

Full Length Research Paper

An analysis of factors hindering the adoption of HIV/AIDS workplace policies: The case of private sector companies in Malawi

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HIV/AIDS continues to be a major development challenge particularly for countries in the Sub Saharan Africa region. Due to its magnitude, concerted efforts from various stakeholders including private sector companies are required to address this epidemic. However, there is increasing evidence around the world that companies are yet to acknowledge and respond to HIV/AIDS as a workplace issue. Hence a number of studies have examined the factors that facilitate company action on HIV/AIDS from the perspective of those companies that have responded. But, to fully comprehend the drivers of company action on HIV/AIDS, this study systematically investigated from the perspective of private sector companies in Malawi that have not yet adopted HIV/AIDS workplace policies, the factors that hinder them from adopting such policies. The results of this study revealed that the perception that HIV/AIDS was not a priority business issue was the major factor hindering the adoption of HIV/AIDS workplace policies. These results substantiate albeit from a different perspective the view that company priorities significantly determine policy adoption decisions.

Key words: HIV/AIDS, adoption, hindering factors, workplace policies, private sector companies, Malawi.

INTRODUCTION

This study is based on private sector companies operating in Malawi. Although HIV (Human Immunodeficiency Virus) which causes AIDS (Acquired Immune Deficiency Syndrome) is a global epidemic, Sub Saharan Africa remains most heavily affected, accounting for 67% of all people living with HIV and for 72% of AIDS deaths in 2007 (UNAIDS, 2008). Malawi is one of the countries in the Sub Saharan Africa region that is grappling with HIV. Since the first case was diagnosed in 1985, the epidemiological data continue to show a rapidly escalating epidemic (Government of Malawi, 2003). Latest statistics indicate that the adult prevalence rate has gone down signifying a degree of progress in combating HIV/AIDS (Government of Malawi/UNDP, 2005). However, the actual number of people infected continues to grow because of population growth, and more recently, because of the life-prolonging effects of antiretroviral therapy (UNAIDS and WHO, 2006). Out of a population of nearly 14 million, almost one million people in Malawi were

living with HIV at the end of 2007 (UNAIDS, 2008).

HIV/AIDS epidemic has many implications for the workplace because of its disproportionate effect on the most productive segment of the workforce (Kamoche et al., 2004). These implications are felt both at the micro and macro levels. At the micro level, the impact on the workforce is felt in greater absenteeism, high turnover and reduced productivity (Kieran, 2000; Rosen et al., 2003) while at the macro level, AIDS affects the environment in which businesses operate, including markets, investment, services and education (Kieran, 2000). Hence, the world of work is considered as an ideal setting for addressing HIV (Global Compact et al., 2003). There are a number of studies that have examined possible factors driving company action on HIV/AIDS from the perspective of those companies that have somehow responded and acknowledged this epidemic as a workplace issue (Bakuwa, 2009; Bendell, 2003; Bloom et al., 2004; 2005; 2006; Dickinson and Stevens, 2005; Ellis

Table 1. Relative mean ranking of factors hindering adoption.

Factors hindering adoption	Mean score	Standard deviation
HIV/AIDS not a priority business issue	3.47	1.193
No visible HIV/AIDS impact	3.27	1.332
No staff participation in the activities of HIV/AIDS institutions	3.14	1.326
Absence of HIV/AIDS legislation	2.94	1.236
Lack of top management support	2.79	1.287
No expertise available	2.77	1.189
Lack of awareness of other companies' responses	2.63	1.221
Weak unionism	2.40	1.180
Lack of financial resources	2.34	1.088

Mean scores of the nine possible factors that hinder adoption of HIV/AIDS workplace policies.

Table 2. Relative significance of factors hindering adoption.

Pair of variables	Z - score	2-tailed Asymp. Sig
HIV/AIDS not a priority business issue - Lack of financial resources	-5.636	0.000
HIV/AIDS not a priority business issue - Weak unionism	-5.204	0.000
No visible HIV/AIDS impact – Lack of financial resources	-4.836	0.000
No visible HIV/AIDS impact - Weak unionism	-4.245	0.000
No staff participation in the activities of HIV/AIDS institutions – Lack of financial resources	-4.274	0.000
No staff participation in the activities of HIV/AIDS institutions – Weak unionism	-3.845	0.000

Wilcoxon signed-rank t-test results of pairing each of the top three ranked factors hindering adoption against each of the bottom two ranked factors.

2005; Ellis and Terwin, 2003; Rosen et al., 2004). These studies have contributed to our understanding of the significant factors that facilitate company action on HIV/AIDS. However, it has been difficult to come across studies that have been done to empirically examine the dynamics underlying lack of company action on HIV/AIDS based on the perceptions of those companies that have not yet responded to the epidemic. Such studies are crucial in order to develop a clear comprehension of how to scale up business responses to HIV/AIDS. Therefore, the main objectives of this study were: (1) to identify possible factors that hinder private sector companies in Malawi from adopting HIV/AIDS workplace policies, and (2) to empirically examine the relative significance of factors identified as hindering adoption of HIV/AIDS workplace policies by private sector companies in Malawi (Tables 1 and 2).

It is worth noting that this study focused on company responses as they relate to the adoption of HIV/AIDS workplace policies. An HIV/AIDS workplace policy is a guideline on the approach an organisation intends to adopt to address the many issues surrounding HIV/AIDS in the workplace. It specifically defines a company's position for preventing the transmission of HIV and for handling cases of HIV infection or AIDS among employees (Smartwork, 2004). The focus was on the adoption

of HIV/AIDS workplace policies because the drawing up of an HIV/AIDS workplace policy by a company, represents a formal response acknowledging HIV as a workplace issue and constitutes a commitment that can be evaluated (Dickinson and Innes, 2004:31).

METHODOLOGY

Sampling and data collection

This study used a survey research method in which a random sample of 162 companies drawn from the Malawi Confederation of Chambers of Commerce and Industry (MCCCI) directory was selected. This directory had a list of 271 companies as at February, 2008. Using a standardized questionnaire administered through delivery and collection method, data was gathered from April 2008 to August 2008. Of the 162 sampled companies, 152 responded representing a total response rate of 94%. In terms of company sizes, 50% of the companies that responded were large, 34% were medium sized and 16% were small. With regard to the principal sector of operation, 31% of the companies that responded were operating in the services sector (financial, utilities, education and training, tourism), 28% were operating in the manufacturing and construction sector, 28% were operating in the trading sector and 13% were operating in the transport/communication/distribution sector. In each company the questionnaire was given to the head of the human resource function. For those companies with no human resource professionals the overall boss responsible for human resource issues was chosen as the respondent. The study

questionnaire was pilot tested to establish content validity of the instrument.

Instrument

The study questionnaire covered a wide range of issues pertaining to the adoption or non adoption of HIV/AIDS workplace policies. To examine the perceived relative significance of the selected factors, respondents whose companies had not yet adopted HIV/AIDS workplace policies were specifically asked to indicate which factors were hindering the adoption of HIV/AIDS workplace policies in their respective companies by ranking each of the possible factors presented to them on a 5-point Likert Scale of strongly agree to strongly disagree. The aim of this question was to determine which factors were perceived as the major factors hindering the adoption of HIV/AIDS workplace policies according to the respondents. Within the context of organizational environment in Malawi, this study used insights from organization innovation literature and institutional theory to identify the possible factors that might hinder the adoption of HIV/AIDS workplace policies. These two theoretical perspectives were used simultaneously in this study because of the arguments and evidence in the literature that individually each perspective is limited and tells only part of the story (Abrahamson, 1991). From these two theoretical perspectives, there are many possible factors that might explain non adoption of HIV/AIDS workplace policies. However, investigating the efficacy of all the possible factors that might hinder the adoption of HIV/AIDS workplace policy was beyond the scope of this study. Therefore, this study focused on a few factors considered relevant to the organizational environment of the companies under investigation. Hence, the following nine factors were identified for examination and presented to study respondents: (1) lack of top management support, (2) weak unionism, (3) absence of HIV/AIDS legislation, (4) lack of awareness of other companies' responses, (5) lack of financial resources, (6) no visible HIV/AIDS impact, (7) lack of relevant expertise, (8) HIV/AIDS not being regarded as a priority business issue, and (9) no staff participation in the activities of HIV/AIDS institutions. The choice of these factors was based on (1) the review of literature which has demonstrated their theoretical importance and hence their ability to shed light on some of the dynamics underlying non adoption of organizational policies or programmes to address specific organizational issues, and (2) a pilot study which was conducted in Malawi for this study.

Data analyses

The responses on the nine possible factors hindering adoption of HIV/AIDS workplace policies were ranked based on the mean scores from the highest to the lowest. Then, Wilcoxon signed-rank t-test was performed in order to test the statistical significance of the differences between the *mean scores* of the top ranked key factors hindering adoption and the *mean scores* of the bottom ranked factors.

Formula for Wilcoxon signed rank test¹:

$$\mu_T = \frac{(n)(n+1)}{4}$$

$$\sigma_T = \sqrt{\frac{(n)(n+1)(2n+1)}{24}}$$

$$Z = \frac{T - \mu_T}{\sigma_T}$$

Where: n = number of pairs; T = total ranks for either + or - differences, whichever is less in magnitude.

In addition, data analysis involved the use of contingency tables to examine the existence or absence of relationships between factors under consideration. Chi Square test for independence was then done to test the statistical significance of any observed relationships.

Formula for Chi Square test²:

$$\chi^2 = \sum \frac{(f_o - f_e)^2}{f_e}$$

$$df = (r-1)(c-1)$$

Where: f_o = observed frequency, f_e = expected frequency, df = degree of freedom and r = number of rows, c = number of columns.

It is important to note that SPSS (Statistical Package for the Social Sciences) was used to conduct the statistical tests and all statistical testing was conducted at the significance level of 95%. Therefore, in this study, for purposes of interpreting Wilcoxon signed rank t-test results and Chi Square test results emphasis was on the p value in terms of whether the value was statistically significant or not.

RESULTS

Extent of non adoption of HIV/AIDS workplace policies

To determine the extent of non adoption of HIV/AIDS workplace policies by the sampled private sector companies in Malawi, respondents were asked to indicate the state of their company's HIV/AIDS workplace policy. Following Lambright (1980), Pierce and Delbecq (1977), the term 'adoption' as used here means the intermediate stage at which a decision for the adoption of HIV/AIDS workplace policy is made by the appropriate company decision maker(s). Like Fennell (1984), the earlier stage of idea or proposal generation and the later stage of institutionalization and actual implementation of the HIV/AIDS workplace policy were considered in this study. Consequently, 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. Based on this definition, the results of this study 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 HIV/AIDS workplace policies. Consequently, the data on the relative significance of factors

¹Black K. (2006). Business Statistics for Contemporary Decision Making. John Wiley and Sons Inc. USA.

²Black K. (2006). Business Statistics for Contemporary Decision Making. John Wiley and Sons Inc. USA.

hindering adoption presented in this paper are based on the responses from 95 randomly selected private sector companies that had not yet adopted HIV/AIDS workplace policies at the time this study was conducted.

Relative significance of factors hindering adoption

To analyse the responses on the factors hindering adoption, *relative mean ranking* was used. The *mean scores* of the nine possible factors were analysed to determine the degree to which the respondents agreed or disagreed with each factor. The results of the *relative mean ranking* of factors hindering the adoption of HIV/AIDS workplace policies by the sampled private sector companies revealed that the three top ranked factors were: HIV/AIDS not being regarded as a priority business issue ($x = 3.47$; $s.d. = 1.193$), no visible impact of HIV/AIDS on the operations of the company ($x = 3.27$; $s.d. = 1.332$), and no staff participation in the activities of HIV/AIDS institutions ($x = 3.14$; $s.d. = 1.326$) whilst the bottom two ranked factors were weak unionism ($x = 2.40$; $s.d. = 1.180$) and lack of financial resources ($x = 2.34$; $s.d. = 1.088$).

To test the statistical significance of the differences between the *mean scores* of the top ranked factors and the *mean scores* of the bottom ranked factors, Wilcoxon signed-rank t-test was conducted using SPSS. Each of the top three ranked factors hindering adoption was paired against each of the bottom two ranked factors. The results revealed that HIV/AIDS not being regarded as a priority business issue, no visible HIV/AIDS impact on the operations of the company, and no staff participation in the activities of HIV/AIDS institutions were not just ranked as the top three factors perceived as the major factors hindering the adoption of HIV/AIDS workplace policies but they were statistically significant at 95% level of confidence as well. In fact 2-tailed Wilcoxon t-test revealed that these three top factors were ranked significantly higher than the bottom two factors at 95% confidence level as follows:

The highest ranked factor - HIV/AIDS not a priority business issue - was ranked significantly higher than the bottom two factors as follows - weak unionism ($z = -5.204$, $p < 0.05$) and lack of financial resources ($z = -5.636$, $p < 0.05$);

The second ranked factor - no visible HIV/AIDS impact on the operations of the company - was ranked significantly higher than the bottom two factors as follows - weak unionism ($z = -4.245$, $p < 0.05$) and lack of financial resources ($z = -4.836$, $p < 0.05$);

The third ranked factor - no staff participation in the activities of HIV/AIDS institutions - was ranked significantly higher than the bottom two factors as follows - weak unionism ($z = -3.845$, $p < 0.05$) and lack of financial resources ($z = -4.274$, $p < 0.05$).

In a nutshell, the results of this study suggested that

the respondents strongly agreed that HIV/AIDS not being regarded as a priority business issue, no visible HIV/AIDS impact on the operations of the company, and no staff participation in the activities of HIV/AIDS institutions were perceived as the three major factors hindering the adoption of HIV/AIDS workplace policies by the sampled private sector companies in Malawi. In comparison, lack of financial resources was perceived as the least significant factor hindering the adoption of HIV/AIDS workplace policies.

DISCUSSION

A major observation that can possibly be made based on the extent of non adoption of HIV/AIDS workplace policies as shown in this study is that although Malawi, with HIV infection rate of over 10%, is one of the countries severely affected by HIV/AIDS, the results of this study revealed that the majority of the companies studied have not yet taken any action to respond to HIV through the adoption of policies that address HIV/AIDS in their workplaces. In a similar vein, Ellis and Terwin (2003) reported that despite the estimated high HIV prevalence rates among working adults in South Africa, only a quarter of the companies they had surveyed had an HIV/AIDS policy in place. This trend seems to suggest that the significance of national prevalence rates in driving company action at global level differs from the significance at national level. At a global level, when an epidemic is rampant, many companies draw up written plans to tackle the epidemic such that national HIV prevalence becomes a strong determinant of whether a company is likely to have an HIV/AIDS workplace policy (Bendell, 2003; Bloom et al., 2005). However, when an examination is done at national level, even in countries where the prevalence rate is high, it appears the existence of HIV/AIDS workplace policies within the countries is low (Bloom et al., 2005). Hence, there is a need to rigorously examine at national level drivers of company action on HIV/AIDS by for instance investigating the perceptions of companies that have not yet responded.

Three major factors hindering adoption of HIV/AIDS workplace policies

HIV/AIDS not a priority business issue

The results of this study revealed that the first major factor hindering the adoption of HIV/AIDS workplace policies was the perception that HIV/AIDS was not a priority business issue. Priorities define the level of business importance assigned to an issue. Therefore, a priority business issue is an issue that is highly regarded by an organization as relatively more important to the extent that top management is prepared to provide the necessary resources to support that issue. One aspect that might

determine the priority given to HIV/AIDS as a business issue is the answer to the question where does the epidemic rank as a management priority (Rosen et al., 2006). Does management perceive HIV/AIDS as a significant problem in the company and therefore rank HIV/AIDS as a management priority vis-à-vis other organizational issues? If HIV/AIDS is not regarded as a significant problem in the company, then it may not be considered as a priority business issue and the company's decision makers might therefore not be compelled to take any action to address HIV/AIDS let alone adopt HIV/AIDS workplace policies.

Cross-tabulating adoption of HIV/AIDS workplace policies and perceived priority of HIV/AIDS as a business issue revealed a statistically significant relationship between the state of HIV/AIDS workplace policy in a company and the perceived priority of HIV/AIDS as a business issue [χ^2 (df = 2, N = 152) = 34.105, $p < 0.05$]. This meant that in this study there were significant variations in the adoption of HIV/AIDS workplace policies based on the perceived priority of HIV/AIDS as a business issue. Companies that did not generally perceive HIV/AIDS as a priority business issue were unlikely to adopt HIV/AIDS workplace policies. Hence, the majority of the companies in this study were yet to adopt policies to address HIV/AIDS in their workplaces because of the perception that HIV/AIDS was not a priority business issue. The results of this study appear to corroborate the findings of other studies that companies do not really view population wide infection rates as sufficient evidence of a business risk that should prompt them to take action (see Ellis and Terwin, 2003; Rosen et al., 2004). This implies that the fact that Malawi has a relatively high HIV prevalence rate does not in itself automatically translate into companies operating in Malawi viewing HIV/AIDS as a significant business risk that should be ranked as a priority business issue requiring company action.

One possible reason why companies might not rank HIV/AIDS as a priority business issue could be the numerous problems being faced by companies especially those operating in developing countries like Africa. According to Rosen et al. (2006), companies in Africa face myriad challenges to stay in business ranging from power failures to high and unpredictable taxes to political instability. In such an environment where there are competing demands for the company's resources, HIV/AIDS might be kept off the list of priority concerns of managers (Rosen et al., 2004). In addition, faced with more immediate survival concerns, the long term threat posed by HIV/AIDS might easily be underestimated because of the hidden nature of HIV (Government of Malawi/UNDP, 2002). This situation is compounded by the difficulties that decision makers might face when attempting to demonstrate the relative advantages of taking action on HIV/AIDS. For instance, the fact that an employee has not contracted HIV because of HIV/AIDS

workplace preventive programmes is invisible and unobservable, hence difficult or impossible to comprehend (Singhal and Rogers, 2003). Furthermore, the long time lag between preventive costs which are incurred now and preventive benefits which accrue years later makes it difficult to capture the financial benefits of investments in HIV/AIDS workplace prevention (Rosen et al., 2006)

Another possible reason why companies might not rate HIV/AIDS as a major business issue is in relation to unions. Within the context of HIV/AIDS, some studies have shown that union resistance and/or pressure might improve the nature and scope of business responses to HIV/AIDS (Dickinson, 2004; Goss and Adam-Smith, 1995; Ramachandran et al., 2005). However, according to Feeley III et al. (2008), 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. To a certain extent stigma may also stifle the discussion of HIV/AIDS in formulating union agenda (Feeley III et al., 2008).

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 prioritise HIV/AIDS lead to many companies viewing HIV/AIDS as not a priority business issue. This significantly hinders the adoption of HIV/AIDS workplace policies as has been revealed by the results of this study.

No visible HIV/AIDS impact on the operations of the company

Some researchers such as Fielding (1984) and Ivancevich (1992) argue that economic pressures to reduce the costs of illnesses or accidents which include the indirect costs of lost productivity through absenteeism, turnover, reduced on the job performance, training replacement employees, as well as, the direct cost of medical treatment might drive companies to adopt health and safety policies. In the context of HIV/AIDS, managers have to clearly understand the specific impact of HIV/AIDS on company operations in order to comprehend the need for HIV/AIDS workplace policy (Ellis and Terwin, 2003). The impact of HIV/AIDS might be visible through increased absenteeism, high labour turnover and reduced productivity (Kieran, 2000; Rosen et al., 2003). According to Fraser et al. (2002), companies are not prepared to start dedicating their limited time to getting involved in HIV/AIDS mitigation activities unless they start to see tangible effects of the epidemic on their business. Hence, it is not surprising that the results of this study revealed that the second ranked factor hindering the adoption of HIV/AIDS workplace policies was the

perception that there was no visible HIV/AIDS impact on the operations of the company.

Cross-tabulating adoption of HIV/AIDS workplace policies and perceived HIV/AIDS impact revealed a statistically significant relationship between the state of HIV/AIDS workplace policy and the perceived impact of HIV/AIDS on the operations of the company [χ^2 (df = 2, N = 152) = 12.278, $p < 0.05$]. This meant that in this study, there were significant variations in the adoption of HIV/AIDS workplace policies based on the perceived impact of HIV/AIDS on company operations. Companies whose perception was that HIV/AIDS has had a low impact on their operations were unlikely to adopt HIV/AIDS workplace policies.

It is important to mention that accurate visibility of the impact of HIV/AIDS on the operations of a company might be obscured because of several reasons such as the following: (1) HIV/AIDS has a long incubation period of the virus and since AIDS is manifested as the symptoms of other diseases that employees develop as their immune systems become increasingly compromised, most decision makers might not know about current employees who are HIV positive and past employees who succumbed to AIDS since even official death records might typically list opportunistic infections as the cause of death for those with AIDS (Rosen et al., 2004). (2) Visibility might be further obscured by social factors notably the fear that surrounds a stigmatised disease (Dickinson and Stevens, 2005). In this case, employees with HIV might not always identify themselves as such, and many of them might not even know that they have the virus (Bloom et al., 2004). Hence, stigma associated with being found to have HIV means that employees might go to great lengths to hide evidence of their infection from their employers (Rosen et al., 2004).

Furthermore, assessing the impact of HIV on business is complex. This complexity stems from a need to go beyond the quantitative approach of calculating the costs associated with increased health expenses, death and disability, lower productivity, absenteeism, and employee turnover to account for the costs of the psychological impact of the epidemic such as lower morale (Barrett, 2004). Even companies that invest significant energy and resources in understanding the specific business impact find the costs difficult to measure and estimate (Barrett, 2004). Consequently, companies that are unaware of or that have not quantified the likely impacts of HIV/AIDS tend not to develop a strategic response (Bloom et al., 2005).

Therefore, the lack of visibility of HIV/AIDS impact on the operations of the company implies that some companies might not recognise how vulnerable their operations are with regard to the epidemic and may therefore not comprehend the need for any action to address HIV/AIDS in the workplace. This significantly hinders the adoption of HIV/AIDS workplace policies as has been revealed by the results of this study.

No staff participation in the activities of HIV/AIDS institutions

The third ranked factor hindering the adoption of HIV/AIDS workplace policies as shown in this study was no staff participation in the activities of HIV/AIDS institutions. It is important to note that before adoption can occur, knowledge about new policies or practices needs to be diffused so that companies can decide what is relevant to their needs (Swan and Newell, 1995). This suggests that a new policy or practice cannot be adopted by a company unless knowledge about it is first made available to members of that company. In the context of HIV/AIDS, companies need new types of information to understand and respond to the epidemic such that information from outside the company is significant (Rosen et al., 2004). Through staff participation in the activities of HIV/AIDS institutions a company might be able to acquire relevant information to comprehend the significance of HIV/AIDS as a workplace issue and consequently grasp the need to adopt HIV/AIDS workplace policies. It is therefore not surprising that the results of this study revealed that no staff participation in the activities of HIV/AIDS institutions was one of the major factors hindering the adoption of HIV/AIDS workplace policies. In the context of this study, staff participation in the activities of HIV/AIDS institutions implies active involvement of company staff or their representatives in the awareness activities or meetings or workshops organized by HIV/AIDS institutions such as the Malawi Business Coalition against HIV/AIDS (MBCA), AIDS Workplace Programmes in Southern Africa (Awisa), and National AIDS Commission (Malawi).

Cross-tabulating adoption of HIV/AIDS workplace policies and staff participation in the activities of HIV/AIDS institutions revealed a statistically significant relationship between the state of HIV/AIDS workplace policy and staff participation in the activities of HIV/AIDS institutions [χ^2 (df = 1, N = 110) = 30.363, $p < 0.05$]. This meant that in this study, there were significant variations in the adoption of HIV/AIDS workplace policies based on staff participation in the activities of HIV/AIDS institutions. Companies whose staffs were not participating in the activities of HIV/AIDS institutions were unlikely to adopt HIV/AIDS workplace policies.

According to Swan and Newell (1995) there is a problem of the direction of causation with regard to the relationship between involvement in professional associations and the adoption of specific innovations. In the context of this study, this problem of the direction of causation implies that those organizations that do not perceive HIV/AIDS as a priority business issue may not value staff participation in the activities of HIV/AIDS institutions whilst those companies that perceive HIV/AIDS as a priority business issue might value active staff involvement in the activities of HIV/AIDS institutions. In fact a further examination of the results of this study

revealed that the Chi-Square value for staff participation in the activities of HIV/AIDS institutions and perceived priority of HIV/AIDS as a business issue was significant [χ^2 (df = 1, N = 110) = 21.857, $p < 0.05$]. These results suggest that there is a possibility that companies do not have their staff participating in the activities of HIV/AIDS institutions because in the first place these companies do not perceive HIV/AIDS as a significant company problem and a priority business issue. This lack of staff participation in the activities of HIV/AIDS institutions significantly hinders the adoption of HIV/AIDS workplace policies as has been revealed by the results of this study.

The least significant factor hindering adoption

Lack of financial resources

Financial resources are those resources that are or will become available for spending and they include cash and resources ordinarily expected to be converted to cash (e.g. receivables, investments)³. Embarking on HIV/AIDS activities has implications on financial resource requirements. If a company has 'sufficient' financial resources available either from its internal sources or from external sources, then it might be possible for such a company to assess the impact of HIV/AIDS on its operations and bear the costs of adopting HIV/AIDS workplace policy. Hence, the role of availability of financial resources in the adoption of HIV/AIDS workplace policies cannot be underestimated. In fact evidence from the literature shows that lack of financial resources would make it difficult or limit the scope of any activities to address HIV/AIDS in the workplace (Rosen et al., 2006). However, the results of this study revealed that those companies that had not yet adopted HIV/AIDS workplace policies, held the perception that although lack of financial resources was in its own right a factor hindering the adoption of HIV/AIDS workplace policies, in comparison to other possible factors, lack of financial resources was ranked as the least significant factor hindering the adoption.

It is worth mentioning here that some studies have shown that availability of financial resources for a particular course of action or activity or programme goes together with the commitment of top management (Kamuzora, 2006). If top management is not committed to go for a particular course of action then they are unlikely to make funds available for that course of action. Indeed, in the context of this study, the Wilcoxon signed-rank t-test results of 'lack of top management support' and 'lack of financial resources' as factors hindering adoption of HIV/AIDS workplace policies revealed that lack of top management support was ranked significantly higher as a factor hindering the adoption of HIV/AIDS workplace policies than lack of financial resources at 95%

level of confidence [$z = -2.495$, $p < 0.05$]. This meant that the reason why the sampled companies were not adopting HIV/AIDS workplace policies could not be the lack of financial resources per se, but, rather the lack of top management support to address HIV/AIDS in the workplace.

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. At national level, strong political commitment facilitates the provision of the needed resources, strong leadership and an enabling environment which are vital in order to address HIV/AIDS (World Bank, 2000). By extrapolation this implies that at company level, strong top management support facilitates the provision of the needed resources as well as an enabling environment to address HIV/AIDS. Consequently, if companies are failing to adopt HIV/AIDS workplace policies it could be because top management in those companies has not made any financial provisions to address HIV/AIDS in the workplace. The results of this study imply that managers need to clearly comprehend the dynamics underlying the adoption or non adoption of policies to address specific issues in their respective companies. This is particularly important for companies operating in developing countries such as those in Africa who more often than not would use the lack of financial resources as a justifiable reason for not taking action. Yet this study has demonstrated that if a particular issue is not perceived as a priority business issue then management is unlikely to support actions to address that issue. Therefore in such cases the underlying factor for lack of action is not the lack of financial resources per se but rather the perception that the issue is not a priority business issue. It is these company priorities that significantly determine which areas managers consider important and therefore the type of support they are willing to provide.

These findings correspond with those of Rantanen (2004) and Kamuzora (2006) in relation to action on occupational health and safety. While acknowledging that many developing countries do not have abundant resources, Rantanen (2004) argues that action on occupational health and safety is not merely dependent on the availability of funding, but also on awareness and prioritization. Similarly, Kamuzora (2006) observes that the main reason for under funding occupational health and safety activities is the lack of political will rather than lack of funds. In other words, resources per se are not a problem, but the problem is the release of resources for appropriate use (Kamuzora, 2006:66).

In addition, it is widely acknowledged that the challenge posed by HIV/AIDS is enormous and key to successful interventions is that organizations do not have to embark on this journey alone (Bloom et al., 2004). In fact, as Rau

³ www.co.washoe.nv.us/repository/files/33/Glossary.doc

(2002) observes that, it is very unusual that an organization would run an HIV/AIDS programme entirely on its own but it is usual for organizations of all sizes to collaborate with outside groups. Through private-private and public-private partnerships numerous sources of financial and technical assistance from government, private sector and non-governmental sources can be tapped. Such partnerships can therefore offer an advantageous way to leverage existing resources in tackling HIV/AIDS in the workplace in order to enhance effectiveness and sustainability (Bloom et al., 2004). Therefore, the fact that a company does not have adequate financial resources might not really be a justifiable reason for lack of action to address HIV/AIDS as has been revealed by the results of this study.

Conclusion

A number of private sector companies in Malawi are recognizing the importance of responding to HIV/AIDS by adopting HIV/AIDS workplace policies. However, the majority of the private sector companies in Malawi have not yet adopted policies to address HIV/AIDS in their workplaces. Based on the perceptions of these companies that have not yet adopted HIV/AIDS workplace policies, the results of this study have revealed that HIV/AIDS not being regarded as a priority business issue, no visible HIV/AIDS impact on the operations of the company, and, lack of staff participation in the activities of HIV/AIDS institutions are perceived as the three major factors hindering the adoption of HIV/AIDS workplace policies by private sector companies in Malawi while lack of financial resources is perceived as the least significant factor hindering the adoption of these policies. Although the survey questions focused on the perceptions of individual managers who completed the study questionnaire rather than the hard/objective data, this does not diminish the value of the results because how individuals perceive their reality forms the basis upon which their decisions take place (O'Neill, 1998). Managers, generally make decisions based more on their perceptions than their actual understanding of the real world (Nutt, 1984).

Therefore, a clear comprehension of the major factors hindering adoption of HIV/AIDS workplace policies based on the perceptions of those companies that have not yet responded to HIV/AIDS could enhance the development of targeted interventions aimed at scaling up business responses to HIV/AIDS. For instance, the results of this study, call for greater attention to be directed towards understanding the business case and its related complexities when investigating non adoption of HIV/AIDS workplace policies. According to Barrett (2004), HIV interventions would be more attractive if they can be seen to be of direct benefit to the business because making the strategic business case establishes the reason for taking action and also serves to reinforce the company's resolve to act, as it confronts the inevitable challenges of

acting on this complex issue. These results confirm from a different perspective the view of other researchers that stakeholders attempting to scale up company responses to HIV/AIDS should target their scale up efforts by articulating the business case for taking action. Through staff participation in the activities of HIV/AIDS institutions managers can grasp how HIV/AIDS directly or indirectly impacts on the operations of a company and consequently acknowledge HIV/AIDS as a priority business issue that requires action. In this case, HIV/AIDS institutions are perceived as playing a vital role by providing relevant and up to date information upon which businesses can conduct a cost benefit analysis of responding to HIV/AIDS. Hence, despite clear and compelling humanitarian and ethical arguments for companies to take proactive action to address HIV/AIDS in the workplace, companies are only moved when there is a strong business case for investing in HIV/AIDS workplace policies and programmes (Rau, 2002). By estimating the cost of investing in HIV/AIDS workplace policies and programmes, companies can then determine whether such investments are competitive with other investment opportunities and this could influence the nature and scope of company action on HIV/AIDS (Rau, 2002). Therefore, based on the results of this study, managers would only be compelled to take action if it is clearly articulated at company level that HIV/AIDS is indeed a bottom line issue that affects productivity and profitability. Otherwise HIV/AIDS would not be perceived as a priority business issue that requires company action.

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