

*Full Length Research Paper*

# Assessment of the workplace programme for HIV/AIDS in the tourism industry sector of Namibia

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The aim of this paper was to assess the Work Place Programme (WPP) for HIV/AIDS in Namibia. The methodological framework consisted of the following stages: (i) defining the target population, (ii) clustering the producers, (iii) applying the selection criteria and (iv) applying the eligibility criteria. Data analysis involved descriptive and inferential statistical procedures, as well as the triangulation of data. The study was conducted in Namibia, in the capital city of Windhoek and the city of Swakopmund, which is a tourist hub between the desert and the coastline. The results show that of the 108 companies sampled, none had a WPP in place, while a few had some undocumented HIV/AIDS activities. Companies indicated that WPP implementation strategies had been inactive for long periods of time and that many HIV and AIDS activities were centered on World Aids Day. This was attributed to budgetary constraints; there is perception that such programmes are the responsibility of the government. This prevented such programmes from featuring in the business's strategic planning and not yet mainstreamed into company operations. This study suggested that effective HIV and AIDS policy need to integrate within the context of corporate social responsibility (CSR), is essential for adequate health care management in the tourism industry.

**Key words:** Policy, corporate social responsibility (CSR), Work Place Programme (WPP), HIV/AIDS, Namibia.

## INTRODUCTION

Namibia has achieved and maintained considerably sound economic management, good governance and respect for human rights, with a well-functioning physical infrastructure, a market economy, rich natural resources, and a relatively strong public administration, all of which add value and give the nation a competitive advantage (World Bank, 2013). However, social and economic challenges remain obstacles to the development, for example, high income inequality (with an estimated Gini coefficient of 0.59), high unemployment rate (at 29%),

and a high incidence of poverty (with an estimated 21% of the population consuming less than \$1.25/day) (World Bank, 2013) are attributed to these economic challenges. In addition, HIV and AIDS is a major social concern. The estimated percentage of adults (aged 15 to 49) living with HIV and AIDS in Namibia dropped from 19.54 in 1999 to 16% in 2014; however, the number of people living with HIV and AIDS increased from 180 000 in 2013 to 220 100 in 2014, which is a 22.27% increase (Indxmundi, 2015). The implication is that within the Namibian tourism

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sector, 3840 employees are HIV positive, of which 2266 are female. With Namibia being upgraded to upper-middle income status, the funding received from the International Development Community has also been reduced (NSA, 2015).

HIV and AIDS is the single greatest threat to the development of Namibia. Its impact is felt at every level of society, affecting individuals, families and communities—the basic building blocks of social and economic development. HIV and AIDS threaten the education and psychosocial development of children, as it deprives them of their parents, caregivers, teachers and ultimately, their future. Moreover, as the infected become too ill to work, workplaces lose valuable human resources and expertise (Ministry of Health and Social Services, 2013:10).

With the reduction in funding from the international community towards the prevention of HIV and AIDS, ensuring the sustainability and productivity of tourism activities in Namibia requires the integration of workplace programmes (WPPs) within the context of corporate social responsibility (CSR). The International Labour Organisation (ILO, 2016) reported that workers in hotels and restaurants have a low rate of trade union membership due to the small size of enterprises and thus the labour force, with often paternalistic labour relations and the subcontracting of activities to other sectors. It is also widely recognized that the low attractiveness of the sector is responsible for the high labour fluctuation, with tremendous costs for employers and a shortage of skilled workers in the sector. As a result, CSR is a growing agenda in the tourism sector, with transnational companies having developed CSR policies as a unilateral declaration of intent formulated and conceived by management, whereby a responsible business should consider the effect of its activities on society and the environment (ILO, n.d.; ILO, 2012).

Knowledge about workplace initiatives, strategies, practices and interventions that work in real workplace settings to achieve good outcomes is yet to be comprehensively documented in South Africa. Good practices for achieving good outcomes have not yet been well documented, disseminated and scaled up. Good outcomes are successes that workplaces could achieve in addressing HIV and AIDS, as espoused in the “Recommendations Concerning HIV and AIDS and the World of Work, No. 200 (2010) and the ILO Code of Practice on HIV and AIDS and the World of Work. These recommendations include increased knowledge of HIV and AIDS, increased uptake of voluntary counselling and testing (HCT), increased uptake of antiretroviral therapy (ART), improved efforts for the prevention of mother-to-child transmission (PMTCT) of HIV, and the reduction of sexually risky behaviours, translating into reduced absenteeism and staff turnover, reduced occupational risk (PEP, PREP Universal), reduced costs (recruitment, treatment, precaution, TB supervision, training and lost

productive time) and voluntary medical male circumcision.

## METHODS AND MATERIALS

### Research area

The geographical scope of the study covered the selected research site of Namibia, specifically Windhoek and Swakopmund. The study area encompassed the public and private sector, including formal tourism industry workplaces, as well as informal tourism workplace settings. The study involved workplaces characterized by the ILO-supported implementation of HIV workplace initiatives, as well as workplaces with no ILO involvement.

### Design and approach

This was an exploratory-descriptive study involving both quantitative and qualitative approaches. The quantitative approach involved the process of obtaining quantifiable and verifiable evidence of the achievement of good outcomes. The qualitative approach involved the process of conducting repeated in-depth interviews with the same or different persons in each workplace in order to determine “what worked” in terms of achieving a particularly good outcome.

### Sampling

At the outset, the study involved a comprehensive assessment (solid, quantifiable and measurable evidence) of proven, innovative, effective and efficient HIV/AIDS workplace initiatives, strategies and practices that worked well in the achievement of successful outcomes, aimed at determining eligibility for inclusion in the study. Of a total population of 1066 tourism establishments, a sample of 108 (10.5%) was selected as being representative.

### Approach to the selection of eligible workplaces

The site studies were preceded by a situational analysis conducted by means of a desktop review to determine eligible workplaces to be included in the research. The desktop review involved the assessment of all available evidence obtained from data sources such as project evaluations, monitoring systems, surveys, interviews, policies and programmes, and other means of documenting results.

### Eligibility criteria

To obtain and assess evidence on which to base workplace eligibility, a situational analysis tool was used to apply criteria for the evaluation of good outcomes, based on the following key good outcomes (ILO, 2012):

- GO1A: Increased male and female employee knowledge/education on HIV and AIDS
- GO1B: Assessment of male and female employee knowledge/education on HIV and AIDS
- GO2: Increased uptake of HCT/ VCT by men and women
- GO3: Reduction in risky behaviour by men and women
- GO4: Increased uptake of voluntary male medical circumcision (VMMC) services
- GO5: Reduced occupational risk among men and women
- GO6: Increased uptake of ART and treatment services by men and

**Table 1.** Respondents by employment status within the workplace/organization and gender.

Level within workplace/organization	Male (%)	Female (%)	Total (%)
Owner/partner	33.3	22.4	26.4
Senior management	30.8	47.8	41.5
Middle management	5.1	7.5	6.6
Junior management	2.6	4.5	3.8
Supervisor	15.4	10.4	12.3
Other	12.8	7.5	9.4
Total	100.0	100.0	100.0

women

GO7a: Reduced stigma and discrimination towards PLHIV among men and women

GO7b: Reduced employment-related discrimination among men and women

GO8: Impact on family/community

GO9a: Reduced absenteeism and staff turnover among men and women

GO9b: Reduced workplace costs

GO9c: Increased productivity among men and women

GO10: Increased uptake of PMTCT by women.

#### Data analysis

Thematic content analysis was done and appropriate data analytical procedures were applied for both the quantitative and qualitative data collected, according to the outcome indicators, through the use of appropriate statistical software.

A gender perspective was adopted in the analysis of the data to ensure an in-depth understanding of the impact of gender in terms of the socio-economic, cultural and political dynamics, and also to minimize the possibility of research results being based on inaccurate assumptions and stereotypes.

#### Analysis of quantitative data

1. For quantitative data in general, the analysis involves more descriptive and inferential statistical procedures.
2. Where appropriate, the data collected was disaggregated by gender, age, epidemic type, economic sector, worker category, educational level, etc. in order to ensure an in-depth understanding of differentiated impacts.
3. Attitude towards HIV was measured based on the scale.
4. Demographics, socioeconomic factors, components of the intervention programmes and regional versus national programme implementation served as the explanatory variables.

#### Triangulation of data and analytical report

In this study, the purpose of triangulation was to establish the validity of the findings, that is, to ensure that they accurately reflected the situation and were supported by evidence. This study involved data and methodological triangulation.

#### Data triangulation

This encompassed the various sources of information in this study, namely stakeholders outside the workplace ('conductive environment'), key informants (inside the workplace), and general

employees (programme recipients/participants). In-depth interviews were conducted with each of these groups to gain insight into their perspectives on the programme outcomes. During the analysis stage, feedback from the stakeholder groups was compared to determine areas of agreement (as well as areas of divergence).

## RESULTS AND DISCUSSION

### Biographical information

Of the 108 companies interviewed, only five were found to have some type of HIV/AIDS activities (not even WPPs) in place. Therefore, this research focuses only on those respondents not able to implement any HIV/AIDS activities or WPPs.

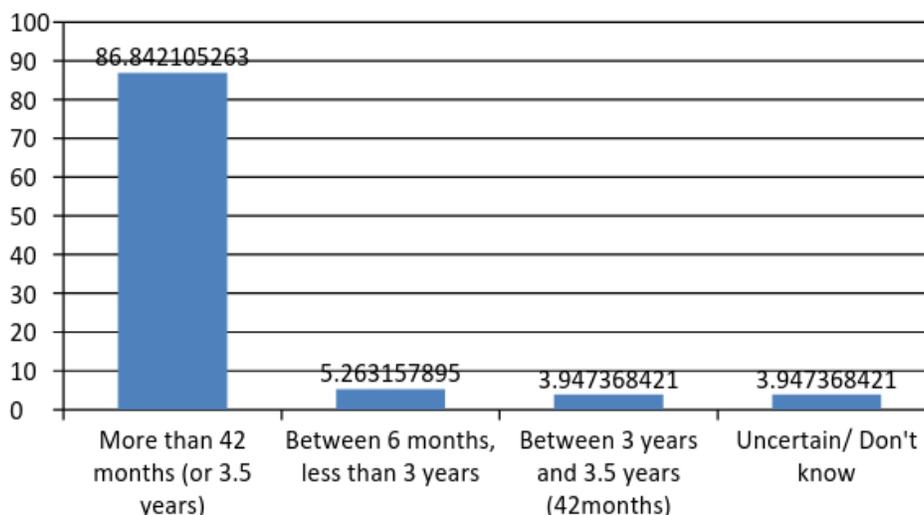
Table 1 shows that 41.5% of respondents were in a senior management position at their workplace, while approximately 3% were in junior management. More males (33.3%) were business owners than females (22.4%), while more females (47.8%) were in senior management positions than males (30.8%). Although, the expectation is for the respective owners or senior managers to implement some sort of HIV and AIDS programme, this is not the case.

In a study by PricewaterhouseCoopers (2013), 61% of the 200 private companies that participated identified the loss of a skilled workforce as the greatest threat to growth and expansion, with little mention made of HIV and AIDS, despite the fact that 5% of those same companies considered HIV and AIDS to be a challenge over the preceding 12 months. HIV and AIDS is no longer only a long-term threat- several businesses indicated that the immediate effects of the disease were already visible on the market and available resources. Companies with more experience in responding to and tracking the disease are able to see the effect of HIV and AIDS quite clearly, for instance through reduced productivity, loss of man-days, higher benefit claims and funeral benefits, lost investments in terms of training and recruitment, and of course, higher treatment costs. Despite the tourism industry's high level of personal interaction and associated risk, business owners and managers are still underestimating the importance of implementing WPPs for HIV and AIDS.

As indicated in Table 2, the majorities of the

**Table 2.** Respondents by highest level of education and gender.

Highest education level	Male (%)	Female (%)	Total (%)
Secondary/high school	28.2	43.3	37.7
Certificate/diploma	46.2	41.8	43.4
Bachelor's degree/professional degree	20.5	11.9	15.1
Postgraduate degree (Hons/Master's/Doctorate)	5.1	3.0	3.8
Total	100.0	100.0	100.0



**Figure 1.** Respondents by duration of existence of workplace.

respondents were certificate/diploma graduates, and therefore expected to have a better understanding of, and consideration for, the consequences of ignoring WPPs.

Approximately, 43% of respondents indicated a certificate or diploma as being their highest level of education. More females (43.3%) than males (28.2%) had completed secondary or high school, while approximately 11% of females held a bachelor's degree or professional degree.

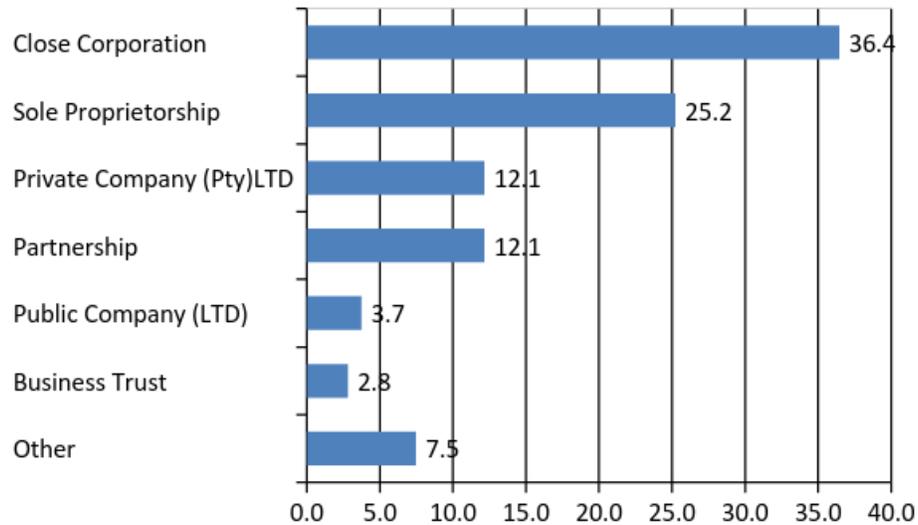
**Workplace characteristics**

Figures 1 and 2 present the sampled workplaces in terms of duration of existence and business form. The results show that approximately 86% of respondents indicated that their workplace had been in existence for longer than 42 months (or 3.5 years), while 36.5% of respondents reported that their workplace was a close corporation. One would expect that a business that has been in existence for a long period of time, and which is operating as a close corporation, would have a solid WPP in place, but this is not the case, and business growth is being crippled as a result. For example, the estimated

percentage of adults (aged 15 to 49 years) living with HIV and AIDS in Namibia was reduced from 19.54% in 1999 to 16% in 2014; however, the number of people living with HIV and AIDS increased from 180 000 in 2013 to 220 100 in 2014- an increase of 22.27% (Indexmundi, 2015). This reflects a worrying figure of 3840 HIV-positive employees in the tourism sector, 2266 of which are female (Figure 3).

Aggravating matters further is the fact that Namibia has been upgraded to upper-middle income status, meaning a reduction in the funding received from the International Development Community (NSA, 2013). This will continue to pose a challenge in terms of reducing the impact of HIV and AIDS on the general economy. Table 3 shows that 40% of respondents indicated the number of full-time employees at their respective workplaces as being between 10 and 49, while 7% reported having more than 100 staff members. This is a clear indication of the importance of WPPs.

As indicated in Figure 4, about 64% of respondents indicated that they were uncertain about, or did not know, or preferred not to disclose information on, the gross annual turnover of the business. However, 12.1% of respondents indicated an annual turnover of more than



**Figure 2.** Respondents by legal entity of business.

**Table 3.** Respondents by number of full-time employees.

Number of full-time employees	Full-time employees			Part-time employees		
	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)
None	5.3	1.5	2.9	52.6	46.3	48.6
Up to 4 employees	18.4	19.4	19.0	15.8	32.8	26.7
5-9 employees	23.7	28.4	26.7	13.2	7.5	9.5
10-49 employees	39.5	40.3	40.0	5.3	6.0	5.7
50-99 employees	5.3	6.0	5.7	5.3	1.5	2.9
100-499 employees	7.9	3.0	4.8	7.9	6.0	6.7
Uncertain/don't know/unable to answer	0.0	1.5	1.0	100.0		
Total	100.0	100.0	100.0			

N\$1-5 million (equivalent to US\$0.33-0.67 million, at an exchange rate of US\$1 to N\$15). The cost of prevention and care can offset the direct and indirect costs of HIV and AIDS. To be competitive and profitable in the tourism industry, business leaders need to be aware of the realities of HIV/AIDS, and how the epidemic will affect their revenue, profits and their reputation. Udeh et al. (2014:249) examined HIV/AIDS awareness and its impact on profitability by means of a multisectoral cost benefit analysis, conducted in King William's Town in the Eastern Cape Province of South Africa. The key findings of that study were as follows: (i) the employees of business firms did not have sufficient awareness of the impact of HIV/AIDS on their businesses, families and communities; (ii) there were no WPPs in place to minimize the impact of HIV/AIDS; and (iii) there were no mechanisms in place to assess employee absenteeism and state of health, the loss of key personnel, the costs incurred in terms of recruitment and training, and the

ultimate effect on the profitability and sustainability of the business.

### Knowledge and perceptions of HIV/AIDS

Figure 5 shows that 53.3% of respondents strongly agreed that they were comfortable talking to another staff member about HIV/AIDS. Udeh et al. (2014) argued that many efforts have been directed towards the implementation of successful HIV and AIDS WPPs, improving the knowledge base on what is effective or what works in practice within workplaces. However, well-documented evidence of good outcomes or positive changes brought about by these interventions is still lacking.

Approximately, 92% of respondents reported that over the past year, they had not participated in any activities focused on organizational membership. More than 80%

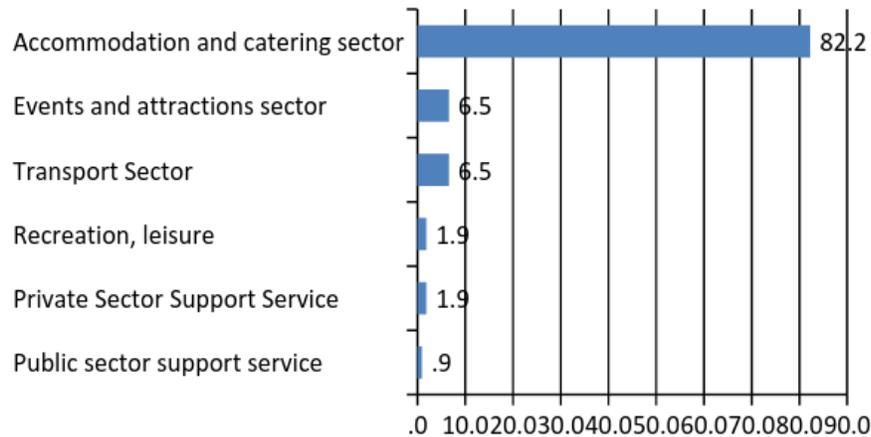


Figure 3. Respondents by tourism sector.

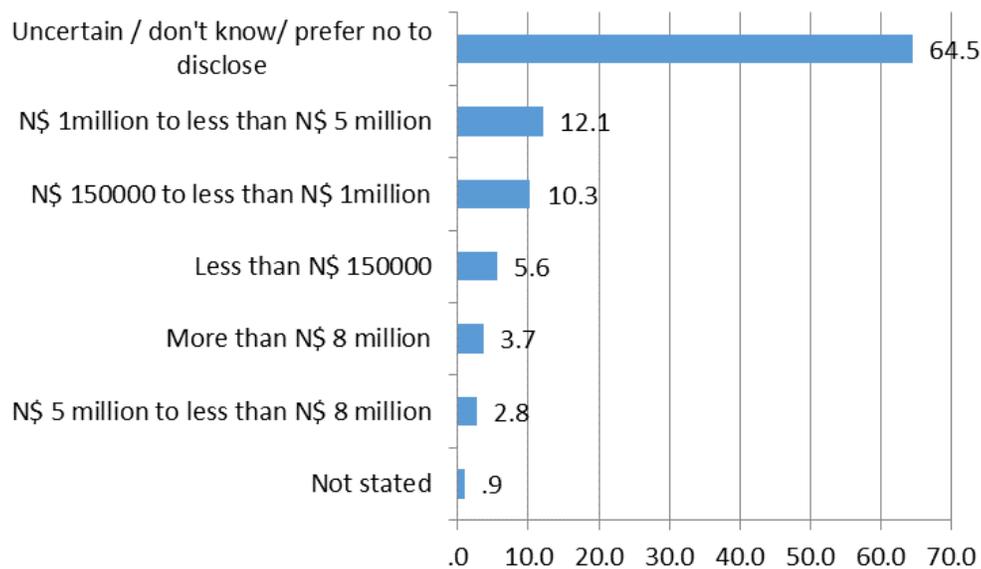


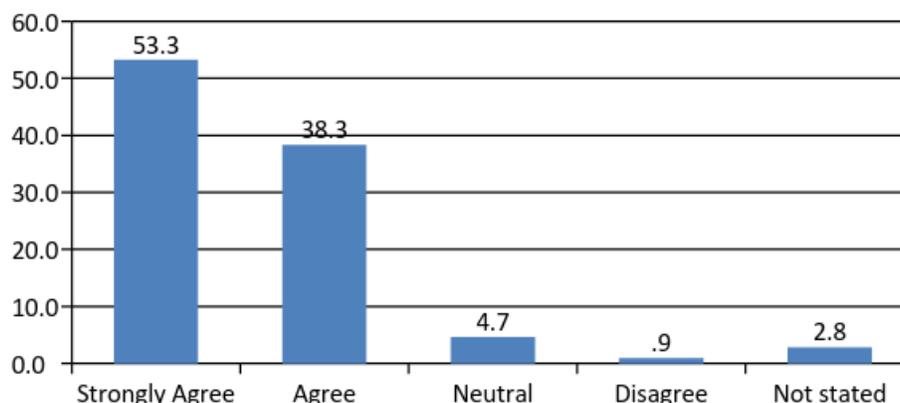
Figure 4. Respondents by gross annual turnover.

of respondents reported that they had never volunteered for any activities, nor had they attended a rally, march, play, education event or workshop (Table 4). A previous study by PricewaterhouseCoopers (PWC, 2013) confirmed that visible participation by management in prevalence testing activities is normally considered a clear indication of management acknowledging that HIV and AIDS is also a personal concern at that level.

Table 5 shows that 66% of respondents reported that they themselves are primarily responsible for preventing new HIV infections, followed by their partner (59.4%), the government as third and fourth most responsible entity (31.1 and 33%, respectively), and then the employer (32.1%). Within the Namibian tourism industry, employment projections are expected to rise to 53,000

jobs (6.7% of total employment) in 2024 (WTTC, 2014; WTTC, 2015). However, if appropriate workplace policies and programmes are not in place, and if HIV and AIDS responses are not mainstreamed into all operational aspects of the business, including risk management, strategic and business planning, as well as budgeting, it is envisaged that the infection rate could grow in equal proportion to the job growth rate, having dire consequences for Namibia’s economy. To ensure the sustainability and productivity of tourism activities, this research study suggests that the integration of WPPs within the context CSR could have a mitigating effect in this regard.

More than 94% of respondents agreed that they were aware of their HIV status and that there were



**Figure 5.** Respondents by level of comfort in talking to another staff member

**Table 4.** Respondents by participation in activities.

In the past year, have you participated in any of the following activities?	Yes (%)	No (%)	Total (%)
Attending a community meeting	28.3	71.7	100.0
Participating in membership of the organization	7.6	92.4	100.0
Volunteering for activities	16.0	84.0	100.0
Attending a rally, march or event	14.2	85.8	100.0
Attending workplace meeting	29.2	70.8	100.0
Attending a play or educational event	16.0	84.0	100.0
Attending a workshop	17.0	83.0	100.0
Giving someone advice	47.2	52.8	100.0
Caring for someone suffering from HIV/AIDS	44.3	55.7	100.0
Helping the family members of someone suffering from HIV/AIDS	43.4	56.6	100.0
Helping the family members of someone who has passed away from AIDS	41.5	58.5	100.0

**Table 5.** Respondents by entity most responsible for preventing new HIV infections.

Entity most responsible for preventing new HIV infections	Most responsible (%)	2nd most responsible (%)	3rd most responsible (%)	4th most responsible (%)	5th most responsible (%)	Total (%)
Self	66.0	29.2	1.9	0.9	1.9	100.0
Partner	22.6	59.4	5.7	8.5	3.8	100.0
Employer	0.9	19.8	28.3	18.9	32.1	100.0
Government	2.8	7.5	31.1	33.0	25.5	100.0
AIDS organizations/NGOs	6.6	8.5	25.5	30.2	29.2	100.0

occupational health and safety procedures at their workplace to address the risk of transmission. Approximately 84% of respondents agreed that they should care for infected staff members; while 84% disagreed that the workplace should train or promote infected persons (Tables 6 and 7).

#### Environmental 'conductive factors'

More than 50% of respondents agreed on the importance of political leaders and tourism business leaders publicly recognizing the extent and effects of HIV and AIDS. Approximately, 33% of respondents strongly disagreed

**Table 6.** Respondents by attitude towards HIV.

Attitude towards HIV	Agree (%)	Disagree (%)	Not Sure (%)	Total (%)
Restaurant owner/caterer	55.7	22.6	21.7	100
Care for infected staff member	84.0	7.5	8.5	100
Have protected sex with infected person	37.7	56.6	5.7	100
Train or promote infected person	12.3	84.0	3.8	100
Keep status secret	53.8	42.5	3.8	100
Keep staff separated for fear of infection	24.5	71.7	3.8	100
Marry an infected person	14.2	68.9	17.0	100
Allowed to work if infected but not sick	73.6	22.6	3.8	100
Know HIV status	94.3	4.7	0.9	100
Occupational health and safety procedures to address risk of transmission	98.1	1.9	0.0	100

**Table 7.** Respondents by perception of HIV and AIDS policy-making.

Perception of HIV and AIDS policy-making	Strongly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	Total (%)
Political leaders are committed to controlling the spread of HIV	33.3	23.5	10.8	27.5	4.9	100.0
Tourism business leaders are committed to controlling the spread of HIV	5.0	31.7	18.8	37.6	6.9	100.0
It is important that political leaders publicly recognise HIV/AIDS	3.0	18.8	19.8	51.5	6.9	100.0
It is important that tourism business leaders publicly recognise HIV/AIDS	3.0	25.0	17.0	50.0	5.0	100.0
Government allocates sufficient funds to control the spread of HIV	4.0	25.7	25.7	39.6	5.0	100.0
Tourism industry allocates sufficient funds to control the spread of HIV	5.9	44.6	21.8	25.7	2.0	100.0
Community-based organisations assist the country's tourism industry employees and their families in terms of HIV and AIDS	5.9	52.5	25.7	14.9	1.0	100.0
Government supports tourism industry employees	3.0	37.6	29.7	28.7	1.0	100.0

that political leaders are committed to controlling the spread of HIV, while 52.5% disagreed that community-based organizations are assisting the country's tourism employees and their families in terms of HIV and AIDS. Approximately, 44% of respondents also disagreed that the tourism industry allocates sufficient funds to control the spread of HIV and AIDS.

Table 8 shows that 71.3% of respondents considered legislation to be a requirement for the implementation of WPPs. More than 61% disagreed that the workplace suffers from "information fatigue" due to a constant bombardment of messages on the topic, and that the private sector is not benefiting and should not implement WPPs. More than 53% disagreed that the demand for services by employees is a concern, and that the "privileged" status of HIV and AIDS in relation to other

illnesses is preventing the implementation of WPPs. About 65% agreed that workplace capacity/resources is a requirement for the management of HIV and AIDS. More than 50% agreed that employees seek help elsewhere once affected, and that since government and civic society are benefiting, they should be implementing such WPPs, with the cost thereof being carried by government or civic society.

#### **Uptake of a WPP for HIV and AIDS in the tourism business/workplace**

Table 9 presents the sources of information that the respondents personally found useful in understanding HIV and AIDS, with more than 80% identifying friends

**Table 8.** Respondents by perception of workplace factors that may have negatively impacted on the uptake of a WPP for HIV and AIDS in the tourism business/workplace.

<b>Workplace factors that may have negatively impacted on the uptake of a WPP for HIV and AIDS in the tourism business/workplace</b>	<b>Strongly disagree (%)</b>	<b>Disagree (%)</b>	<b>Neutral (%)</b>	<b>Agree (%)</b>	<b>Strongly agree (%)</b>	<b>Total (%)</b>
Knowledge about HIV/AIDS is prerequisite for the implementation of a WPP	3.2	25.5	16.0	51.1	4.3	100.0
WPP for HIV/AIDS does not address holistic wellness	3.2	29.5	18.9	43.2	5.3	100.0
Buy-in from workplace management must relate to workplace profitability	4.2	30.5	17.9	45.3	2.1	100.0
Buy-in from workplace management must relate to workplace productivity	0.0	25.3	14.7	55.8	4.2	100.0
Legislation is required to implement WPPs	1.1	12.8	8.5	71.3	6.4	100.0
Workplace capacity / resources is required for the management of HIV/AIDS	1.1	23.2	7.4	65.3	3.2	100.0
WPPs do not qualify for tax incentives / discounts	4.2	40.0	16.8	35.8	3.2	100.0
Status disclosure, stigma and/or discrimination in relation to HIV/AIDS in the workplace are factors impacting on decision-making	1.1	40.4	13.8	41.5	3.2	100.0
Brand / image association with HIV is a concern	3.2	42.1	8.4	43.2	3.2	100.0
Demand for services by employees is a concern	4.3	53.2	11.7	28.7	2.1	100.0
Access to workplace support services is a concern	2.1	41.1	10.5	45.3	1.1	100.0
Access to HIV/AIDS services for part-time / seasonal / contract employees is a concern	2.6	36.8	18.4	39.5	2.6	100.0
Workplace employees seek help elsewhere once affected	5.4	18.3	21.5	50.5	4.3	100.0
Past experiences with HIV/AIDS WPP initiatives have a negative impact on decision-making	7.5	47.3	14.0	30.1	1.1	100.0
Workplace suffers from "information fatigue" due to constant messages	14.9	61.7	11.7	11.7	0.0	100.0
Privileged status of HIV/AIDS in relation to other illnesses prevents the implementation of WPPs	8.7	58.7	13.0	19.6	0.0	100.0
Private sector not benefiting, should not be implementing WPPs	9.8	67.4	7.6	15.2	0.0	100.0
As government and civic society are benefiting, they should be implementing such WPPs	10.8	26.9	6.5	53.8	2.2	100.0
Cost of WPPs should be carried by government or civic society	3.2	21.3	10.6	59.6	5.3	100.0
Private sector does not have a role to play in financing WPPs	5.3	55.3	10.6	25.5	3.2	100.0

and doctors/nurses/clinics, and more than 70% identifying television, newspapers, magazines and expert talks/speakers as useful sources of information in understanding HIV/AIDS.

### Conclusions and recommendations

The results of the workplace programme performance assessment initially appeared impressive, until the discussion focused on the issue of implementation. Despite the sense of goodwill and good intentions, the challenge lies in the implementation. Sporadic responses

that are poorly planned and budgeted for typically affect policy implementation. It is therefore crucial that the policies that are developed should take into consideration the necessary resources and systems that need to be implemented, and these should be financed accordingly.

Support from the executive office was cited as a key success factor, and business decision-makers are strongly encouraged to start providing the necessary support and leadership to expedite implementation. There is a need for the increased availability of affordable medical care options for all levels of staff, in instances where employees are found to be HIV positive. The value of "knowing your company's status", based on

**Table 9.** Respondents by sources of information personally found useful for understanding HIV/AIDS.

Sources of information personally found useful for understanding HIV/AIDS	Not applicable (%)	Useful (%)	Neutral (%)	Not useful (%)	Total (%)
TV	3.8	74.5	5.7	16.0	100.0
Radio	10.4	60.4	7.5	21.7	100.0
Newspaper	1.9	74.5	13.2	10.4	100.0
Magazine	6.6	70.8	12.3	10.4	100.0
Leaflet / booklet	4.8	68.3	10.6	16.3	100.0
Posters	8.6	67.6	10.5	13.3	100.0
Billboard	6.7	63.8	15.2	14.3	100.0
Signs on Busses / Taxis	19.2	33.7	15.4	31.7	100.0
Painted Walls / Murals	16.3	44.2	12.5	26.9	100.0
Drama or plays	11.4	55.2	11.4	21.9	100.0
Music concerts or entertainment events	14.3	51.4	16.2	18.1	100.0
Payslip Messages	46.7	16.2	5.7	31.4	100.0
Cell phone	24.8	40.0	1.9	33.3	100.0
Information Boards	6.7	65.7	14.3	13.3	100.0
Expert talks/ speakers	6.7	71.4	13.3	8.6	100.0
Friends	4.8	82.9	5.7	6.7	100.0
Doctors/ Nurses/ Clinics	3.8	81.0	9.5	5.7	100.0
Movies / DVE's	11.4	59.0	13.3	16.2	100.0
Other	60.8	33.3	5.9	0.0	100.0

information provided by companies that have undertaken prevalence testing, is evident. Some companies that were pioneers in prevalence surveillance have actively promoted it, encouraging other companies to do the same.

Misperceptions still exist about the disease not being a threat to companies, for various reasons. In several instances, this is coupled with the perception that it is the government's responsibility to address HIV and AIDS. These misperceptions need to be dispelled through improved information dissemination techniques that lay out the threat of the disease in a manner that the business would appreciate. Once again, conducting prevalence tests could yield surprising results.

Many companies admitted that the WPP implementation strategies had been inactive for a long period of time and that many HIV and AIDS activities are centered on World Aids Day. This was mostly attributed to budgetary constraints, as well as lack of HR capacity. Moreover, it was found that in terms of the many business concerns and risks that business leaders need to take into consideration, HIV and AIDS might not be seen to compete favourably. This issue therefore still does not feature in a business's strategic planning, nor is it appropriately mainstreamed into company operations.

The Ministry of Environment and Tourism (MET, 2013), acknowledged that: (i) HIV and AIDS directly affects the health of a large number of people in society and reduces the overall health status and wellbeing of the nation; and (ii) HIV and AIDS impacts negatively on the management

of natural resources, thereby impacting negatively on profitability and the community. To tackle the above-mentioned challenges, Namibia crafted its HIV and AIDS policy. However, since the launch of the policy in 2011, the MET has failed to conduct Monitoring and Evaluation (M&E) assessments with specific indicators. In addition to this, in the evaluation of the NDP-3, government acknowledges that the key reasons for failing to achieve the required rate of success have been, amongst others, a lack of execution and accountability, and the spreading of efforts and resources too thinly. These deficiencies are compounded by bottlenecks of absence of a formalized process for implementing, monitoring and evaluating the necessary plans.

The results of the survey show that the tourism sector is failing to respond to the challenge of HIV and AIDS in the workplace. It is also evident, however, that the response is yet to be mainstreamed into company operations in a manner that proves that HIV and AIDS is being treated seriously, and as a business concern.

The study found a general lack of workplace HIV and AIDS programmes in the Namibian tourism sector. This was mostly observed in SMEs that failed to quantify the cost of HIV and AIDS, as well as those that did not acknowledge HIV and AIDS as a business challenge. The lack of programmes may therefore be the result of incapacity to carry out a cost benefit analysis of having HIV and AIDS programmes in place. Since the Namibian tourism sector failed to calculate the costs of HIV and AIDS, they do not realize the cost savings of having HIV

and AIDS programmes in place. As a result, they generally perceive the programmes as costly to business. In addition to a lack of necessary know-how and skills, there is also a general misconception that HIV and AIDS is a health issue that should be dealt with in the health sector. There are also some who indicated willingness to offer programmes, but lack the necessary know-how and technical skills.

### Conflict of interest

The authors declare that there is no conflict of interest.

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