ABSTRACT

This study sought to evaluate the friendliness of the HIV and AIDS workplace policy for the Zimbabwe Open University. This was a case study of one regional centre. Thirty six purposively selected fulltime lecturers and support staff participated in this research. Data was collected through open-ended questionnaires and analysed thematically. The results indicated that the policy is at best non-existent and at worst disconnected from real workplace complexities. Consequently, HIV positive workers appear isolated because they are not supported nor valued at the workplace. Most glaringly, HIV disproportionately affects women workers more than their male counterparts. In some instances these are even overloaded, shunned or stigmatised. Consequently, the workers in this study think HIV positive workers are disenfranchised threatening the university social fabric. They then advocated for an end to workplace discrimination and stigmatisation of HIV positive workers whose status must be kept in confidence, workload minimised, substantial resources invested in their well being and their immediate relatives catered for in medical Aid benefits. More information could be availed to affected and infected workers so that they can live positively. The study recommended concerted effort and substantial resource investment in innovative policies that are worker friendly. Further studies need to be done on supporting HIV positive workers at the workplace.

KEYWORDS: HIV and AIDS workplace policy, stigma, discrimination; confidentiality; foe; open and distance learning; fulltime lecturers and support staff

Introduction

The Zimbabwe Open University, ZOU is a multi-disciplinary inter-faculty institution offering degree and non degree courses through distance teaching and open learning to youth and adult learners (ZOU 2007). Its vision is to become a world class open and distance teaching university.
Just like any other learning institution, ZOU comprises of academic (fulltime lecturers) and non academic (support staff) workers. Academic workers are those personnel involved in the imparting of knowledge to students mainly through teaching, lecturing, tutoring and research among other methods. These include staff such as Professors, Lecturers, Tutors (both part-time and full time), Researchers and the like. Non-academic staff involves personnel doing administration work and all other forms of duties that do not involve the direct imparting of knowledge to students. These include, Administrators, Clerks, Secretaries, General hands and other such workers (ZOU General Information and Regulations, 2007).

ZOU evolved out of the University of Zimbabwe after it had been realized by the government that there was need to develop distance education and open learning. The Centre for Distance Education was started in the Faculty of Education, University of Zimbabwe in 1993. In 1996 the Centre for Distance Learning became the University College of Distance Education. Three years later, on 1st March 1999 the college became the Zimbabwe Open University. Just like any other organisation or University, ZOU has also been affected by the HIV and AIDS pandemic and hence needs very strong workplace HIV and AIDS policy to help protect its employees and the nation to curb this pandemic (ZOU General Information and Regulations, 2007).

Literature review

Definition of HIV and AIDS

Several attempts have been made to define HIV and AIDS. This paper will take the view that is subscribed to by various authors to the effect that Acquired Immune Deficiency Syndrome (AIDS) is a disease characterized by a progressive loss of immune system function, manifested by numerous opportunistic infections, including tumours. Untreated, it is universally fatal, but recent advances in treatment have made the disease much more manageable and many patients can lead relatively normal lives. Human immunodeficiency virus (HIV) on the other hand is the virus that causes AIDS. HIV is a retrovirus that infects immune cells and some neurons. There is no cure for AIDS and there is no drug that can eliminate HIV from the body. There are many anti-retroviral drugs however that can reduce HIV plasma levels to very low levels and restore immune system function.

AIDS is the most severe manifestation of HIV infection. AIDS occurs due to the progressive destruction of CD4+ T cells. AIDS is defined as the presence of a cluster of symptoms and often when CD4+ T cells drop to fewer than 200 per microliter of blood. Symptoms of AIDS
involve infections and conditions that are not present in those with healthy immune systems. Many of these conditions are caused by bacteria, fungi, viruses and parasites. Patients with AIDS are susceptible to cancers. Systemic symptoms may include fevers, night sweats, chills, weight loss, weakness and swollen lymph glands. Some common opportunistic infections and symptoms include: pneumonia, tuberculosis and chronic diarrhoea due to bacterial infections. Neuropsychiatric disorders can occur.

The threat of HIV and Aids
HIV and AIDS is real, among us and spreading fast. In Sub Saharan Africa, the HIV and AIDS pandemic continues to have severe repercussions on the livelihoods, life expectancy of the people in both rural and urban areas of the developing world (Jackson 2002). Currently it is estimated that of the more than 40 million people affected by HIV and AIDS worldwide, 25% are resident in Sub Saharan Africa (HIV Estimates 2007). The high levels of the pandemic have severe socio-economic, political and financial implications for the governments and organizations in the region include Zimbabwe Open University.

The majority of the more than 40 million people infected with HIV are in the prime of their working life; an estimated more than 25 million workers aged between 15-49 years are living with HIV/AIDS. In high prevalence countries, by 2020 the labour force will be between 10 and 30 percent smaller than it would have been without AIDS (Jackson, 2002).

In Zimbabwe, the HIV prevalence stands at 15.6% for ages ranging from 15-49 according to The Herald (2008) and about 90% of the infected are not aware of their status according to the HIV Estimates of 2007. Over 80 000 people are on ART out of an estimated 350 000 and nearly 3000 people die every week due to HIV related illnesses. Prevalence among women is at 21.1% while 14.4% among men (HIV Estimates 2007).

With the HIV and AIDS epidemic, almost all organizations will incur costs due to HIV and AIDS impacts on employees. In addition the epidemic will have profound social and economic effects which impact on organizations and ZOU is not spared.

Just like any other organization, ZOU has been faced with a number of challenges within the context of an escalating AIDS epidemic. Research has shown that in high prevalence areas, a trend has emerged in which staff is increasingly unwell and unable to perform responsibilities. According to International Labour Organisation (ILO), (2001) Code of practice on HIV and AIDS and the world of work, the main consequences of HIV and AIDS in the work place include increased absenteeism (for ill health, caring for sick relatives,
attending funerals etc), increased deaths within the workforce at all levels, rising costs of occupational benefits, such as sick leave, compassionate leave, life insurance, health care, pensions and death benefits.

The higher costs of recruitment, training and retraining cannot be ignored. Higher staff turnover, loss of skills and experience and increased difficulty in recruitment of skilled, professional and managerial staff will come into play. As such there will be increased strain on personnel who must cover for absent employees and fill multiple roles (ILO, 2001).

**HIV and AIDS Workplace policy**

According to the ILO code (2001), an HIV and AIDS workplace policy is a written document that sets out an organisation’s position and practices as they relate to HIV and AIDS. In order to address the consequences of the AIDS pandemic in Zimbabwe and among its workers, ZOU therefore needs an HIV and AIDS Workplace policy that describes its position on prevention, care, treatment and support for employees and their dependents.

As such, organisations, including ZOU, need to look into certain aspects of the work policy in order promote a workplace environment that encourages and supports HIV prevention, care, treatment and support for all its employees and their dependents. Staff should have rights to information about HIV and AIDS, to benefits related to the disease (if any) and to a healthy, non-discriminatory work environment.

There is also need for organisations like ZOU to sustain an HIV and AIDS education program in the workplace and adhere to non-discriminatory practices in all employment. An employee’s confidentiality with respect to HIV/AIDS should be respected. These organisations should promote awareness and create a working environment that promotes and respects gender equity and the implementation of gender related policies within its setup.

According to a report by the National AIDS Council of Zimbabwe, the National AIDS Trust Fund, and the Zimbabwe Women’s Resource Centre and Network, Harare, Zimbabwe (2003), women and men, girls and boys have experienced the HIV and AIDS epidemic very differently. It argues that the epidemic has exposed the deeply ingrained gender inequalities and imbalances of our societies and for as long as they shape our existence, these gender inequalities will provide fertile turf for HIV and AIDS to fester.

Stigma, according to the ILO Code (2001) refers to a bad reputation that something or somebody has because many disapprove of it, often unfairly. This is a common reputation in many organisations especially towards the HIV infected and affected personnel. On the other
hand, discrimination is treating a person or group differently, usually worse than others (UNESCO, 2005). As such HIV-related stigma and discrimination therefore refers to all unfavourable attitudes, beliefs, actions and policies directed to people having or perceived to have HIV and AIDS as well as their loved ones. ZOU should ensure that stigmatisation and discrimination are not practiced against the infected and affected employees within the organisation.

A number of organisations have set up their own HIV and AIDS workplace policies. Zimbabwe Business Community Association (ZBCA) for example, was registered as a trust in December 2004 to offer a range of services to its members. These cover providing direct technical advice and support to companies to matchmaking strategic alliances between members and HIV/AIDS service providers in Zimbabwe. ZBCA was to become a focal point from which the necessary leadership, advocacy and support was to be provided. The trust deed was signed by 13 members including Standard Chartered Bank, Unilever, Cotton Company of Zimbabwe, Kingdom Bank, Delta Cooperation (bottling beverages), Old Mutual, Ok Zimbabwe (retail chain), Zimbabwe Sugar Refineries, Anglo American Co-operation, and Colgate Palmolive, Zim-Plats (Makwiro Platinum mine), BAT (British American Tobacco), Dairyboard (dairy processing) (www.weforum.org/GHI/Zimbabwe.pdf retrieved 2 September, 2010).

ZBCA’s aim is to implement the SMART Work (Strategically Managing AIDS Responses Together in the Workplace) programme in Zimbabwe. This programme assists businesses, labour unions, government and nongovernmental organizations to establish effective HIV and AIDS programmes and policies for the workplace.

Embassies in Zimbabwe also have HIV and AIDS workplace policies. The Embassy of the Kingdom of Netherlands, Harare, Zimbabwe in partnership with SAfAIDS and PharmAccess Foundation has an HIV and AIDS Workplace Policy in English and Shona versions (SAfAIDS, June 2007).

Swedish Workplace HIV/AIDS Program (SWHAP) Annual Conference 2009 took place on 15-16 October 2009. The theme for this Conference was Achieving Behaviour Change. The Conference presented an opportunity to discuss and exchange experiences on not only how to promote information about HIV and AIDS at the Work Place, but also on how to ensure that this knowledge is translated into a change of behaviour. To realize this, aspects relating to culture, gender and the latest findings on promoting behaviour change were discussed. (http://www.swhap.org/retrieved 3 October 2010)
Southern Africa HIV/AIDS (SAFAIDS) has also developed HIV and AIDS Workplace Policy. The organisation feels that main thrust of a workplace policy that addresses HIV and AIDS is to encourage prevention of HIV among the workforce and their families. Organisations should promote and preserve human rights of people living with HIV or AIDS, (SAFAIDS, 2007). The rights include the rights to accurate information, employment benefits, freedom of association, equality and human dignity. The workplace policy can be used as a tool for addressing the stigma and discrimination associated with HIV or AIDS. The policy could include a section on how stigma can be reduced and guidelines on disciplinary measures for co-workers who discriminate against people living with HIV (www.safaids.org) retrieved September 25, 2010).

The Zimbabwe AIDS Prevention and Support Organisation (ZAPSO) in July of 2008 launched three 15-minute DVDs on HIV and AIDS to be used as training material at workplaces. The three DVDs were on management sensitisation, workplace policy development and treatment literacy, (The Herald, 2008).

Standard Bank Group has rolled out its HIV/AIDS and Employee Wellness Programme in 16 African Countries, including Zimbabwe. Among other things, Standard Bank Group HIV/AIDS workplace programme ensures that their entire staff is protected against stigmatisation and discrimination in the workplace. Workers are not denied employment, transfer or promotional opportunities because of their positive status. Infected workers should have access to HIV/AIDS support services and the right to confidentiality. Last but not least, all infected and affected should be treated the same as other staff members suffering from life-threatening diseases (Standard Bank, 2007)

**Purpose of study**

Against this background, the purpose of this study was to find out practices that influence a staff sensitive HIV and AIDS workplace policy.

**Significance of the study**

AIDS is a workplace issue not only because it affects labour and productivity, but also because the workplace has a vital role to play in the wider struggles to limit the spread and effects of the epidemic.

Over 40 million people around the world are infected with HIV. At least 26 million are workers aged 15 to 49, in the prime of their working lives. The effects are felt by enterprises
and national economies as well as workers and their families. The epidemic strikes hard at the most vulnerable groups in society including the poorest of the poor, women and children, exacerbating existing problems of inadequate social protection, gender inequalities, and child labour. The epidemic affects the world of work in many ways:

- Discrimination against people with HIV threatens fundamental principles and rights at work, and undermines efforts for prevention and care;
- The disease cuts the supply of labour and reduces income for many workers;
- Valuable skills and experience are lost;
- Productivity falls in enterprises and in agriculture, and labour costs rise;
- Investment is undermined and tax revenue cut just as countries face more pressure on public services;
- The double burden on women gets heavier as they have to earn a livelihood and provide care to sick family members and neighbours. It sends a clear message that HIV and AIDS constitute a serious workplace issue and that there is a high level commitment to dealing with it.

The HIV and AIDS workplace policy is therefore a justifiable instrument in organisations because it, among others:

- Sends a clear message that HIV and AIDS constitute a serious workplace issue and that there is a high level commitment to dealing with it.
- Provides guidance to managers and all stakeholders.
- Provides a set of standards for practice and guidelines for all interventions in the workplace.
- Protects rights and specifies the responsibilities of employers, employees, dependants and social partners in the workplace.
- Sets standards of ethical and social behaviour for everyone in the organization.
- Informs both affected and infected people of the resources and services available to them.

**Theoretical frameworks**

A theoretical framework is a theoretical perspective. It can be simply a theory, but it can also be more general, a basic approach to understanding something. Typically, a theoretical framework defines the kinds of variables that you will want to look at.

As the discussion in the preceding section clearly demonstrates, HIV and AIDS-related stigma and discrimination (S&D) are linked to the actions and attitudes of families, communities, and societies (UNAIDS 2000). However, current thinking largely focuses on S&D as individual processes or as what some individuals do to other individuals rather than
as social processes. The dominant definition describes stigma as a “discrediting attribute” and stigmatized individuals as those who possess an “undesirable difference,” and ignores aspects that describe stigma as something that is socially constructed (Goffman 1963; Marshall 1998). This has resulted in the notion that stigma is a static individual feature or characteristic, limiting analysis of the underlying causes and possible responses to HIV and AIDS-related S&D. We need to move beyond current thinking toward a conceptual framework that is based on an understanding that S&D are social processes and that, consequently, S&D can be resisted and challenged by social action.

Stigmatization is a process that involves identifying differences between groups of people, and using these differences to determine where groups fit into structures of power, is the idea that stigma and discrimination are used to produce and reproduce social inequality. Stigmatization, therefore, not only helps to create difference but also plays a key role in transforming difference based on class, gender, race, ethnicity, or sexuality into social inequality even in the workplaces.

The problem

Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) affect every segment of global society: the home, the school, the religious institution, and the workplace. In communities with high HIV, HIV/AIDS exacerbates existing problems, including poverty, and social and educational inequalities (UNAIDS 2004). However, much of the research on HIV and AIDS has focused on discrimination, poverty, school dropouts and excluded the workplace where working adults spend the better part of their day.

Research questions

This research was directed by the research question:

Is the HIV and AIDS workplace policy for the Zimbabwe Open University friend or foe?

The sub-questions for the research were:

1. What are the perceptions of the Zimbabwe Open University staff on the friendliness of the HIV and AIDS policy?
2. What are the practices that are friendly or foe in relation to the HIV and AIDS workplace policy?
3. What issue should be included in the policy so that it becomes friendly?
Methodology

Research Methodology is the way in which information is found or something is done. The methodology includes the methods, procedures, and techniques used to collect and analyse information.

After having reviewed relevant literature, the researcher looked at the research methodology to be employed in this study. It looks at the design, its justification, and data collection, sampling procedure, participants and data analysis.

Research design

This research was a case study of one regional campus that surveyed the opinions of the Zimbabwe Open University staff on the friendliness of their HIV and AIDS workplace policy. It was a mixed method study because the questionnaire used had both open and closed sections that solicited for both quantitative and qualitative data.

A Case Study is a detailed/intensive data collection of a single case or small number of related cases through a variety of methods such as observation, interview and documentary analysis. This study will be a detailed analysis of one Regional Campus out of ten in the Zimbabwe Open University Institution.

Sample and sampling procedure

Thirty six purposively sampled staff members participated in this study. Purposive sampling was used in order to select information rich cases for the study.

Procedure

PILOT STUDY

One way of making sure that your questions are understood is to carry out a Pilot Study. This means testing your instruments out on a small group to find out any problems before the main study. One can make sure questions are clear, and that they do not give offence. The researcher can also discover problems within his research methodology and design such as, a missing category and so on, (Christine B, 2002).

For this research, a Pilot study was carried out Great Zimbabwe University involving a total of eighteen participants. Great Zimbabwe University is a state university based in Masvingo City (Zimbabwe) and the participants have similar characteristics to those of the participants in the actual study.
Actual study
The researchers first sought permission to conduct the research and then asked for informed consent from the respondents who were free to participate in the study or withdraw from it at any particular time. Their anonymity and confidentiality was upheld.

Instruments
For the sake of anonymity in this highly stigmatised issue, the instrument for data collection was the questionnaire with both open and closed questions. The researchers conducted a pretest with five respondents in order to identify which items are relevant and which are not.

Advantages of using questionnaires
Questionnaires are very cost effective when compared to face-to-face interviews. This is especially true for studies involving large sample sizes and large geographic areas. Written questionnaires become even more cost effective as the number of research questions increases.

Questionnaires are easy to analyze. Data entry and tabulation for nearly all surveys can be easily one with many computer software packages. Questionnaires are familiar to most people. Nearly everyone has had some experience completing questionnaires and they generally do not make people apprehensive. Questionnaires reduce bias.

There is uniform question presentation and no middle-man bias. The researcher's own opinions will not influence the respondent to answer questions in a certain manner. There are no verbal or visual clues to influence the respondent. Questionnaires are less intrusive than telephone or face-to-face surveys. When a respondent receives a questionnaire in the mail, he is free to complete the questionnaire on his own time-table. Unlike other research methods, the respondent is not interrupted by the research instrument. Some people might be scared when answering questions.

Disadvantages of using questionnaires
Questionnaires are impersonal, this means that it may be difficult to understand answers and thus to act on them. Also, there is a chance that the question may be misinterpreted, rendering the answer useless. Questionnaires also invite people to lie and answer the questions very
vaguely which they would not do in an interview. Open questions can take a lot of time to collect and analyze. People are not always willing to fill questionnaires in so they may just throw them always.

Sometimes questions used are too standardized (closed) so some peoples preferred answers may not be included, and this also does not allow for much detail. Peer pressure of embarrassment may cause people to not want to answer certain questions, or they may want to impress the researcher and fabricate the truth by filling in untrue answers, making questionnaires unreliable and sometimes invalid.

Data analysis
Data was analysed thematically. The responses were presented in themes that emanated from the responses.

Results
Workers’ responses to the questionnaire
This study sought the views of the Zimbabwe Open University (ZOU) workers on the HIV and AIDS workplace policy. The results are presented in two sections; as quantitative data in the form of a table and qualitative data in the form of statements. Table 1 indicates the responses that emerged from closed questions asked in the questionnaire.

The study shows that ZOU workers are not aware of the existence of an HIV and AIDS workplace policy (30 workers, 83%), and as such they think it is not friendly at all as it is not serving its purpose (27 workers, 75%). A number of workers are not aware of their HIV status (22 workers, 61%), while the majority would not be comfortable being tested for HIV and AIDS (20 workers, 56%). It also emerged from the study that a greater number of ZOU workers (25 workers, 69%) are of the opinion that victimisation and stigma exists within the organisation and a good number of them (20 workers, 56%) would want their HIV-positive status to be known by colleagues and heads of departments and stations.
Table 1. Workers’ opinions on the HIV and AIDS pandemic and workplace policy for the Zimbabwe Open University. (n = 36)

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th></th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of the ZOU HIV and AIDS workplace policy?</td>
<td>6</td>
<td>17</td>
<td>30</td>
</tr>
<tr>
<td>Do you know your HIV status?</td>
<td>14</td>
<td>39</td>
<td>22</td>
</tr>
<tr>
<td>Would you to be tested for HIV?</td>
<td>16</td>
<td>44</td>
<td>20</td>
</tr>
<tr>
<td>Would you want your HIV positive status to be known at work?</td>
<td>20</td>
<td>56</td>
<td>16</td>
</tr>
<tr>
<td>Are there any forms of HIV and AIDS victimisation and stigma in the Zimbabwe Open University?</td>
<td>25</td>
<td>69</td>
<td>11</td>
</tr>
<tr>
<td>Do you think the ZOU HIV and AIDS workplace policy is friendly?</td>
<td>9</td>
<td>25</td>
<td>27</td>
</tr>
</tbody>
</table>

Several views and opinions also emerged from the open ended questions of the questionnaire on pandemic and the friendliness of the HIV and AIDS workplace policy within ZOU. The issues that emerged from the open-ended questions are presented in the following statements and responses.

**Awareness of the policy**

On the awareness of how the pandemic is spread and not spread, the workers identified them without any problems.

However, most workers are not aware of the ZOU HIV and AIDS workplace policy as indicated in Table 1 (30 workers, 83%) above, and thus were not very clear on what an HIV and AIDS workplace policy is all about. The workers gave the following responses;

“Hatitombozivi nezvechinhu ichocho chinonzi HIV and AIDS workplace policy muno muZOU.” We know nothing at all of the ZOU HIV and AIDS workplace policy.

It is protection of workers from infected persons.

Not discriminating people with HIV and AIDS.

Workers must be encouraged to go for HIV and AIDS test and not be forced

Making people aware of the HIV and AIDS pandemic.

Guidelines that determine how infected and affected people must be treated.
On what they would want included in the ZOU HIV and AIDS workplace policy, the following responses were given:

Protection of the uninfected from the infected.
The infected should voluntarily disclose their status.
There is need for worker/peer education to foster a friendly environment.
Provision of medication (ARVs) for the infected
HIV-positive orphans and spouses of ZOU former and present workers to be cared for.
Guidelines to handle HIV and AIDS cases.

**Limited attention given to HIV/AIDS workplace policy**

An interesting finding in this study is that despite the fact that Zimbabwe is in sub-Saharan Africa where approximately two thirds of the world’s population living with HIV & AIDS resides (El-Sadr, Mayer & Hodder, 2010), still little attention is given to the epidemic in the Zimbabwe Open University. Some concerns raised in this regard include: I do not remember when we had HIV and AIDS issues on our staff meeting agenda. Only the university focal person attends meetings but never had time to report back.

**Availability of the policy**

One biggest born of contention for the respondents in this study is the availability of the policy. Availability of the policy is a recognition given by the university that HIV and AIDS is a real workplace issue. ILO (2001) concurs and adds that in some cases HIV and AIDS has cut the workforce by up to 30%. Some respondents indicated that;
Policy availability has been seen as important by GBC (2010) who pointed out that organisations should make the workplace policy available to all employees in a format that is easily understood.

**Fears for not wanting to be tested**

Workers also expressed their personal fears on why they would not want to get tested for HIV. These included among others the following statements;
Fear of the results and not being prepared for negative outcomes.
Fear of the stress that will be brought about by positive results. “No worry and I don’t need to be tested because I have kept one partner”, therefore no reason to be tested.
The fears are a clear indication that there is something amiss with the university HIV and AIDS workplace policy.

**Divulging HIV status**

Majority of the workers showed that they wanted their HIV positive status to be known (20 workers, 56% as shown in Table 1 above). Reasons given to the that effect were as follows; Transparency removes stigma.

Peers can help and advise the infected and affected if status is known. It motivates others to be tested too so that they also know their status and live positively about it. However, some said “no” to be in the open about their positive status citing lack of colleague confidentiality, fear of stigmatisation, victimisation and discrimination at the workplace.

Generally the respondents felt that the pandemic has no boundaries and thus everyone was / is vulnerable though they cited women workers especially, being infected by their male partners whom they say have the freedom to have more sexual partners outside their unions (marriages).

**Forms of discrimination**

Different forms of victimisation, stigma and discrimination exist in workplaces including in ZOU. The following were statements given to that effect;

- Isolation and colleagues refusing to share facilities like toilets and tea cups with the infected.
- Less talking time with the infected.
- Labelling.
- Avoiding the infected.
- Being treated as a special case.
- Refusal to be supervised by the infected member.

**Fighting stigma**

In order to fight stigma, discrimination and victimisation within ZOU, respondent workers suggested/advocated/responded as follows;

- There is need for peer education
- Have workshops on the pandemic regularly.
- Inform people about being equal regardless of HIV status.
Top management must be educated on the pandemic.  
Engage counsellors and social workers to openly communicate about the pandemic to the workers.  
Have an open, transparent and accessible HIV and AIDS workplace policy.

Supporting HIV-positive workers
Workers also gave the following responses on what support HIV-positive ZOU workers must get from ZOU as an employer;

- No discrimination against the infected.  
- Equal job opportunities if one is properly qualified  
- Provide moral and psychosocial support including ARVs and counselling.  
- Flexible working conditions for the infected and affected.  
- Financial support and HIV and AIDS allowances.  
- Love.

Because most workers are not aware of the HIV and AIDS workplace policy within ZOU, they find it difficult to judge it as being friendly because they are not experiencing any of its benefits.

No screening for purposes of exclusion from employment
One way in which the respondents in this study saw as the friendliness of the policy is that there is no screening for purposes of exclusion from employment.  
Zimbabwe Open University appears to have taken a cue from the International Labour Organisation who pointed out that companies should not require HIV/AIDS screening of new applicants or current employees as HIV screening not only violates the right to confidentiality, but is impractical and unnecessary. In fact, HIV test results are snapshots of individuals’ infection status today. It is no guarantee that they will remain HIV negative or that they will not become infected tomorrow, or next month. It is also important to remember that people with HIV are often healthy and are able to be productive workers for many years.

Discussion
Some people still see HIV and AIDS as a result of personal irresponsibility and thus HIV positive persons are seen as being shameful. Moral and religious beliefs may lead some
people to believe that having HIV and AIDS is a result of moral faults, e.g. promiscuity. People often have seen HIV and AIDS as a death sentence.

On victimisation and stigma at the work places, a number of reasons were given as to why there are HIV-related stigma and discrimination. Mentioned were lack of knowledge on how HIV is transmitted and belief that casual contact with people living with HIV and AIDS can result in infection. Some people have knowledge but don’t believe in it. They think they can still get HIV through casual contact.

Stigma and discrimination were also viewed by respondents as hindering the prevention and treatment of HIV and AIDS. Fear of stigma keeps people from getting to know their HIV status through voluntary counselling and testing, (UNGASS Country Progress Report, 2007). Stigma discourages people from telling their partners their HIV status. As a result they risk infecting them and re-infecting themselves. Stigma prevents people who suspect they are HIV positive from accessing treatment and counselling services. It also discourages people from using other services, for example HIV-positive pregnant women fail to participate in the prevention of mother to child transmission of HIV, (PMTCT) programme or take ARVs. Last but not least, stigma prevents people from caring for people living with HIV and AIDS.

To assist in the fight against stigma and victimization as well as HIV and AIDS, respondents felt that ZOU should ensure that it protects the rights of employees who are infected and affected by HIV and AIDS and safeguard against stigma and discrimination. ZOU as an organisation must promote understanding and sensitivity among colleagues regarding the issue of HIV and AIDS.

Employees must be empowered to make informed decisions about HIV prevention, care and support in their personal lives. Participants also felt that the support system for assisting staff and their families affected by HIV and AIDS must be well defined. The University needs to form smart partnerships to enhance HIV and AIDS program implementation. It must therefore be linked with major HIV and AIDS support groups or organizations such as National Aids Council (NAC) Zimbabwe, Zimbabwe Aids Network (ZAN) and People Living With HIV and AIDS (PLWA) among others and facilitate workshops with them on HIV and AIDS issues as well as facilitate for medical aid schemes.

As a way forward, participants recommended that ZOU should an HIV and AIDS work policy that covers all its employees regardless of job level or international/national status. Regular staff who has been employed by ZOU should be eligible to join a medical aid scheme covered by ZOU.
Medical benefits above should apply to those dependents of eligible employees, that is employee’s legal spouse registered with the Human Resources Department and all biological children or legally adopted children up to the age of eighteen years (or full time students and unmarried up to 25)

Participants were also for the idea that upon termination of employment with ZOU, post-employment HIV benefits covering ART and lab services should be extended to the employee who leaves ZOU due to employee retirement, retrenchment and medical termination/incapacity or death of an employee (then the extended benefits apply to eligible dependents)

When addressing HIV and AIDS issues amongst employees in any organization certain key issues and areas of concern should be noted. Respondents saw Gender, HIV and AIDS as a priority. According to research women are more vulnerable as they are more likely to become infected and are more often adversely than men due to biological, socio-cultural and economic reasons, (UNAIDS Report, 2007). HIV and AIDS education programs should thus assist employees to understand the gender dynamics of the pandemic.

ZOU should provide participatory HIV and AIDS training (both formal and informal) and education sessions to all employees periodically e.g. once quarterly. The training should cover but not limited to the transmission and spread of HIV and other communicable diseases, care of PLWA, living positively with HIV, treatment access, stigma and discrimination, peer counselling and Universal precautions

There was a general feeling amongst participants that training should take place during paid working hours and considered as part of work obligations and should be provided by persons and organizations that have proven technical knowledge and expertise on HIV and AIDS

Confidentiality has been defined by the International Standards Organisation (ISO) as “ensuring that information is accessible only to those authorized to have access” (ILO), (2001) Code of practice. Respondents want ZOU to be committed to the highest standards of confidentiality with regards to the health of its staff and associated medical information.

Employees, who have information on another employee’s health, whether obtained personally from the individual or via other means, are obligated to keep the information confidential.

Participants advocate for a workplace that encourages and permits open discussion about HIV and AIDS issues and mutual support among staff would reflect ZOU’s commitment to maintaining a compassionate workplace in the era of HIV and AIDS. Openness about HIV
and AIDS will diminish staff fears and concerns that might otherwise be manifested in stigmatizing and discriminating language and actions.

**Conclusion**

In spite of all these interesting findings and observations, the following conclusions were made. It is important to note the impact of AIDS on the workforce in different organizations. For personnel departments, AIDS increases stress in a variety of ways. Personnel managers have to find ways to cope with staff that is increasingly unwell and unable to perform to standard. They have to deal with the strain on other staff whose workloads increase to make up for the non-performance of their colleagues. Employees who become sick, meanwhile, may try to hide their infection and illness when they learn of their diagnosis, for fear of stigma and discrimination and they may overwork and strain themselves in the effort not to let it show.

In an atmosphere of secrecy, stresses on organizational management, on staff developing HIV-related diseases and on their colleagues may become severe and depressing indeed, open discussion about HIV and AIDS is likely to assist provided sufficient positive attitudes exist in general so that both management and employees see the common ground they have in finding workable solutions for this pandemic. Current Workplace policies emphasise providing prevention and treatment services. This must be expanded to include strategies for mitigating the deleterious effect of HIV and AIDS on individual worker performance and the overall productivity of institutions.

**Recommendations**

It should be in the interest of both ZOU and its employees that infected individuals are offered assistance in order to remain at work as long as possible. ZOU should ensure that employees and dependents that are infected or affected by HIV will have access to a full range of care, treatment and support services as stipulated in the National HIV and AIDS Policy of Zimbabwe (1999), Statutory Instrument 202 of 1998; (Labour Relations Regulations, 1998). Provision of care and support will empower them with skills to cope with their condition. ZOU must ensure that both structures and a conducive and supportive environment exist within its structures to empower and support those infected and affected.
To ensure good workplace working environment within ZOU, there is need for a Workplace HIV and AIDS Point Person. The Point Person would ultimately be responsible for implementing the workplace program and reporting to the Vice Chancellor on its progress. There is also need for a Workplace AIDS Committee which should be comprised of a cross-section of ZOU staff representing all regional offices, departments and levels throughout ZOU, propounded the participants. Where possible, the committee will also represent the staff profile in terms of gender and involvement of employees living with HIV. The human resources department should also be roped in to keep record of sick leaves, benefits, and severance packages among other things. Constant monitoring and evaluation of the workplace HIV and AIDS program should be done, indicators and tools developed to measure the impact of the program. Program also needs to be reviewed to check progress and make adjustments as needed. Another important issue is to budget for the Workplace AIDS Program.

REFERENCES

15. www.safaids.org.zw Steps in Developing a Workplace policy retrieved September 25, 2010