuerc@ku.ac.ke](mailto:secretary.kuerc@ku.ac.ke)  
[ercku2008@gmail.com](mailto:ercku2008@gmail.com)  
 Website: [www.ku.ac.ke](http://www.ku.ac.ke)

P. O. Box 43844 - 00100 Nairobi  
 Tel: 8710901/12  
 Fax: 8711242/8711373

Our Ref: KU/R/COMM/51/343

Date: 26<sup>th</sup> June, 2014

Jacinta Muthetu Kaliti,  
 Department of Public Health,  
 Kenyatta University,  
 P.O Box 43844, Nairobi

RE APPLICATION NUMBER PKU/167/1147 – "ASSESSMENT OF HIV/ AIDS WORKPLACE POLICY  
 ADOPTION IN FACTORIES IN ATHIRIVER DISTRICT, MACHAKOS COUNTY, KENYA"

#### 1. IDENTIFICATION OF PROTOCOL

The application before the committee is with a research topic "Assessment of HIV/ AIDS workplace policy adoption in factories in Athi River District, Machakos County, Kenya," Version 2 received on 26<sup>th</sup> June, 2014.

#### 2. APPLICANT

Jacinta Muthetu Kaliti, Department of Public Health

#### 3. STUDY SITE

Athi River District, Machakos County

#### 4. DECISION

The committee has considered the research protocol in accordance with the Kenyatta University Research Policy (section 7.2.1.3) and the Kenyatta University Ethics Review Committee Guidelines AND APPROVED that the research may proceed for a period of ONE year from 26<sup>th</sup> June, 2014.

#### 5. ADVICE/CONDITIONS

- Progress reports are submitted to the KU-ERC every six months and a full report is submitted at the end of the study.
- Serious and unexpected adverse events related to the conduct of the study are reported to this board immediately they occur.
- Notify the Kenyatta University Ethics Committee of any amendments to the protocol.
- Submit an electronic copy of the protocol to KUERC.

When replying, kindly quote the application number above.

If you accept the decision reached and advice and conditions given please sign in the space provided below and return to KU-ERC a copy of the letter.

  
 PROF. NICHOLAS K. GIKONYO  
 CHAIRMAN ETHICS REVIEW COMMITTEE

I, JACINTA MUTHETU KALITI, accept the advice given and will fulfill the conditions therein.

Signature.......... Dated this day of.....JUNE.....2014.

cc. Vice-Chancellor  
 Director: Institute for Research Science and Technology



## Appendix 10: Research Authorization from NACOSTI



### NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,  
2241349, 310571, 2219420  
Fax: +254-20-318245, 318249  
Email: secretary@nacosti.go.ke  
Website: www.nacosti.go.ke  
When replying please quote

9<sup>th</sup> Floor, Utalii House  
Uhuru Highway  
P.O. Box 30623-00100  
NAIROBI-KENYA

Ref: No.

Date:

15<sup>th</sup> December, 2014

NACOSTI/P/14/5367/3001

Jacinta Mutheu Kaliti  
Kenyatta University  
P.O. Box 43844-00100  
NAIROBI.

#### RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research "*Assessment of HIV/AIDS Workplace Policy Adoption in Factories in Athiriver District, Machakos County, Kenya*," I am pleased to inform you that you have been authorized to undertake research in **Machakos County** for a period ending **31<sup>st</sup> March, 2015**.

You are advised to report to the **County Commissioner and the County Director of Education, Machakos County** before embarking on the research project.

On completion of the research, you are required to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

  
DR. S. K. LANGAT, OGW  
FOR: SECRETARY/CEO

Copy to:

The County Commissioner  
Machakos County.

The County Director of Education  
Machakos County.

## Appendix 11: Permission to Conduct Research: Deputy Commissioners office



**THE PRESIDENCY  
MINISTRY OF INTERIOR & COORDINATION OF  
NATIONAL GOVERNMENT**

Telegrams: 'Districter' AthiRiver  
Telephone: 045-6622751  
Fax: 0456622914  
When replying please quote

DEPUTY COUNTY COMMISSIONER  
ATHI RIVER SUB-COUNTY  
P.O. BOX 555-00204  
ATHI RIVER

REF: ADM 15/32/VOL.1/27

Date: 17<sup>TH</sup> DECEMBER, 2014

ALL ASSISTANT COUNTY COMMISSIONERS  
**ATHI RIVER SUB COUNTY**

**RE: KALITI JACINTA MUTHEU – REG.NO.P57/CTY/PT/23653/2011**

The above named postgraduate student at the Kenyatta University pursuing a Masters degree in Public Health (Monitoring and Evaluation Concentration) is hereby, authorized to carry out research in Assessment of HIV/AIDS Workplace Adoption in Factories in our Sub-County for a period between December, 2014 to March, 2015.

Kindly accord her any necessary assistance.

PHILLIP K. LEMARASIA  
FOR: DEPUTY COUNTY COMMISSIONER  
**ATHI RIVER SUB COUNTY**

## Appendix 12: Research Approval from Athi River Sub-County

### MINISTRY OF HEALTH

#### OFFICE OF THE SUBCOUNTY PUBLIC HEALTH OFFICER

Telephone: 0202335896  
 Fax:  
 Email: dphoathiriver@yahoo.com



Sub county Public Health Office  
 P. O. BOX 145-00204  
 Athi River.

17<sup>th</sup> December, 2014

RE: SCPHO/AR/GC/2014/57

**RE: RESEARCH REQUEST: JACINTA MUTHEU KALITI, P57/CTY/PT/25653/2011**

This office acknowledges receipt of your request dated 17<sup>th</sup> December 2014 to undertake research within the Subcounty on Assessment of adoption of HIV/AIDs workplace policy in factories in Athiriver District, Machakos County.

Your request has been approved subject to adherence of ethical considerations of the selected participants. Further, you will be required to furnish this office with findings of your research on completion.

We wish you the very best

MAVOKO SUB-COUNTY  
 PUBLIC HEALTH OFFICE  
 P.O. Box 145 - 00204,  
 ATHI - RIVER

GODFREY MUTUKU

SUBCOUNTY PUBLIC HEALTH OFFICER ATHIRIVER.



**Appendix 13: Sampling Frame and Plan**

<b>No.</b>	<b>Factory Type</b>	<b>Sample Size</b>	<b>Responses</b>	<b>Response Rate (%)</b>
1	Food	95	86	90.5
2	Cement and construction	97	86	88.7
3	Steel mill/metal fabrication	31	31	100
4	Pharmaceutical	2	2	100
5	Printing and Textile	101	87	86.1
6	Mattress and Household Goods	36	35	97.2
7	Film Industry	3	3	100
8	Vehicle body Assembly and Accessories	13	13	100
9	Agriculture	41	40	97.6
10	Commercial	3	3	100
<b>Total</b>		<b>422</b>	<b>386</b>	<b>Average 91.5%</b>

**Appendix 14: Map of Kenya Showing Location of Athi River Sub County**