COMMUNICATION TOOLS USED AND THEIR PERCIEVED

EFFECTIVENESS IN DISSEMINATING HIV/AIDS MESSAGES

FOR THE WORKFORCE IN ZAMTEL

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Submitted in partial fulfillment of the requirement for the Degree of

Masters of Communication for Development offered by the Department

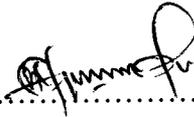of Mass Communication, The University of Zambia

2007

Declaration

I declare that this Research Report has not been submitted before for a Degree in this or any other University.

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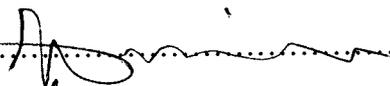
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Abstract

The report is as a result of the study on HIV/AIDS communication tools used by Zambia telecommunication company (Zamtel). Zamtel as a communication company aims at providing cost effective, comprehensive and high quality telecommunication facilities and services to its customers.

The impact of the HIV/AIDS pandemic has not spared Zamtel. HIV/AIDS infectious related diseases have adversely increased costs such as cost of health care, funeral costs, cost of training and recruiting workers to replace the ill and dying, medical retirement and insurance costs among others.

The hindrance to the fight against HIV/AIDS is lack of effective communication tools about the disease. However, Zamtel, is responding to the HIV/AIDS challenges in different ways. Some of the approaches include work place policies and programmes, undertaking extensive prevention and education efforts within their own operations and using effective communication channels as proactive measures designed to limit the spread of HIV/AIDS and its effects among the employees.

The study intended to establish the communication tools used and their perceived effectiveness in disseminating HIV/AIDS messages for the workforce in Zamtel. For that reason, the report presents communication tools used such as workshops, seminars, magazines distribution, health talks, interpersonal communication and electronic media to disseminate HIV/AIDS information to employees.

The findings showed that the majority of the respondents, 69.1 percent, revealed that the HIV/AIDS communication dissemination methods used by Zamtel were effective but the degree of effectiveness varied. Ultimately, the report presents recommendations for the future basing on the analysis of the findings of the study. Among the recommendations are that, Zamtel to seriously train peer educators among employees who will confidently and effectively disseminate HIV/AIDS information, Zamtel to use employees who have opened up living with HIV/AIDS to give testimony to help in behavioural change and also Zamtel to incorporate HIV/AIDS information during departmental meetings with staff.

Acknowledgement

Dedication

My dedication goes to my wife Rita Nyundu and the children; Mukumba, Katongo and kasongo as well as my parents Mr. and Mrs. Nyundu for their prayers.

ABBEVIATION

AIDS .... Acquired Immune Deficiency Syndrome.

ARVT .... Anti-Retroviral Therapy

FGD .... Focus Group Discussion

GRZ .... Government of the Republic of Zambia

HIV .... Human Immunodeficiency Virus

ILO .... International Labor Organization

KAP .... Knowledge, Attitude, Practice

MCD .... Master of Communication for Development

PTC .... Post Telecommunication Corporation

SADC .... Southern Africa Development Community

SFH .... Society Family Health

SPSS .... Special Package for Social Statistics

STD .... Sexual Transmitted Disease

ZAMTEL .... Zambia Telecommunication

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INTRODUCTION

This study is about communication tools used in the dissemination of HIV/AIDS information within Zambia Telecommunication, (Zamtel) as a business organization and their perceived effectiveness. The researcher undertook the research within Zamtel so that he could get first hand information about the information communication tools used by Zamtel and its effectiveness among the workforce.

Chapter one of this report presents background information of the research the researcher undertook. It considers, among other things, the profile of Zambia as a country, organization structure of Zamtel including the vision and mission statement of Zamtel as well as the impact of HIV/AIDS within the organization. Furthermore, it looks at the statement of the problem, the rationale and the objective of the study.

Chapter two looks at the methodology employed for data collection. It also describes the guiding research questions, sampling and data gathering procedures that were used in the study.

Chapter three provides the conceptual and theoretical framework. It defines the major concepts that relate to the study undertaken by the student.

Chapter four provides literature review. The literature review presents the data that has been done already but still relevant to this study in terms of directing the investigation under study.

Chapter five presents the findings of the study and the interpretation of the results collected from the field.

Chapter six provides the discussion of the outcome of the study and makes important recommendations and the conclusion as obtained from the investigation.

CHAPTER ONE

1.0 INTRODUCTION

The HIV/AIDS epidemic has become a threat throughout the world but is particularly serious in countries which combine a high incidence of infection coupled with inadequate preventive health care strategies. There is no doubt about its overall severity and its catastrophic impact experienced by families, communities and business organizations at large.

AIDS has become the major cause of illness and death among the young and middle aged adults, depriving households and society of a critical human resource base and thereby reversing the social and economic gains in the nation. Business organizations are adversely affected as HIV/AIDS infectious related diseases increase costs such as cost of health care, cost of training and recruiting workers to replace the ill and dying. Further, fuel more risks, restrict economic growth and reduce potential market size. Therefore, effective communication strategies may create the opportunity to bring about business continuity and at the same time improve the lives of many people infected with and affected by this disease.

It must be clear then to business organizations that HIV/AIDS will impact on many aspects of the economic lives of its own workers and also on the business organizations themselves through:-

- reduced savings and disposable income as a result of illness, higher expenditure on health care and premature lives
- depletion of major economic base of a community through higher mortality rate among workers
- change in family expenditure priorities which lower individual and family purchasing power and increase number of orphans and socially dependent groups.

The major challenges in the fight and reversal of the impact of HIV/AIDS particularly in business organizations including; limited access to information and prevention programs which could be overcome by the use of communication tools and good communication methods.

Since the first case of HIV/AIDS was reported in Zambia, the Zambian government put in place national HIV/AIDS prevention and control programs. Such programs were to be conducted through the dissemination of necessary information to the people. This meant that the strategies and interventions on prevention, treatment and care were developed encompass all government ministries, religious groups, civil societies and business organizations. Business organizations should therefore regard people as firms' greatest assets whether as employees or as consumers of their products and services.

It makes good business sense for organizations to respond to the epidemic because of the direct impact on their business since HIV/AIDS affect many people who are in their most productive years.

1.1 ZAMBIA'S PROFILE

1.1.1 BREIF HISTORY

Zambia, a landlocked country formerly known as Northern Rhodesia lies in the southern-central part of Africa, south of equator. Zambia which was under British rule since 1924 became politically independent in 1964. Zambia pursued a multi party political system from 1964 until 1972 when it became a one party state. However, in 1991 under the regime of the former President Dr. F T J Chiluba Zambia went back to multi party system and currently it is still pursing the multiparty system.

1.1.2 NEIGHBOURING COUNTRIES

Zambia shares boarders with eight neighbouring countries namely; Malawi, Zimbabwe, Tanzania, Namibia, Botswana, Democratic Republic of Congo, Angola and Mozambique as shown below in figure 1.

Figure 1: Map of Zambia showing neighboring countries.

Zambia extends from longitude of 22 degrees to 34 degrees east and from the latitude 8 degrees to 18 degrees south of the equator. It covers an area of

752, 620 square kilometers and has an estimated population of 10,285,631 million as per 2000 census of population. Of this population, 5,070,891 were males while 5,214,740 were females (Central Statistics Office 2002: 1).

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1.1.3 COMMUNICATION NETWORK

Zambia has nine administrative provinces which are; Copperbelt, Luapula, Northern, Lusaka, Central, Southern, North-Western, Eastern and Western with about 72 districts. Its road networks in the provinces link her to other neighboring countries. Besides, Zambia has two railway lines in operational, in addition to telecommunication network, which link some of the towns. One railway line runs from Copperbelt to Livingstone connecting Zambia to Zimbabwe through to South Africa, while the other one, runs from Kapiri Mposhi to Nakonde connecting Zambia to Tanzania up to Das es laam.

There has been a proposed Extension of Railway line from Copperbelt (Chingola) to North-Western Province (Solwezi). North-Western Province has been identified to have an excellent mining potential which cannot be exploited effectively without rail facilities. Hopes have been expressed that the new line might eventually be extended to Mwinilunga and even to join Angola's Benguela Railway without relying on the DR Congo link, to restore what was until the 1970s Zambia's main route for exporting copper and other metals. Reviving the Benguela railroad would greatly enhance regional transportation and facilitate regional commerce.

The defunct Benguela rail line had a length of 1,344 km in Angola and provided access to the inner part of that country. Importantly it was linked past Luau to the railroad systems of Katanga province, Democratic Republic of Congo, and Zambia. Through Zambia's connections to Beira and Dar es Salaam on the Indian Ocean, the Benguela railway was part of a transcontinental railroad. Prior to Angola's civil war, the Benguela Railroad was a major transportation thoroughfare that carried Zambian copper to Angolan ports in Lobito and Benguela. However, the Benguela Railroad was one of Angola's most badly damaged infrastructures during the civil war. It crossed the shifting frontline between government forces and the UNITA rebels. Currently less than 450 kilometers of the railway is fully operational.

In 1913 the first Telephone exchange (Telecommunication Network) in Zambia, by then Northern Rhodesia, was installed in southern border of Livingstone. The development of telecommunication services remained static until the installation of the second exchange in Ndola on the Copperbelt in 1931. In 1958, the Telex Service was introduced with two exchanges in Lusaka and Kitwe and the coverage area was the entire country. There was a rapid development of infra structure in telecommunication network. For instance, in 1964 Manual Exchanges were replaced by Stronger Automatic Exchange, in 1974 first Satellite Earth Station (Mwembeshi I) was commissioned. 1985 there was an introduction of International Direct Dialing system, 1987 a second Standard 'A' Earth Station (Mwembeshi II) was commissioned to mention a few. Since 1996, momentous strides have been made both in the digitalisation of the entire network and in the provision of GSM services to Zambia.

1.1.4 CLIMATE.

The country's climate is of a tropical type and experiences three distinct seasons. These are, the cool and dry winter season which lasts from May to August with mean temperatures between 14 degrees Celsius and 30 degrees Celsius. The hot and dry season is from September to October. The third season is between November and April which is warm and wet season.

The annual rainfall of Zambia ranges from 600mm to 1400mm. Some areas receive high precipitation whilst others receive medium. Places like Copperbelt, North Western, Northern and Luapula normally receive high rainfall between 1100mm and 1400mm.

1.1.5 RIVERS AND LAKES

Zambia is rich in water resources. The total surface water coverage is 45,000kilometers holding about 60 billion cubic meters of water. The total ground water storage capacity is in excess of 10billion cubic meters (GRZ/UNDP, 1995:1)

The main rivers are Kafue in the central parts of the country, Zambezi in the west and south, Chambeshi and Luapula in the north and Luangwa in the north-east. These rivers are economic and social assets. Kafue and Zambezi rivers are particularly important for powering hydro-electric power stations, at Kafue gorge and kariba dam respectively. Significant settlements are also along these rivers providing a means and source of livelihood to many people and their livestock.

There are five main lakes namely; Bangweulu, Mweru-Wantipa and the Southern end of lake Tanganyika found in the north of Zambia. Lake Kariba in the south is a man-made lake, which lies some 420 kilometers downstream from Victoria falls on the Zambezi river.

1.1.6 VEGETATION
Its vegetation is a mixture of trees, woodlands and tall grass herbs which are mostly deciduous type. The forests are in the North Western, Western and Northern parts of Zambia.

1.2 HIV/AIDS PREVALENCE IN ZAMBIA
Zambia is one of the several countries in Southern Africa where HIV prevalence is exceptionally high. The Ministry of Health reports that twenty percent of Zambian 15years and older are HIV positive (Ministry of Health 1999). It is estimated that 400-500 people are infected everyday with HIV. In 1998 the HIV prevalence rate for the entire country was 19.7 percent. The HIV prevalence in urban areas is twice as high as it is in the rural areas with rates of 28 percent and 15 percent respectively (ibid). Estimates suggest that approximately 1 million adults in Zambia are infected with HIV and the prevalence rates are believed to be as high as 30 percent in some areas by 1999 (Ibid).

The HIV/AIDS epidemic has great impact on overall economic development for Zambia. The social and economic consequences are felt in business, industrial, commercial and health sectors. In Zambia where the majority of HIV infections have occurred, workers are particularly vulnerable to contracting HIV because of substantial level of sexual

activity outside marriage and ineffective HIV/AIDS communication tools and strategies within their business organisations.

1.3 HIV/AIDS AND BUSINESS ORGANISATIONS

The spread of HIV/AIDS world wide and the growing number of people affected makes it likely that few, if any, global companies will escape its impact. As the pandemic progresses, any ever wider sphere of business operations is being touched by the disease. Although Africa and Asia have been the hardest hit, every continent has seen significant consequences due to HIV/AIDS. Estimates by the World Bank suggest that the macroeconomic impact of HIV/AIDS may reduce the growth of national income by up to one third in countries where the prevalence among adults is 10 percent. Additionally, rates of HIV/AIDS infection worldwide are highest for the young and the women, who are major contributors to the work force, (Business for Social Responsibility).

When HIV/AIDS emerged as an important work place issue in the 1980s, many business organisations responded by developing policies and programs designed to educate their employees about it. In fact social considerations were originally the principal motivating force for business response to HIV/AIDS, but now economic factors are driving efforts to address the pandemic.

Companies are responding to the HIV/AIDS challenge in different ways. Some of the approaches include work place policies and programs, undertaking extensive prevention and education efforts within their own operations, conducting prevalence studies and surveys to assist them to understand the long term benefits of investing in more costly, comprehensive efforts, providing treatment which include antiretroviral therapy (ARVT) to its employees, developing partnerships and collaboration with government, non governmental organizations and medical institutions among others.

1.4 ORGANISATION STRUCTURE FOR ZAMBIA TELECOMMUNICATION CORPORATION (ZAMTEL)

Communication is the most powerful tool to convey feelings, ideas, meanings, intentions and emotions such as sorrow or happiness to mention a few. Today, complex telecommunication has simplified the history of expression in which decades ago it was more difficult to convey information. Just on a click of a button huge load of data is communicated unlike in decades gone by where messengers crossed rivers and mountains to convey a message from a ruler. Because of easy and quick traversing of information different communication tools are being used to counter the negative impact of diseases such as HIV/AIDS across the nations and within business organizations.

In Zambia the impact of HIV/AIDS has not spared business organizations like Zambia Telecommunication Corporation (Zamtel) for instance. Zamtel is the first major company rendering communication services at national and international levels in Zambia. It has undergone many transition processes. In 1998 Zamtel completely changed its name from General Post Office to Postal and Telecommunication Company (PTC) limited. Later in 1994, Zamtel split into three companies namely Zambia Postal Services, Zambia Communication Authority and Zambia Telecommunication Ltd (Zamtel). Each of these companies operated independently with own administrative structures.

Z 12 x 1

Z 11 x 2

Z 10 x 3

Z 10/9 x 5

Z 8 x 1

Z 7 x 1

Z 3 x 1

Board Chairman
(1x1)

ManagingDirector
(1x1)

General Manager
PSTN/internet (1x1)

General Manager
Mobile (1x1)

Finance
Director (1x1)

Technical Director
(1x1)

DirectorCommercial
Services (1x1)

Director
Human Resources

Director Corporate
Planning (1x1)

Company Secretary &
Legal Services (1x1)

Chief Internal
Auditor (1x1)

Regional
Director North

Regional
Director South

Commandant
(1x1)

Confidential Mgt
Secretary (1x1)

Chauffuer (1x1)
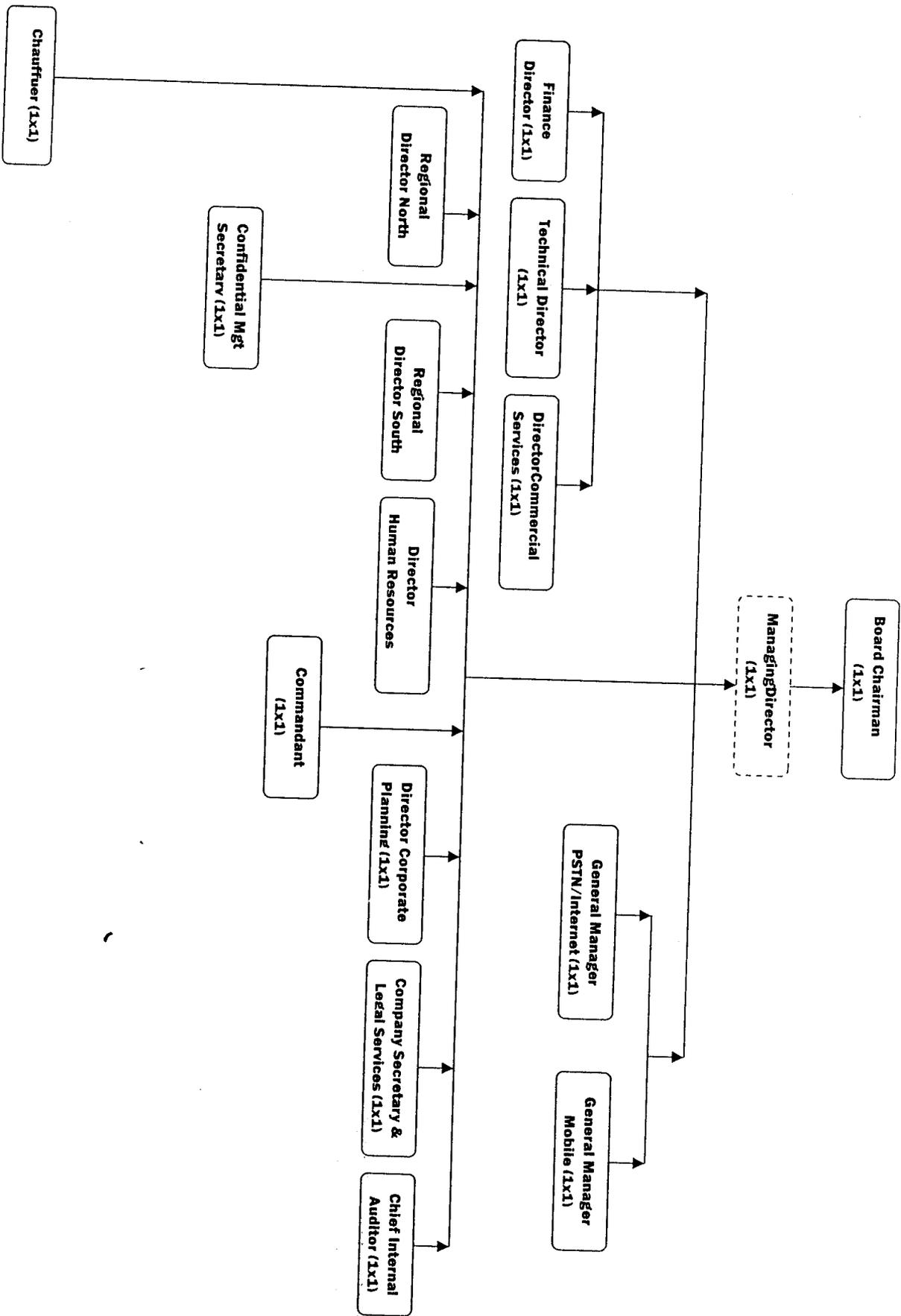
The company is divided into two regions, that is, Northern region and Southern Region, (ZAMTEL HIV/AIDS Proposal Plan 2006).

Under the regions, there are areas of smooth operational purposes and these are Kasama, Mansa, Chingola, Ndola, Solwezi, Kabwe, Lusaka-Main, Choma, Ridgeway, Livingstone, Chipata and Mongu. The workforce as at January 2006 was Southern region 1366, Northern 1013 and Headquarters 499 (ibid).

1.5 VISION OF ZAMTEL

The vision of the company is to be the Best Services Company in the country. The business communication and customer orientation, the aim is to achieve and maintain global standards in the provision of Telecommunication services.

1.6 ZAMTEL MISSION STATEMENT

To provide cost effective, comprehensive and high quality Telecommunication facilities and services to the customer. The company shall strive to achieve a level of profit sufficient to discharge shareholder obligations to cover investment and operational requirements.

1.7 IMPACT OF HIV/AIDS ON ZAMTEL

HIV/AIDS has been a major threat to world workforce by affecting the most productive segment of the labour force reducing earnings and imposing huge cost on business organization. As Zamtel, there has been evident lose of productivity and profitability arising from absenteeism due to ill health, increased medical costs, mortality rates, funeral expenses, and increase in separation and insurance costs all associated with HIV/AIDS.

The mortality at the company has been increasing at an average monthly rate of 5%. In addition, an average of 40 employees dies per year robbing Zamtel of highly skilled personnel. The deaths have been attributed to occupational vulnerability to HIV/AIDS, (Occupation Health and Safety Policy 2005).

1.8 STATEMENT OF THE A PROBLEM.

The impact of HIV/AIDS pandemic has not spared Zamtel as a business organization. As earlier alluded to, Zamtel has faced losses of productivity and at the same time profitability arising from increased medical costs, funeral expenses, absenteeism from work, mortality rates and increased separation and insurance costs all associated with HIV/AIDS.

Zamtel's major challenges have been the fight and reversal of the impact of HIV/AIDS including the overcoming of the stigma associated with HIV/AIDS, limited access to information and prevention communication strategies, human resource constraints in the field of HIV/AIDS. Nevertheless, Zamtel has put in place prevention and control programs. Such programs include the dissemination of necessary information to its members of staff by developing certain communication and prevention tools or strategies as well as treatment and care programs.

These programs are conducted through undertaking workshops, seminars, information education and communication services, provision of a toll free 24 hours hotline to counseling services, setting aside 5% of its employee's annual allocation towards HIV/AIDS funds, care and support and also condom distribution at its work place. The purpose of this study therefore is to establish the communication tools used and perceived effectiveness of HIV/AIDS messages of the workforce within ZAMTEL.

1.9 RATIONALE.

The importance of the study lies in the fact that it will contribute to the effectiveness of the communication intervention tools or strategies existing within Zamtel.

The study will also contribute to the body of knowledge on how to reverse the negative impact of HIV/AIDS caused by lack of effective communication tools or strategies on HIV/AIDS in the organization. In addition, the data to be collected will assist Zamtel management to improve on HIV/AIDS communication tools or strategies to be used in dissemination of HIV/AIDS information to its members of staff. It will also assist in providing the information about the level and nature of workers' awareness and participation in the formulation and implementation of work place HIV/AIDS programme.

1.10 OBJECTIVES OF THE STUDY

1.10.1 General Objectives:

a. To determine the practical HIV/AIDS information dissemination or communication tools used by Zamtel.

b. Determine the effectiveness of HIV/AIDS messages and how they filter through from management to the employees at all levels resulting in improved levels of the staff HIV/AIDS awareness among workforce.

1.10.2 SPECIFIC OBJECTIVES:

The objectives of the study are to:

a. find out what HIV/AIDS communication policies/strategies put in place by Zamtel.

b. determine the effectiveness of HIV/AIDS communicating strategies used by Zamtel.

c. establish extent awareness levels among Zamtel members of staff regarding HIV/AIDS communication tools.

d. establish HIV/AIDS communicating tools put in place by Zamtel

e. establish how well Zamtel HIV/AIDS communicating strategies are in line with National HIV/AIDS policy.

f. create a forum through which Zamtel and other co-operating partners can collaborate in the fight against HIV/AIDS at work place.

CHAPTER TWO

2.0 METHOLODOLGY

2.1 INTRODUCTION

The method used in carrying out this particular research was qualitative as well as quantitative. The study attempted to explore the usefulness of information communication tools in Zamtel and it perceived effectiveness. A qualitative approach was used to enable the researcher get a better understanding through first hand experience, truthful reporting, and quotation of actual conversations. Therefore, the following data collection methods were employed. The specific methods are as follows:-

In-depth interview was carried out by the researcher with eighteen key informants in the organization that is Seven Top Management Executive Directors, Ten Middle Management workers and One Unionized Executive Member. The researcher used interview guide during in-depth interviews, see appendix ....

Focus Group Discussions was used where at least each group consisted of at least seven members of unionized workers and five groups were included in the sample.

Quantitative approach was used by the researcher through the administering of 68 questionnaires. Both open and closed ended questions were formulated in the questionnaire. The inclusion of closed ended questions allowed for easy administration and coding of the questionnaire.

2.2 RESEARCH QUESTIONS

a. Through what communication sources do Zamtel members of staff know about the HIV/AIDS information offered?

b. How effective are HIV/AIDS information dissemination tools in Zamtel among the staff?

c. What is the nature and level of workers' participation in the formulation and implementation of work place HIV/AIDS programs?

d. What is the awareness level of Zamtel members of staff regarding HIV/AIDS communication tools?

e. What information dissemination or communication HIV/AIDS tools are used by Zamtel?

2.3 SAMPLING PROCEDURE

The study targeted the structure of Zamtel namely; Top management Executive Directors, Middle Management and the Unionized Workers. Purposive sampling method was used to select individuals to be included in the sample from all the three levels of workforce. This is because all those who were included in the sample were assumed to possess certain characteristics or information very cardinal to the survey which distinguished them from others as determined by the researcher. Therefore a sample of 103 members was involved in the study consisting of members from all the three levels mentioned above.

Target group (A); Top management executive directors.

Purposive sampling method was used because the researcher was interested in the directors who were directly related to the study with accurate information.

Therefore, this group comprised 7 members from Top management who are Executive Directors as respondents. The in-depth interview was conducted with each director.

Target group (B); Middle management.

This group comprised of 10 managers from Middle Management as respondents. Questionnaires were distributed to them. In addition, in-depth interviews were conducted. Purposive sampling was used to select the sample as well.

Target group (C); Unionized workers.

This group comprised 86 unionized workers as respondents. Questionnaires were distributed to 58 respondents. Furthermore, focus group discussions (FGD) were conducted with 4 groups consisting of 7 members of staff in each group. Purposive sampling was used because people with intended information were targeted.

2.4   DATA GATHERING

The study made use of both primary and secondary data.

2.4.1   Primary Data

Primary data was collected from Zamtel members of staff. The main methods used to collect primary data were through focus group discussions, in-depth interviews and self administered questionnaires.

The use of focus group discussion was chosen because of its flexibility in question design and the ability to clear up confusing responses from respondents which enabled the researcher ask about aspects of the issues which were most important to the relevance of the topic. FGD enabled the researcher to pick up unknown new issues in the process also.

In-depth interviews based on one to one were used because it provided details very important and accurate responses on sensitive issues.

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The self administered questionnaires were viewed appropriate by the researcher because it was presumed that the respondents were literate, it was less time consuming, less costly, had the ability to yield more honest answers, ability to be used without the researcher's assistance and elimination of biases due to their content of standardized questions which were asked to all respondents.

2.4.2 Secondary data was collected from books, reports, journals, working papers, internet, University library and many more. This was used first to provide background information and context within which the study was undertaken. At the same time secondary data was supported and supplemented by primary sources.

2.5 DATA ANALYSIS

The data collected during the research by the researcher was organized and examined by both qualitative and quantitative analyses. The researcher gathered data from the field through instruments such as questionnaire, in-depth interviews and focus group discussions as earlier alluded to. Some common themes and phrases that respondents used were highlighted and references to actual themes, phrases and words that appeared a number of times throughout the notes and transcripts were made.

The researcher also used primary data collected through the administering of the instrument such as questionnaires which were structured in such a way that there were open and closed ended questions. The data collected was analyzed by use of special package for social statistics (SPSS). Furthermore SPSS helped the researcher to calculate percentages through data frequencies and cross tabulations for further interpretation.

CHAPTER THREE

3.0 CONCEPTUAL & THEORECTICAL FRAMEWORK

3.1 Conceptual and Operational definitions

In this study several concepts and theories were examined as these determined how the subject matter was to be perceived and what aspects were to be emphasized. The theories related to the flow and perceptions of information by recipients were the ones in focus, these included theories of persuasion, cognitive dissonance theory, and group communication theories such as Beebe and Mastersons's constellation model and lastly diffusion of innovation theory.

3.1.1 Communication is the interaction process which is characterized by the exchange of the information, ideas, points of views and experience between persons and groups. This will involve use of mass communications where the print media in form of posters, newsletters, brochures and television including popular theater to disseminate information about HIV/AIDS for instance. In communication there will be a sender of the message and the receiver of the same message.

3.1.2 Diffusion of Innovation according to Everett Rogers is the process by which an innovation is communicated through certain channels over time among the members of a social system. Different communication channels like interpersonal, group communication, workshops and seminars will be used to communicate the information about the innovation such as the importance of ARVs or condoms use within the business organization.

3.1.3 Innovation is any item, thought, or process that is viewed to be new by the consumer.

3.1.4 Social system according to Rogers (1995) is defined as a set of interrelated units that are engaged in joint problem solving to accomplish common goals. The members or units of a social system may be individuals, informal groups, business organizations, and/or subsystems. Social system is also referred to as the group or groups of people that an innovation diffuses through.

3.1.5 Organisation can be defined as " a stable system of individuals who work together to achieve common goals through a hierarchy of ranks and a division of labour," Rogers and Agarwala-Rogers (1976)

3.1.6 Persuasion can be defined as being able to change ones thoughts and feelings towards a particular subject/object, so that these will merge, and finally equal the persuader's thoughts and feelings. This is where a peer educator in ZAMTEL for instance will attempt to induce change in the belief, attitude, or behaviuor in one other person using communication methods.

3.2 APPROACH TO COMMUNICATION

Communication is a participatory concept which involves the sharing of meaning and ideas among individuals, regardless of the context. Some scholars have argued that communication can either be negative or positive. Positive communication is preferred to negative communication reason being that it yields results that are rewarding and long lasting although negative communication can sometimes yield positive results.

However, there is no specific definition of communication. Different scholars have come up with different definitions of what communication is. Communication is from a Latin word 'communcare' which means 'to share'. Therefore the aim of communication is to 'share an experience'. This means that in communication there is always a sender of the message and the receiver of the same message as earlier alluded to.

Infante, Rancer and Womack (1997:8) defined communication as the human manipulation of symbols to stimulate meaning in other humans. In this definition the

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author recognizes the importance of means and purpose in human communication. Implied in the definition is the creation of communication.

However, according to Mody (1991: 240), communication comes from Latin word 'cummunis' which means common. The aim of 'communication' as an outcome is to 'make common', to share. Communication is achieved then, when the sender and the receiver hold the meaning in common, that is, when the meaning the sender wanted to share is identical or isomorphic with, to mean what the audience receives.

Communication does not exist without some people taking some form of action. It has every thing to do with relationship between people.

As Rogers (1998) puts it, communication is viewed as a process in which participants create and share the information with one another so that they can mutually understand. To clarify this, Rogers brings in the concept of diffusion which is a special kind of communication aimed at bringing about ideas and innovations. He further says homophily as opposed to heterophily, occurs because similar individuals belong to same groups, live and work near each other and at the same time share the same interests. This kind of communication is claimed to be very effective and rewarding.

Communication is imminent in the process of development. As Weick (1969) points out, communication is the crucial means by which the organizing occurs, and that information is the key feature of the organization environment. He suggests that organizations have rules and communication behaviour cycles that are used to filter information from the organization environment. A contribution has been made to organization communication through the work of Farace, Monge and Russell (1977) with their Structural Function Systems Theory. Their theory borrows much from Weick's information theory. Four systems of hierarchy are described: individual, dyadic, group, and organizational levels. At every level information is structured in both informal and formal networks. The pattern in which information flows is considered as networks or communication channels. They argue that information flows to individuals at a particular rate per unit of time.

3.3 TYPES OF C OMMUNICATION

Communication is largely determined by the type of context in which it occurs. Therefore communication in one context will differ from communication in another context. Generally, the most common types of communication are;

a. **Interpersonal:** This is the communication which occurs between two or more people.

b. **Public Communication:** This is communication in which a speaker addresses a large audience

c. **Mass Communication:** This is communication that is mediated by broadcast or print media. It is communication which involves mass medium organization and a heterogeneous and ubiquitous, scattered or spread out audience.

d. **Intrapersonal:** This is communication that takes place within oneself. For example talking to oneself which represent the thorough process or the ability to abstract thinking.

e. **Specialised Communication like Health, Family:** This is communication involving health care providers and receivers.

f. **Small Group Communication:** This is communication which involves a small number of people

g. **Organization Communication:** This type of communication involves communication within or between organization as well between families and also among family members.

3.4 ORGANISATION COMMUNICATION

Organization communication can be described as the exchange of messages to stimulate meaning within and between organization and their environments. There are various levels organization communication occurs at; one to one between people working in the organization, e.g. Subordinates and superiors; small group communication such as meetings; seminars and workshops and mass communication.

As earlier alluded to Rogers and Agarwala-Rogers (1976) define organization as "a stable system of individuals who work together to achieve common goals through a hierarchy of ranks and a division of labour" (Rogers & Agarwala-Rogers cited in Rogers, 1995: 375). Zamtel as an organization has a stable system of workers who work to together in order to achieve its mission which states 'to provide cost effective, comprehensive and high quality telecommunication facilities and services to the customers. The company strives to achieve a level of profit sufficient to discharge shareholder obligation to cover investment and operational requirements'.

Therefore communication channel is the means by which messages get from one individual to another. These communication channels could be mass media and inter-personal channels. Mass media are considered to be more effective in creating knowledge of innovation, where as interpersonal channels are more effective in forming and changing attitudes toward a new idea and thus in influencing the decision in adopting or reject a new idea.

3.5 MAIN THEORIES AND HOW THEY APPLY TO THE STUDY

3.5.1 THE THEORY OF PERSUASION

The theory of persuasion comes in where the target adopters have to learn to manage the affairs. In Zamtel, the first change agents, that is, those who will be trained as peer educators in order to pass over the message about HIV/AIDS to other fellow staff, have to be educated on the same subject of HIV/AIDS and its effective communicative tool to be used. In return these target adopters have to persuade their fellow staff through various HIV/AIDS information dissemination tools. In order to have persuasion and not other types of influence, the receiver must be free, not constrained to choose. Thus, perceived choice is a distinguished characteristic of persuasion.

3.5.2 COGNITIVE DISSONANCE THOERY

The basic idea behind cognitive dissonance theory is that people do not like to have dissonant cognitions. In fact, many people argue that the desire to have consonant cognitions is as strong as our basic desires for food and shelter. As a result, when someone does experience two or more dissonant cognitions or conflicting thoughts, they will attempt to do away with the dissonance.

In spite of people's desire to avoid it, the proper use of cognitive dissonance can be a useful tool in overcoming conflict. Cognitive dissonance is a basic tool for education in general. Creating dissonance can induce behavior or attitude change. By creating cognitive dissonance, you persuade people to react. For instance, a child can be encouraged to learn by creating dissonance between what they think they know and what they actually do -- drawing attention to the fact that they know stealing is wrong even

though they took a cookie, etc. The same idea can be used in adults among the members of staff of Zamtel in disseminating HIV/AIDS information. By introducing cognitive dissonance (pointing out the conflict between what people know and do), we can encourage a change in thought or action for instance workers within Zamtel are informed that having many sexual partners can predispose one to catching AIDS virus easily. This could be one of the effective communication channels to use to disseminate HIV/AIDS information among members of staff within Zamtel as an organization and change the workers' behaviour or attitudes.

Hence persuasion is one of the most effective and most powerful human tools within the present world community. There are several different ways to persuade people. Most people are actually facing persuasion attempts every-day, in shops, business organizations, when socializing with friends, and also when exposed to various communication media. Therefore the medium is very important as it determines the extent of reaching the masses.

The primary objective of persuasion as earlier mentioned can be defined as being able to change ones thoughts and feelings towards a particular subject/object, so that these will merge, and finally equal the persuader's thoughts and feelings. The first thing a persuader should do therefore is to analyze what kind of audience that he/she will confront. There are basically three kinds of determinants of audience. These are the Age group, Sex, and intellectual levels of the audience.

A major determinant of how successful persuasion attempts could be within Zamtel is the channel of communication, or the way in which a persuasion attempt is verbally delivered. According to William McGuire, there are five crucial steps in persuasion that have to meet for a successful persuasion attempt. These five crucial steps are;

a. Attending, a situation where once the message is presented, the recipient must pay attention to it, in order for it to produce attitude change.

b. Comprehending, is the position recommended by the communicator which must be understood.

c. Yielding (lowering resistance), a situation which must yield to the message content if any attitude change is to be detectable

d. Retaining, where if change is to persist, must retain changed attitude over time

e. Action, where a recipient behaves on the basis of the changed attitude.

McGuire further argued that the failure of any of the steps to occur causes the sequence of the processes to be broken, with the consequence that subsequent steps do not occur.

In addition to William McGuire's theory of persuasion, there is a similar model of the procedure of persuasion. This model is developed by Carl Hoveland and involves the steps within the communication link between the sender and the receiver.

To be able to get the opportunity to start to persuade a person, the target adopters have to gain attention from that particular person. This is actually one of the two most crucial steps in persuasion. Obviously, if a person is not willing to listen to the persuader, he/she has no chance to make the person comprehend. Thus, according to William McGuire, it is impossible to persuade that particular person.

3.5.3 GROUP COMMUNICATION THEORY

3.5.3.1 BEEBE AND MASTERSON'S CONSTELLATION MODEL

Beebe and Masterson's Constellation Model builds from a system perspective and states that in order for a group to be successful it must consider all possible sender, receiver, and message variables which occur in a small group. The model posits that there is a relationship between communication, leadership, goals, norms, roles, cohesiveness, and situation. Each must be analyzed to determine group effectiveness. Therefore within communication system of Zamtel on HIV/AIDS and its perceived effectiveness the sender, receiver and message variables are to be considered very significantly meaning that every one has to get involved.

Beebe and Masterson's claim that there is a strong relationship between seven aspects of communication and group overall effectiveness in a group. The theory further explains that attention must be paid to all communicators in the group, including the senders and receivers of the messages as earlier pointed out.

It is in this context that within Zamtel group communication as an aid to education of the workforce will offer varied opportunities of learning to the participants during HIV/AIDS workshops for instance. It may relate directly to the learning of a given subject or a topic of social importance like HIV/AIDS or contribute indirectly to the organization of cultural, recreation and social activities. It may stimulate the desire for action to change the existing social practices within the organization.

Effective group-communication and joint deliberation would lead to increased information on the subject and result in stimulating the education process of developing personality of participants.

The need for communication in form of joint deliberation is increasingly felt in every social system being a business organization like Zamtel or not because the problems affecting the people in modern times are identical such as negative impact of HIV/AIDS in working organizations or within institutions like family.

There is also need to differentiate between the types of problems that people desire to share, such as, a specific problem of an individual citizen in terms of his/her personal life or the common problem affecting many citizens in a social system.

3.5.4 DIFFUSION OF INNOVATION THEORY

Diffusion of Innovation according to Everett Rogers is the process by which an innovation is communicated through certain channels over time among the members of a social system. Rogers' definition contains four elements that are present in the diffusion of innovation process.

However, the core assumption is that diffusion centers on the conditions which increase or decrease the likelihood that a new idea, product, or practice will be adopted by members of a given culture. Diffusion of innovation theory therefore predicts that media as well as interpersonal contacts provide information and influence opinion and judgment.

There are four main elements to the diffusion of innovations that is;

(1) Innovation,

(2) Communication,

(3) Social system and

(4) Time.

Innovation is any item, thought, or process that is viewed to be new by the consumer while **Communication** is the process of the new idea traveling from one person to another or from one channel to the individual. A **Social System** is the group of individuals that together complete a specific goal (adoption) and **Time** is how long it takes for the group to adopt an innovation as well as the rate of adoption for the individual. It is this part on communication in this theory of diffusion of innovation that is mostly important to the discussion of the study.

Initially it was thought that the communication process of the diffusion of innovations was only a one-step process, from the mass media channels to the individual with little or no interaction between the individuals. This obviously is not the case. Not only do individuals communicate with each other, some individuals pass along their influence as well as their knowledge to other individuals. Opinion leaders are individuals in a social system that others come to for information and guidance.

With the addition of steps to the communication process, the idea of personal influence comes into play. Personal influence refers to any communication between two individuals where one individual creates a change in consumer behaviour in the other. A more practical way of stating personal influence is, therefore, peer pressure.

CHAPTER FOUR

4.0 LITERATURE REVIEW

The HIV/AIDS epidemic has, perhaps inevitably, been perceived internationally as primarily a health problem. Those outside the health sector have largely considered its relevance to them peripheral. However, the magnitude of the problem has become clearer, and so has the recognition of how far-reaching and comprehensive its impact will be at the workplace and in the wider community.

According to the study undertaken, the infection is highest among the economically productive groups. Chitiyo (1990) (quoted by Jackson 1992) states that 90% of the people infected with HIV are employed. Therefore, it makes good business sense for companies to respond to the epidemic because of the direct impact of HIV/AIDS on business organization. HIV/AIDS affects people who are in their most productive years. Along with the loss of labor and skill that takes many years to replace, HIV/AIDS has implications on other aspects of employment such as training, recruitment, sickness benefits, pensions and insurance. The devastating effect of HIV/AIDS on the economy (the workplace included) has been largely through absenteeism from work and lowered output as infected persons develop full blown AIDS. Late stage AIDS patients are unable to work at all (Mbengeranwa, 1997:8).

In many developing countries, there is already a shortage of skilled labour and a narrow underdeveloped industrial base, exacerbated by lack of resources to overcome these problems. The situation is made worse by the evidence that the pool of people who will make up the next generation of skilled workers is already diminishing (Panos Institute 1992:69).

Aventin and Huard (1997) conducted a survey over the cost of HIV/AIDS to firms by making detailed observation at three companies in 1995 and 1996 in Abijan, Cote

d'Ivoire, a country with prevalence rate over 10%, catastrophically high by any reasonable standards, but lower than some other nations in southern and eastern Africa. Their findings were that direct costs included cost of health care, pension, and funeral borne by employers, cost of training and recruiting workers to replace the ill and dying, and testing and prevention programmes that may be implemented.

Indirect costs include loss of productivity and absenteeism by ill workers or workers with infected family members, absenteeism by healthy workers attending the funerals of co-workers (often a social obligation), as well as decline productivity by remaining workers as they try with high turnover in their turnover in their colleagues, and the impact of HIV on staff morale and cohesion.

However, they claimed that costs accruing to firms also depended on the status and skill level of the workers who were infected. Highly skilled and professional workers were more likely to have health and other benefits paid for by their firms, and their death had a bigger impact on the firm due to greater responsibilities and being more difficult to replace due to shortage of skilled workers.

The psycho-social environment of the workplace is affected when some employees have a serious and, ultimately, terminal condition. It therefore makes good sense for companies to adopt HIV/AIDS policies, and to encompass not only the reactive steps but also proactive measures designed to limit the spread of HIV and its effect among the workforce and society at large.

Another research which was undertaken reviewed that HIV/AIDS affects both productivity and profitability. The effects of HIV/AIDS on productivity included the following;
• Increased absenteeism – sickness, the need to care for the sick, preparing for and attending funerals of friends and relatives result in an increase in absenteeism which in turn had negative impacts on productivity.

• Staff turnover – illness and death results in high staff turnover. This led companies to increasingly focus on recruiting and training new employees rather than on company output.

• Lower morale – as a result of illness, suffering and loss of colleagues, friends and relatives the effects of HIV/AIDS led to the lowering of morale among workers, http://www.Codesria.org/Links/conference/hiv aids/maphosa.pdf

Furthermore, the impacts of HIV/AIDS on profitability included the following;

•Increased costs – as the number of employees falling sick increases, companies had to bear the costs of health insurance, sick leave, funeral benefits, recruitment and training of new staff.

•Declining investment – the increasing impact of AIDS on businesses deterred investment.

•Threat to consumer base – as more people died of AIDS the overall demand for goods and services declined, (ibid).

The table below presents an evaluation of the direct and indirect costs of HIV/AIDS to the three firms which were under study, taking into account only reported cases, as exhaustive data was unavailable. The costs, which were observable and quantifiable in monetary terms, were distinct from the organizational costs which were 'difficult to quantify' (Aventin and Huard, 1997) or the 'invisible costs', so named because they were difficult to observe and evaluate.

HIV-related costs by firm and by item of expenditure

Items of expenditure	Firm 1 1989-1995	Firm 2 1993-1995	Firm 3 1991-1995
Medical care	32,273 = 25%	7,000	0
Prevention	1,329	635	1,600
HIV screening (negative results)	709	0	0
Wage bill for medical staff	6,711	6,748	2,600
Invalidity pension	30,285 = 24%	0	0
Sick leave	11,928	9,814 = 18%	8,925 = 31%
Absenteeism (terminal phase)	n.e.*	n.e.	2,820
Funeral delegation	4,009	1,800	848
Dismissals and severance pay	0	587	451
Recruitment and training	0	2,790	900
Loss of productivity/post adjustments	17,010	13,500 = 25%	5,864 = 20%
Funeral costs	17,261 = 14%	11,026 = 21%	4,587 = 16%
Rise in cost of health insurance	6,335	/	/
Total/year	18,264	17,967	5,719

Having calculated the highest cost percentages for each firm, It was found that the impact of HIV varied from firm to firm, in particular according to such social policies as a firm's contribution to employees' health insurance or payment of an invalidity pension as in the case of firm 1. Absenteeism on health grounds represented 31 per cent of the overall cost for firm three. Moreover, it was noted that for all three firms, the highest costs were incurred during to the employees' morbidity phase. The table reveals that, even including its indirect consequences such as recruiting and training new employees, death did not appear to be what was most costly.

Aids prevention and care activities by businesses organization can maintain or even increase productivity and profitability. The great challenge to business organizations is how to respond to HIV/AIDS in a compassionate but cost-effective way which will balance the obligation to employees, society and the shareholders. There are regional as well as national policies and legislation which are meant to promote openness and to avoid discrimination on the basis of one's HIV status.

In 1994, the Southern Africa Development Community (SADC) began formulating HIV guidelines for the employment sector. The SADC Code on AIDS and Employment which now stands a regional Code of Practice carries important principles for national implementation across the region. It spells out the rights and responsibilities in relation to prevention and management of the HIV/AIDS epidemic at the workplace, (ibid). For example the Code prohibits testing for HIV alone with regards to pre-employment testing. It establishes that HIV alone is not the cause for termination, transfer or promotion. It states that:
• People with HIV (workers and managers) should be treated in their employment contracts in the same way as any healthy employee
• People with AIDS and AIDS related illnesses should be treated as anyone with a life threatening illness.

According to Statutory Instrument 202, Zimbabwe Labour Relations (HIV and AIDS) Regulations of 1998 in Zimbabwe provides for the following among other things:

• education of employees on HIV/AIDS,

• prohibits testing for HIV as a precondition to the offer of employment. It states that it shall not be compulsory for any employee to undergo testing for HIV,

• prohibits employers to require any employee to disclose their HIV status in connection with their employment and that no person shall disclose without the written permission of the employee,

• that no employer shall terminate the employment of an employee on the grounds of the employee's HIV status alone,

• that no employee shall be prejudiced in relation to promotion, transfer, training or other development programme or status or in any way discriminated against on the grounds of his HIV status alone

• that the HIV status of an employee shall not affect his eligibility for any occupational or other benefit schemes provided for employees

• that any employee suffering from HIV/AIDS shall be subject to the same conditions relating to sick leave as those applicable to any employee in terms of the Act, (Zimbabwe Human Development Report 1999).

In order to survive today's businesses, business organizations must be more humane and fully attuned to social needs especially as the AIDS scourge which is severely affecting all facets of life. It makes economic sense for industry and commerce to adopt HIV/AIDS policies and to encompass not only the reactive steps but also proactive measures such as education programme designed to limit the spread of HIV among the workforce. The expense of such programmes is minimal compared with the costs of replacing someone who dies of the illness, http://www.codesria.org/Links/Conference/hiv aids/maphosa.pdf

According to the finding of Davis 1980, businesses cannot escape from society and society cannot exist without business. This leads to the argument by Carroll (1981:21) that management must be concerned with a short - term capability as well as a long - term capability to deal with social problems. There has been little research done on managing

AIDS at the workplace in the region. Most business managers seem to have accepted the concept of corporate social responsibility only in principle, especially regarding the issue of the HIV/AIDS menace within and outside the workplace.

UNAIDS surveys of 1998 found that a few companies had established comprehensive prevention, care and support interventions in their workplaces. It found that many small-scale and medium scale enterprises in particular have little interest in HIV/AIDS issues. This did not mean that businesses had not done anything in response to the HIV/AIDS epidemic; it is the extent of their social activities concerning the HIV/AIDS epidemic that the study argues had been inadequate, considering the nature of the problem. It is only to emphasize Davies (1980) argument that organizations are part of a larger social system, and to maintain their legitimacy and viability, they must respond successfully to that system.

However, there is a growing realization by companies the world over of the need to respond to the HIV/AIDS problem. They are implementing individual workplace and community HIV/AIDS programmes aimed at mitigating the effects as well as preventing the spread of HIV/AIDS. These include TELEPAR of Brazil, The Botswana Meat Commission, Daimler-Chrysler of South Africa, Levi Strauss & Co of the United States of America, and the Shell Company of Thailand to mention a few. Business organizations are also forming national, regional and global business coalitions to pool resources and help each other to better respond to the HIV/AIDS epidemic. For instance, these include the Global Business Council on HIV and AIDS, the Corporate Task Force on AIDS in Africa and the National Employment Council of the Transport Operating Industry (NECTOI) in Zimbabwe, http://www.codesria.org/Links/Conference/hiv aids/maphosa.pdf

It certainly is in the interests of the business community to assist with preventative programmes because it will protect the long term financial interest of firms. HIV/AIDS will have a direct impact on the firm's top and bottom line. Where appropriate care exist,

it has been proven that people can live a normal life for many years thereby contributing positively to the firm and to the economy.

There is significant qualitative and quantitative data to suggest that companies working to address HIV/AIDS in the workplace experience a variety of direct and indirect bottom line benefits. Some of these include:-

unchanged growth in market, emerging signs of long term negative economic effects of HIV/AIDS suggest that business opportunities for growth in many areas of the world may be constrained if steps to harness the pandemic are not taken. It was researched that, Companies sponsored HIV/AIDS preventing programs in workplace and local communities helped to reduce the accumulated costs and the extent of the pandemic. In addition, participation in coalitions or partnerships and other efforts designed to reduce the impact of HIV/AIDS lent wealth, power, and influence to efforts designed to achieve significant advances in prevention and care at national levels.

Increased Productivity, There are varying estimates about the loss of productivity each year in the global economy due to the absence of individuals with HIV/AIDS from the workforce, but all of them estimate that the economic costs are very significant. This can be mitigated by company efforts to pursue policies and practices focused on reducing the workplace incidence and impact of HIV/AIDS. According to the International Labour Organization (ILO) survey, some US companies had estimated costs between $3500 and $6000 per year for each worker with HIV/AIDS. The Corporate Council on Africa estimates that in parts of Southern Africa, AIDS-related illness and death had reduced the workforce by as much as 20%. Productivity was also negatively affected by such things as increased absenteeism, loss of skilled employees, need to invest in training replacements, and declining morale.

Decreased Costs of Health Care and Other Employee Benefits, The health-care and related costs incurred by companies having employees with HIV/AIDS can be a significant burden, particularly in areas where incidence of the disease is high. A Harvard

University survey of companies in Durban, South Africa concluded that companies needed to set aside as much as 7 5 percent of their annual payroll to fund losses incurred by the disease. Company-generated HIV/AIDS training and education for employees contributed to the reduced prevalence of HIV and to reducing long-term health costs.

Studies of South African firms indicated that cost savings due to investment in prevention and education programme were as high as 3.5 to 7.5 times the cost of intervention. In Thailand, companies that promoted HIV/AIDS awareness among their employees qualified for discounts of 5-10 percent on group insurance policies provided by American International Assurance. Companies that had the resources to supply counseling and health care services to employees with HIV/AIDS reduced the costs of the illness, e.g. Volkswagen Brazil provided access to antiretroviral drugs (ARVs), regular viral load tests, and referral to specialist hospitals and home care treatments, as a result, rates of hospitalization dropped by 90 percent and HIV/AIDS-related costs were reduced 40 % (Ibid).

Lower rates of Employee Turnover, Company efforts to prevent HIV infection and to support employees with HIV/AIDS will reduce the rate of employee loss due to this disease, the costs of turnover, including lost productivity, can be high, as much as one-half to one year's pay for each person needing replacement in some countries. In addition, there are the immeasurable costs resulting from loss of tacit knowledge and reduced morale among coworkers.

Improved Employee Morale, The most immediate reported benefit of workplace HIV/AIDS education was improved morale. In addition to providing information that allays fears and offers guidance on preventing infection, such programs were a sign that employers were knowledgeable about the issues and care about their employees. Formal policies on HIV/AIDS also increased morale by clarifying responsibilities and expectations. Companies that provided opportunities for their employees to participate in fundraising or other community-related efforts to support the fight against HIV/AIDS

also benefit from the rise in morale people experienced when able to make a positive contribution, Ministry of Health (1999).

According to the study by Ministry of Health (1999) as earlier alluded to, Zambia is one of the several countries in Southern Africa where HIV prevalence is exceptionally high. The Ministry of Health had reported that 20 per cent of Zambians 15 years and older are HIV-positive. It is estimated that 400-500 people are infected every day with HIV. In 1998, the estimated HIV prevalence rate for the entire country was 19.7%. The prevalence of HIV in urban areas was twice as high as it was in rural areas with rates of 28 per cent and 15 per cent respectively.

Estimates suggest that approximately 1 million adults in Zambia are infected with HIV and the prevalence rate is believed to have been as high as 30 per cent in some areas (ibid). As in most sub-Saharan African countries, the HIV epidemic in Zambia is primarily heterosexual and which accounts for about 90 per cent of HIV infection (SFH, 2001). The HIV/AIDS epidemic has great impact on overall economic development of the country. Its social and economic consequences are not only felt in the health sector but also in the business, industrial and the commercial sector. In Zambia, where the majority of HIV infections have occurred, workers are particularly vulnerable to contracting HIV because of substantial level of sexual activity outside marriage and the low levels of condom use (Kusanthan, 2000).

Zambia has reported an increase of HIV/AIDS related mortality and morbidity cases in workplaces. This has led to loss of trained personal and has affected productivity and recruitment. This has also led to increased expenditure and reduced revenue. A study of the impact of AIDS on 18 companies in Lusaka and Ndola found that many firms/institutions were experiencing irregular work attendance. This led to 'wasted' training as some of the trained workers were constantly ill or died; high medical bills,

frequent funeral costs and reduced productivity and profit, http://www.enterprise-impact.org.uk/pdf/ZHAMS-MTR.pdf.

The director of a government department with 68 employees reported that on average 5 people attend funerals at least once a month with a loss of 25 person days per month to the department. Increased absenteeism arising from chronic illness not only reduces productivity but also reduces morale among the employees who report regularly for work. Employers in Zambia are also faced with the increasing costs of health benefits, which cover coffins, transportation of mourners, benefits to survivors as well as man-hours spent at funerals. For example, at Chilanga works, the hours lost due to illness and funerals increased threefold from 13,380 hours in 1992/93 to 43.370 hours in 1994/95 (Ministry of Health, 1997). In cases of prolonged illness, the employer is likely to be subjected to abnormally high medical expenses, which reduce profitability. Further, the employers encounter losses of trained personnel and the need for replacement.

Research has shown the importance of peer health intervention in overcoming barriers to behaviour change and for the promotion of positive attitudes and behaviour among workers. A study in 40 Zimbabwean factories demonstrated that HIV/AIDS prevention efforts in the working place reduced HIV transmission, when compared with work places that had weaker prevention programmes (UNAIDS, 2000). Because peer education involves sharing attitudes and values related to health behaviors among people of similar ages and status, and because it allows recipients to model attitudes and behaviours promoted by their peers, it was effective in providing guidelines for behaviour.

In Zambia, the Zambia HIV/AIDS Business Sector Project started a peer health intervention aimed at selected work places in Lusaka. It is one of the major components of AIDS prevention programme. The programme focuses on providing detailed factual

information about how HIV is transmitted and ways of preventing its transmission. The peer educators are recruited from each work place. The peer educators attended a three-

day training course to acquaint themselves with the importance of behaviour change communications in the prevention of HIV/AIDS. The training was supported by a comprehensive set of programme learning materials which included general hygiene and sanitation, common diseases, nutrition and health, human reproductive system, family planning, STDs and HIV/AIDS transmission, symptoms, effects and prevention, organizing community meetings, principles of health education and behaviour change.

The intervention was based on the assumption that to enable workers to take preventive action, it was important to engage them in a dialogue that enables them to develop a set of personal values and guidelines that influenced their choices regarding sexual behaviour (Gladys, 2000). Group behaviour changed communication and one-on-one STD/HIV behaviour communication education strategies were adopted in each work place. Group meetings were usually held during lunch and tea or after hours. Individual behaviour change communication was held through workplace peer educators and their colleagues during activities. The approach was culturally appropriate and sensitive and based on approaches and materials already tested and extensively used in Zambia. These approaches include one-minute role-plays, picture codes, participatory games and short dramas. This further influences the audience and asks them to discuss the issue.

In view of the above, companies which provided benefits and programmes had an important role in preserving the dignity of the workforce infected with or affected by HIV/AIDS. It served to help them maintain normal and production lives. The companies normally provided, directly or through third parties, an integrated education and awareness programmes focusing on prevention. Such programmes included the training for managers and supervisors to communicate to other staff, access to print, video and computer based communication strategies.

These programmes were as a result meant to promote, medically accurate, relevant information on HIV/AIDS prevention and treatment, including education and information on effective programmes related to abstinence, be faithful and condoms. In addition, information on voluntary HIV/AIDS testing, referral and counseling services

CHAPTER 5

5.0 FINDINGS

5.1 Introduction

The aim of chapter 5 is to give an analysis of the findings of the study. During the study, data was collected using both qualitative and quantitative methods from the key respondents who included Directors, Middle Management and unionised employees. The first part of this chapter outlines the findings of the communication policy and strategies used by Zamtel followed by findings from the statistical data of the research. The analysis of the findings is as a result of the outcome of specific objectives listed below:-

- find out what HIV/AIDS communication policies/strategies put in place by Zamtel.

- establish extent awareness levels among Zamtel members of staff regarding HIV/AIDS communication tools.

- determine the effectiveness of HIV/AIDS communicating strategies used by Zamtel.

- establish HIV/AIDS communicating tools put in place by Zamtel

- establish how well Zamtel HIV/AIDS communicating strategies are in line with National HIV/AIDS policy.

- create a forum through which Zamtel and other co-operating partners can collaborate in the fight against HIV/AIDS at work place.

5.2 HIV/AIDS POLICY FOR ZAMTEL

The researcher was informed that ZamTel had an HIV/AIDS workplace policy to mitigate the impact of HIV/AIDS on the employees, productivity and its profitability. Some of the policy concerns are as stated below.

5.2.1 AWARENESS POLICY

The company established and maintained an HIV/AIDS awareness programme with appropriate expertise to ensure all employees were sensitised and an environment void of stigma and discrimination was achieved.

5.2.2 NON DISCRIMINATION POLICY

- Persons were employed on merit regardless of their HIV/AIDS status and that pre-employment tests and interviews were not included in HIV/AIDS testing. Job applicants were not forced to disclose their HIV status.

- Employees were treated equally and were not denied any opportunity on account of HIV status. Job status or changes such as promotion, transfer, demotion or training were not based on one's HIV status but on existing criteria of equality of opportunity, merit and capacity to perform the work to satisfactory standards.

5.2.3 CARE AND SUPPORT POLICY

- The company developed counseling and educational programmes which encouraged voluntary counseling, supported positive living and discouraged values and practices which promoted risk behaviour among others.

- The company provided medical treatment and care, including the Anti Retroviral Therapy (ARVT), to infected employees through relevant medical institutions. In the event of such employees proceeding on retirement, access to ARVT's was terminated soon after full settlement of payable terminal benefits. Each employee made a non-reclaimable monthly contribution from their annual medical entitlement to the HIV/ AIDS Contributory Fund. The determined amount was subjected to periodical review dependant on the economical factors.

- Distribution of condoms is being done through the Occupational Health and Safe units, First Aid Boxes, Peer educators and designated public areas within the workplace.

- The company is promoting the appointment of the focal point persons to spear head the implementation of HIV/AIDS prevention and care programs at work places and trained Peer educators and psychosocial counselors to compliment such efforts.

- Absence from work due to HIV/AIDS related disability or illness supported by medical evidence is being treated within the normal provision of sick leave and related industrial relations practice.

5.3 STRATEGIES FOR ZAMTEL

In addition to the policies, the researcher was also informed that Zamtel had the following strategies:-

5,3.1 Risk Management Strategy

The company has established and maintains a documented Occupational Health and Safety system and procedures for identifying, assessing and controlling workplace hazards.

5.3.2   Consultation Strategy

An Occupational Health and Safety Committee is in place comprising of employees and management representatives who provide an effective consultative mechanism. Employees are encouraged to provide inputs in the Occupational Health and Safety policy and programme. The Director Human Resources who has the necessary powers to authorize committee recommendations is an ex-official to the committee.

5.3.3 Corporate Plan Strategy

In order to implement the general provisions of this policy, an Annual Occupational Health and Safety plan has been developed and implemented.

The researcher established that Zamtel had put sound policies and strategies in place focusing on how the HIV/AIDS communication methods are incorporated in its day to day working activities in order to create effective awareness among its employees.

5.4 Statistical Data Analysis

From the statistical data collected, the study covered the age groups namely, the youth, the middle aged and the elderly people. The age groups ranged from 15 years to over 55 years old. The majority fell in the category of 36 to 45 years old representing 36.8 percent. This was followed by those in the range of 26 to 35 years (33.8 %), 46 to 55 years (22 %) and 15 to 25 years (7.4 %) as shown in table 1. The researcher decided to start from the age group 15 years so as to include even new entrants in the organization. In addition, 55 years was the maximum age used so as to include even those who were about to retire. Table 1 shows different age groups of respondents involved in the study.

Table 1   **Different Age Group**

AGE	Frequency	Percent	Valid Percent	Cumulative Percent
15-25 Years	5	7.4	7.4	7.4
26-35 Years	23	33.8	33.8	41.2
36-45 Years	25	36.8	36.8	77.9
46-55 Years	15	22.1	22.1	100.0
Total	68	100.0	100.0	

The research findings show that both males and females participated in the study. Due to purposive sampling method used, there were more males than females in the study. Out of the 68 respondents, 61.8 percent were males and 38.2 percent were females. See table 2. This shows that there were more male participation in the study than females.

Table 2   Male and Female Participation Ratio

SEX		Frequency	Percent	Cumulative Percent
	Male	42	61.8	61.8
	Female	26	38.2	100.0
	Total	68	100.0	

However, it was out side the scope of the research to determine the reason why there was more of male participation in the study than female.

Table 3   Effectiveness of HIV/AIDS Communication Dissemination Tools

	Frequency	Percent	Cumulative Percent
Not effective	11	16.2	16.2
Quite effective	11	16.2	32.4
Effective	7	10.3	42.6
Not very effective	15	22.1	64.7
Very Effective	3	4.4	69.1
Not sure	21	30.9	100.0
Total	68	100.0	

When asked about the effectiveness of communication strategies used by Zamtel, 22.1 percent revealed that the communication methods were **not very effective**, 16.2 percent revealed **not effective**, another 16.2 percent revealed **quite effective** while 10.3 percent said the communication methods were **effective** and 4.4 percent revealed **very effective** while 30.9 percent were **not sure**. The findings show that the majority of the respondents, 69.1 percent, revealed that the HIV/AIDS communication dissemination methods used by Zamtel were effective but the degree of effectiveness varied as shown in table 3.

Employees Awareness of HIV/AIDS Programme

Table 4

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	41	60.3	60.3	60.3
No	27	39.7	39.7	100.0
Total	68	100.0	100.0	

According to the findings of the study, 60.3 percent were aware of HIV/AIDS programme conducted by Zamtel, while 39.7 percent were not aware. The researcher was informed that the Occupational Health and Safety Unit of Zamtel which was responsible for HIV/AIDS information dissemination used different communication tools such as workshops, magazines electronic media and health talks in an effort to sensitise its employees' hence high levels of awareness among them.

A cross tabulation of male-female ratio awareness in table 5 shows that, 25 males were aware about HIV/AIDS communication methods Zamtel used compared to 16 females. Meanwhile, 17 males and 10 females were not aware. From these findings, the researcher established that males were more aware of the communication methods than females on the HIV/AIDS communication methods used by Zamtel in the dissemination of the information within the organization

Table 5

SEX	Male-Female Ratio HIV/AIDS Awareness		Total
	Yes	No	
Male	25	17	42
Female	16	10	26
Total	41	27	68

Table 6 shows various communication sources for accessing HIV/AIDS information within Zamtel. The main sources are magazines, workshops, health talks, electronic media, and interpersonal communication.

Table 6   **HIV/AIDS communication source**

	Frequency	Percent	Valid Percent	Cumulative Percent
Magazines	16	23.5	23.5	23.5
Workshops	27	39.7	39.7	63.2
Health talks	5	7.4	7.4	70.6
Electronic media	4	5.9	5.9	76.5
Interpersonal communication	4	5.9	5.9	82.4
None	12	17.6	17.6	100.0
Total	68	100.0	100.0	

The findings in table 6 show that Zamtel did not depend on one channel to communicate HIV/AIDS information to its employees. One of the most used communication methods was the workshop which represented 39.7 percent followed by magazines 23.5 percent, health talks 7.4 percent and 5.9 percent for electronic media and interpersonal communication respectively. However, 17.6 percent of the respondents revealed that none of the communication channels in table 6 were used by Zamtel

From the findings in table 6, the researcher assumed that the Occupational Health and Safety Unit which was tasked to go round in most of Zamtel branches use workshops to disseminate HIV/AIDS information among employees. On the other hand, the researcher observed from the findings that, there was less use of electronic media within Zamtel to sensitise its employees despite being an organization dealing in electronic communication.

Number of years served/ HIV/AIDS information

Table 7

	Magazines	Workshops	Health talks	Electronic media	Interpersonal communication	None	Total
rs	5	8	2	2	3	11	31
20 rs	9	11	1	2	0	1	24
0 rs	2	8	2	0	1	0	13
	16	27	5	4	4	12	68

The findings in Table 7 show that out of the 68 respondents, 31 who had served with Zamtel up to 10 years knew about HIV/AIDS information through different communication channels Zamtel used, followed by those who served 11 – 20 years representing 24 out of 68 respondents and lastly those who served 21 – 30 years representing 13 out of 68 respondents. The researcher assumed that Zamtel had integrated different communication tools such as magazines, workshops, health talks, electronic media and interpersonal communication, in the induction programmes for the new entrants and those who served up to 10 years.

HIV/AIDS activities

Table 8

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	45	66.2	66.2	66.2
No	23	33.8	33.8	100.0
Total	68	100.0	100.0	

Out of the 68 respondents, 66.2 percent revealed that Zamtel undertook HIV/AIDS preventive activities while 33.8 percent were ignorant as shown in table 8. Some of the activities undertaken were health talks, condom distribution, seminars, workshops and, seminar and workshops as shown in table 9 below. From the findings in table 9, the researcher assumed that because of the economic and social negative impacts of HIV/AIDS on Zamtel, Zamtel had discussed the HIV/AIDS issues through different communication channels as a potential business concern in the hope of readdressing the problem of productivity and profitability.

HIV/AIDS Prevention Activities

Table 9

	Frequency	Percent	Valid Percent	Cumulative Percent
Health talks	14	20.6	20.6	20.6
Condom distribution	11	16.2	16.2	36.8
Seminars	14	20.6	20.6	57.4
Workshops	4	5.9	5.9	63.2
Seminars and Workshops	1	1.5	1.5	64.7
None	24	35.3	35.3	100.0
Total	68	100.0	100.0	

CHAPTER SIX

6.0 DISCUSSION OF THE FINDINGS

The purpose of the study was to establish communication tools used and their perceived effectiveness in disseminating HIV/AIDS messages for the workforce in Zamtel. This chapter therefore, discusses the major findings of the study in relation to the theories provided in the conceptual framework of chapter 3 of this report.

Communication channels are most powerful tools in conveying feelings, ideas, and meanings intentions as earlier alluded to in chapter 1. The prevalence and incidence of HIV/AIDS has reached alarming levels. The human toll of AIDS is a tragic reality being experienced by families, business organization and the nation at large. All aspects of lives have either been directly or indirectly negatively influenced by AIDS epidemic. AIDS has become the major cause of illness and death among the young and middle aged adults depriving business organisations of human resource, productivity and profitability.

Today, the productivity and profitability as well as psycho-social environment of the business organisations are being affected when employees have a serious and ultimately, terminal conditions. This is why business organisations like Zamtel are supposed to adopt HIV/AIDS policies, and to encompass not only the reactive steps but also effective communication channels as proactive measures designed to limit the spread of HIV/AIDS and its effects among the employees in order to achieve its desired productivity and profitability.

From the interviews the researcher had with respondents, the researcher was informed that there was loss of productivity and profitability in Zamtel arising from;

- increased absenteeism due to sickness,
- increased costs as a result Zamtel bearing the cost of sick leave, funeral expenses,
- high mortality rates,
- high staff turnover as a result of illness and death and

- increase in separation and insurance costs,

However, the researcher was not availed statistical data on HIV/AIDS mortality rates, absenteeism, increase in funeral costs, recruitment and training costs due to unavailability of such data from the people responsible in Zamtel management.

6.1 ORGANISATION COMMUNICATION

Despite the monthly mortality rate of 5 percent in Zamtel, (Occupational Health and Safety Policy 2005), what was revealed from the focus group discussion was that, Zamtel had not extensively created much awareness among its unionised employees. For example, the discussants from focus group discussions informed the researcher that most of the unionised employees had just heard about the HIVAIDS policy but they had not actually seen or physically read the copy. They further informed the researcher that, there was no feedback to unionised employees from the people who attended HIV/AIDS workshops.

According to Infante et al (1997), "Communication is the exchange of ideas, opinions and information through speech, pictures and other symbols. It is therefore a symbolic social process, which occurs when we have an idea in response to something we have seen or heard. Zamtel was supposed to take advantage of the use of different communication channels to disseminate information about HIV/AIDS policies being a telecommunication company. According to some scholars most business organisations are reluctant to communicate HIV/AIDS issues to their employees, reasons being that;

- they perceive HIV/AIDS programmes as very expensive,
- they are reluctant to have workers participate in HIV/AIDS activities during working hours as it will affect productivity and
- lack of resources and adequate knowledge on HIV/AIDS.

On the contrary, the researcher observed that, by using organization communication which is defined as the exchange of messages to stimulate meaning within or between organization and their environments, Zamtel will possibly realise the desired productivity and profitability.

It was apparent from the focus group discussion the researcher had with most of the unionised employees that, there was not much of communication on the issues of HIV/AIDS within Zamtel. Communication could have been done through small group communication which involves a small number of people like departmental meetings or through organisation communication which involves communication within or between organisations or it could be interpersonal communication which involves subordinate/supervisor interaction or through peer education as earlier alluded to.

6.2 Peer Educators in ZAMTEL,

Peer education involves sharing attitudes and values, for example related to health behaviour, among people of similar ages and status, and because it allows recipients to model attitudes and behaviour promoted to their peers, it can be effective in providing guidelines for behaviour change.

During the in-depth interview the researcher learnt that, the Peer Educators Zamtel had, were untrained. Peer educators needed to receive specialised training so as to be sufficiently knowledgeable about the content and methods of HIV/AIDS prevention in order to deliver the information and education programmes to the workforce. They also needed to be in a position to counsel fellow workers living with HIV/AIDS about coping with their condition and its implication

The Peer Educators in Zamtel are those from the committee formed before the existence of Zamtel HIV/AIDS policy. The committee comprised of eleven employees from Human Resource, Finance, Manpower training and Development, Zamtel Staff Training College, Health and Union Executive member. To achieve effective communication within the organization, the researcher's opinion was that
Zamtel needed to train Peer Educators so that they can effectively persuade other employees through different communication channels on the issue of HIV/AIDS.
According to the theory of persuasion, it is basically an attitude towards change. It is about convincing people by Peer educators, for instance to change their attitude and

behavoiur. In order to study how Zamtel persuaded its employees to realise the effects and danger of HIV/AIDS the researcher analysed the theory of cognitive dissonance. This theory (cognitive dissonance) states that "holding two contradictory beliefs leads to psychological discomfort", Infante et al (1997). The theory is used to persuade others by showing them that they simultaneously hold two inconsistent beliefs or by convincing them to believe something inconsistent with their present beliefs. Since employees of Zamtel are from different backgrounds, culture, values, beliefs, and political parties, the researcher assumed that the employees had different beliefs about HIV/AIDS. Zamtel peer educators therefore, were supposed to use cognitive dissonance in order dispels the myths surrounding HIV/AIDS which some of the employees could hold. For example, using kitchen utensils like cups and plates being used by HIV positive employees in a canteen at workplace can result in one catching AIDS.

6.3 EDUCATION PROGRAMMES AND AWARENESS

In-depth interviews with most of Directors and Middle Management respondents revealed that Zamtel undertook education (or sensitization) programmes through different communication channels such as workshops, seminars, magazines and condom distribution among others.

However, from focus group discussions with unionised employees, most discussants, lamented that HIV/AIDS sensitisation was not there in Zamtel among unionised employees. They further stated that, if at all there was sensitisation, then it was at a very low level where by the majority of unionised employees were not aware. From these findings, the researcher assumed that to minimise the negative impact of HIV/AIDS on employees, profitability and productivity within Zamtel, the company was supposed to offer education programmes to all of its employees through different communication channels. It was therefore clear to the researcher that Zamtel was supposed to come up with education strategies based on consultation between employers and employees and their representatives to allow interactive and participatory communication among all the employees.

In addition to the use of cognitive dissonance, the researcher observed that Zamtel management was also supposed to use the theory of Beebe Masterson's Constellation. Beebe Masterson's Constellation theory demonstrates how a member of a group can affect others in the group based on his or her communication skills. The interconnectedness of the communication traits is vital in the effectiveness of a group member, and the awareness of this fact that Beebe and Masterson portray is very informative from a communicative point of view. This Beebe Masterson involves a number of people but puts emphasis on the communicators in the group who are the receivers or senders. . For example, during departmental meetings, employees can discuss the impact of HIV/AIDS and what they can contribute to their group to prevent the spread of the disease. Each employee could listen intently to others who will share the information about HIV/AIDS. Following this event, one employee most likely the leader, can inform the entire group about negative impact of HIV/AIDS on employees and the company.

The researcher assumed sender/receiver relationship in Zamtel to be superior/subordinate relationship or vice versa. This was to allow effective group communication which could lead to increased information sharing or information flow bottom-up or the other way round on the subject matter within the business organisation

Zamtel was supposed to provide benefits and programmes in preserving dignity of the workforce that is infected or affected by HIV/AIDS. The company was supposed to provide either directly or through third parties, an integrated HIV/AIDS awareness programme such as training for managers and supervisors who will be communicators or peer educators to other members of staff.

Consequently, HIV/AIDS training was going to be targeted at, and adapted to, different groups being trained such as managers, supervisors and personnel officers, employees and their representatives and occupational health and safety officers. According to International Labour Organisation Practice on HIV/AIDS (2001), managerial and supervisory personnel are supposed to receive training to enable them to be in a position to:-

- explain and respond to questions about the workplace HIV/AIDS policy,
- be well informed about HIV/AIDS so as to communicate to other fellow employees in order to overcome misconceptions about the spread of HIV/AIDS at the workplace.

Training in Zamtel is also important for successful implementation of programmes and policies related to HIV/AIDS at workplace. Management therefore is responsible for budgeting, designing and implementing appropriate and effective training programme consistency with the overall policy. It should cover the basic principle of HIV/AIDS policy and plans for communication to employees.

From the findings of the study, the researcher observed that there was no HIV/AIDS training programme within Zamtel which could have resulted in effective dissemination of HIV/AIDS information to employees despite the company having an HIV/AIDS training policy. Zamtel HIV/AIDS training policy states that, "The company shall ensure personnel under occupational health and safety unit are properly exposed and trained by way of secondments, seminars, workshops and memberships to relevant professional bodies, Occupation Health and Safety Policy, (2004). Training of such personnel will lead to good provision of treatment, care and support services within Zamtel.

6.4 Treatment, Care and Support

International Labour Organisation Code of Practice on HIV/AIDS, (2001) claims that treatment, care and support are critical elements that should guide a workplace in responding to HIV/AIDS. There should be effective communication to encourage openness, acceptance and support for those working who disclose their status and ensure that they are not discriminated or stigimitised but receive excellent treatment.

The main obstacle to seeking treatment for HIV is that, most employees do not know that they are infected. When they suffer from opportunistic infections, most of the employees perceive diseases that they are familiar with, therefore do not seek treatment until they get very ill. Employees who test HIV positive are productive for a long period if they

received right information through effective communication channels about treatment, care and support.

Zamtel has put in place a scheme whereby employees contributed 5 percent of their annual income towards a pool of funds for medical use. These funds are meant to provide health services to employees. From the findings of the study, the researcher was informed that very few HIV positive employees accessed the 5 percent pool of funds meant for health services such as ARVT. Because of less accessibility to the pool of funds, the researcher assumed that this was due to less specialised communication practices which involves health care providers and receivers. Zamtel was supposed to utilise health care providers from the Occupational Health and Safety Unit in order to publise the availability of such medical funds for its employees to access the same funds.

6.5 Impact of HIV/AIDS on Gender

HIV/AIDS affects women and men differently in terms of vulnerability and impact. The behaviour which put people at risk for HIV is rooted in the socio-cultural context and is complex

As observed from the findings of the study in chapter 5 table 2, female participation ratio was lower than male which translated into less access for women to HIV/AIDS information compared to men. The researcher assumed that this scenario resulted in women being more vulnerable to HIV/AIDS pandemic than men. However, it was outside the span of the study to establish factors which hampered women from participation as well as establish statistical data on how many women were infected in Zamtel.

Nevertheless, the researcher observed that there was supposed to be an intervention programme in Zamtel to take into account women's specific vulnerability. The programme was supposed to call for greater integration of issues of gender equality and equal participation both women and men into all programmes and strategies to fight the epidemic and its effects.

6.6 ZAMTEL and HIV/AIDS Messages

HIV/AIDS messages are diffused through different communication channels. And communication channels are also elements of diffusion used to disseminate an innovation over time among the members of the social system. According to Rogers (1995), diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system while an innovation is an idea, practice, or object that is perceived as new. As earlier alluded to, the core assumption is that, diffusion centers on the conditions which increase or decrease the likelihood that a new idea, product, or practice will be adopted by members of a given social system. Diffusion of innovation therefore, predicts that media (being electronic or print media) as well as interpersonal contacts provide information and influence opinion and judgment.

It is this part on communication in this theory of diffusion of innovation that is mostly important to the discussion of the study by the researcher since communication affects all stages of diffusion of innovation. Different communication channels are more important in the process of diffusion theory. Therefore, workplace information and education programmes are supposed to be communicated to employees to combat the spread of the epidemic not only relying exclusively on the written word alone. The researcher observed that Zamtel can effectively communicate to the employees through interpersonal communication, group communication, workshops and seminars. Through these communication channels, the researcher assumed that there will be diffusion of innovations to the employees. Such innovations could be the effective use of condoms by Zamtel employees to mitigate the negative impact of HIV/AIDS or the change in practice by employees like having more than one sexual partner.

Effective communication can contribute therefore to the capacity of the workers to protect themselves against HIV infection and bring about attitudinal and behavioural change. That is why the role of top management in effective communication is cardinal.

6.7 Role of Top Management

Successful group communication can be attained through considering relationship between communication, leadership, goals, norms, roles, cohesiveness and situation. According to Beebe and Masterson's Constellation theory, for group to be successful, it must consider all possible senders, receivers, and message variables which occur in a small group. The model further explains that attention must be paid to all communicators in the group including the sender and the receiver as earlier mentioned in chapter 3.

The researcher observed that Zamtel leadership was supposed to take into consideration all possible senders, receivers and message variables since a member of a group can affect others based on his or her communication skills. This is because interconnectedness of the communication traits is vital in the effectiveness of a group member, and the awareness.

6.8 Zamtel and Other Cooperating Partners

Many business organisations that have addressed HIV/AIDS within their workforces have done so in partnership with NGOs and governmental organisations. These partnerships play an important role in accessing specialised knowledge and experience. The researcher was informed that Zamtel worked in collaboration with relevant government institutions and other stakeholders such as Hospitals, Zambia Business Coalition on HIV/AIDS (ZBCA), New Start Centre which offers reliable HIV/AIDS counseling and testing services to the public, and Society for Family Health to ensure quality delivery of health and safety programmes.

6.9 Workplace policy

Most of the businesses that have developed a response to HIV/AIDS have begun by initiating policies aimed at their workforces. This is a reflection of the recognition by businesses of the impact of HIV/AIDS. More recently anti-discrimination legislation, sometimes led by businesses in their development of voluntary codes, in a growing number of countries has necessitated, at the minimum, the development of an HIV/AIDS policy. For others, workplace initiatives are a consequence of the identification that

HIV/AIDS can result in declining productivity, rising production cost and loss of market positioning.

These widely used policies are regarded as crucial factors in providing good working environments and for building knowledge of HIV/AIDS amongst the workforce. Out of such policies, some companies have established HIV/AIDS care programmes in order to manage costs as a result of frequent illness and hospitalisation and loss of employees. Zamtel employees and their representatives should consult their employers on the implementation of an appropriate policy for their workplace, designed to prevent the spread of infection.

7.0   Conclusion

There is a growing realization by companies globally to respond to HIV/AIDS problem. Business organisations are implementing workplace HIV/AIDS programmes aimed at mitigating the negative effects as well as preventing the spread of the disease. It is therefore good that business organisations are responding to the epidemic because of the direct impact on their employees and the organisation as well.

HIV/AIDS has implications on aspects of employment such as training, recruitment, sickness benefits, pension and insurance in most business organisations. It also affects people who are in their most productive years resulting in loss of labour and skill that take many years to replace. In case of Zamtel it was revealed that the pandemic had not spared Zamtel as a workplace. Zamtel had evident loss of productivity and profitability arising from the following factors among others:

- Absenteeism
- Increased medical costs
- Increased medical retirements
- Increased insurance costs and
- Increased recruitment and training costs to replace those that have retired on medical grounds or died.

The devastating effects of HIV/AIDS has been largely through absenteeism from work and lowered output as infected persons develop full blown AIDS resulting in low productivity and profitability of the business organisation. Therefore, AIDS prevention and care activities to businesses can maintain or even increase productivity and profitability. However, the great challenge to business organisations is how to respond to HIV/AIDS by effectively communicating to employees.

Effective communication intercession strategies may generate the opportunity to bring about business continuity and at the same time improve the lives of many employees

infected with and affected by HIV/AIDS within Zamtel. From the research undertaken, there are effective communication channels used in Zamtel though their degree of effectiveness varies according to the findings. Therefore, ZAMTEL need to come up with effective communication channels/strategies to give guidance to all employees in the organization.

In this regard, the role of effective communication in mitigation of HIV/AIDS within workplace cannot be over emphasised. Communication can be achieved through the use of different channels such as group discussion, face to face communication, print and electronic media, drama, video shows, organisation communication, seminars and workshops among others. Workshops are more effective communication channel used by Zamtel to disseminate HIV/AIDS information. It is then very important for Zamtel to make sure that all the employees have equal chance to attend such workshops unlike the situation where only few and same employees attended the workshops.

Communication for that reason is a powerful tool in disseminating information about HIV/AIDS. Without proper communication channels, the workforce in business organisations such as ZAMTEL might not know what they need in order to avoid infection or what to do once infected or they might not know how to support their loved ones being workmates or relatives who are living with HIV/AIDS and the result is the negative impact on the performance of the organization in terms of its productivity and profitability.

When giving information, it is necessary to ensure that the right information on any given issue is correctly transmitted by the use of the right channels and right people. This becomes more important in HIV/AIDS communication, which may be promoting drastic changes on how people lead their normal day to day lives. Inaccurate, confusing or judgmental information can lead to people making grave mistakes in their lives or in the lives of those infected and affected with the epidemic.

7.1 Recommendations

After careful analysis of the findings in chapter 5, the researcher came up with the following recommendations:-

- Zamtel to seriously train peer educators among employees who will confidently and effectively disseminate HIV/AIDS information among employees,

- Zamtel to use employees who have opened up living with HIV/AIDS to give testimony to help in behavioural change among the employees

- Circulation of the HIV/AIDS policy to be made to all Zamtel employees for awareness,

- To incorporate HIV/AIDS information during departmental meetings with staff,

- Dissemination of information to be done through workshops to give equal chance to every employee to participate.

- Continuation of monthly printing of HIV/AIDS messages on Zamtel employees' pay slips

- Regular distributions of HIV/AIDS Newsletters, Magazines and Brochures among Zamtel employees.

- Statistical data on HIV/AIDS mortality rate should be made available to every Zamtel employee to know the impacts of HIV/AIDS,

- Regular distribution of condoms which should be accompanied by important information on how to use them,

- Seriously conduct HIV/AIDS programmes in partnership with others such as National AIDS Council, New Start Centre, Churches Health Association of Zambia, Hospitals and Clinics.

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Appendix 1

ZAMTEL OCCUPATIONAL HEALTH AND SAFEFTY POLICY

POLICY STATEMENT

Zambia Telecommunication Company is committed to the health, safety and welfare of all its employees and providing those contracted to perform work on behalf of the company and visitors to the company premises an environment that is of minimal risk to health and safety. The company regards it Occupational health and safety responsibility with utmost importance and as such, will endeavor to allocate resources to comply with all relevant acts and regulation of the Republic of Zambia to ensure the workplace is safe and without risk to health.

Management at all levels, in consultation with the employees and their representatives shall have the responsibility for developing, implementing and keeping under review the company's Occupational Health Program.

1. INTRODUCTION

The benefit of introducing Occupational Health Safety (OHS) management system at the organizational level, both on the reduction of hazards and risks and productivity, is now recognized by the international community, government, employees and workers.

The impact of HIV/AIDS, industrial accidents, alcohol and substance abuse, smoking, stress and physical and psychological violence among others result into low productivity. The Occupational Health Safety Policy has therefore been designed to proactively serve as an engine for a health and productive workforce.

2. OBJECTIVES

The policy provides the framework for

- Providing and maintenance of a safe and healthy work place, safe plant and equipment and safe methods of work.
- Promotion of good health within the workforce
- Ensuring all managers, supervisors and employees are responsible and accountable for the provision and maintenance of a safe and health working place.
- Involvement and consultation of employees and their representatives in realizing health and safety objectives
- Provision of information, instruction and supervision to all employees, which will enable them to work in the manner, which will minimize the risk of injury or illness.
- Compliance to all statutory regulations, company rule and regulations and standards and codes of practice related to both Reduction of disruption and personal hardship related to occupational injury and illness and other illnesses related including HIV/AIDS by the effective use of health promotion and rehabilitation programs.
- health and safety.

3. STRATEGIES

RISK MANAGEMENT

The company will establish and maintain a documented occupational health and safety system and manual with procedures for identifying, assessing and controlling work place hazards.

CONSULUTATION

An occupational health and safety committee comprising of employees and management representatives will be maintained to provide an effective consultative mechanism. Employees will be encouraged to provide input into the occupational health and safety policy and program. The Director Human Resources who has the necessary power to authorize committee recommendations will be an ex-official of the committee.

CORPERATE PLAN

In order to implement the general provision of this policy, an Occupation Health Plan will be developed and implemented.

ADMINISTRATION

The administration of Occupational Health and safety policy and program will be the shared responsibility of all the stakeholders.

MANAGEMENT

The Occupation Health and Safety unity under the Human Resource Department is charged with the responsibility for all Occupational Health and Safety matters in the company.

Each manager is required to ensure that this policy and Occupational Health and Safety program are appreciated and effectively implemented in areas under his/her own control, and to support supervisors and hold them accountable for their specific responsibilities.

Implementation of the company's Occupational Health and Safety Risk Management procedures shall be the responsibility for Manager in each area in consultation with the Occupational Health and Safety unit.

SUPERVISORS

Each first line supervisor is responsible, and will be accountable, for taking all practical measures to ensure that the work place under their control is safe and without risks to health, that the behavior of all persons in a workplace is safe and without risks to health.

The supervisor will be accountable for detecting any unhealthy or unsafe conditions or behavior.

If supervisors do not have the necessary authority to decide a problem, they will be held accountable for reporting the matter promptly, together with any recommendations for remedial action to a manager with the necessary authority to affect a remedy.

EMPLOYEES

All employees are required to cooperate with the Occupational Health and Safe Policy and Program to ensure their own health and safety and the health and safety of others in the workplace.

All employees will carry out their work accordingly to safe working methods, use personal protective equipment and wear provided, use all plant, materials, tools and substances in the manners in which they are intended.

CONTRACTORS, SUB-CONTRACTOR AND VISITORS.

All visitor and contractors and sub- contractors engaged to perform work on the company's premises or locations are required , as part of their contract, to comply with the company occupational health and safety policies, procedures and programs and to observe directions on health and safety from designated offices of the company.

4.0 OCCUPATIONAL HEALTH AND SAFETY PROGRAM

In order to implement the general provision of this policy, a program of activities and procedures will be developed, reviewed and updated, and effectively carried out. The program will relate to all aspects of occupational health and safety including but not limited to:-

5.0 WORKPLCE INPECTION AND SAFETY PLANS

Regulate inspection work places to identify and eliminate, control and minimize hazards and risks to employees' safety and health by among others, designing safe work systems.

Periodical medical examination for employees operating in the work places with high and safety risks.

The Occupational health and Safety unit will conduct health impact assessment as is necessary.

5.1 PROVISION OF OCCUPATIONAL HEALTH AND SAFETY SERVICES, EQUIPMENT AND FACILITIES

Provision of primary health care services to all employees including, prevention and medical support for psychological, social and physical diseases through education, counseling and affiliation to medical institutions.

Provision of basic clinical equipment and facilities at work place Occupational Health and Safety units and engagement of sufficiently and approximately qualified health care workers when necessary.

Each department will have a company trained first aid specialist.

HEALTH PROMOTION

Promote of health and responsible life style by organizing and encouraging employees to participate in health promotion programs on matters such as alcohol and drug abuse, tobacco abuse as well as stress management programs.

Disseminate of health promotion information using various media including posters and leaflets.

5.1 EMERGENCY PROCEDURES AND DRILLS

Emergency prevention, preparedness and response arrangement shall be established and maintained. The procedure shall include and address First-Aid and medical assistance, fire fighting and evaluation drills at workplace and provision of relevant information and training to all employees.

5.2 REPORTING AND RECORDING OF INCIDENTS, ACCIDENTS, INJURIES AND ILLNESS

Establish and maintain arrangement and procedures for receiving and documenting and recording incidents, accidents, injuries and illness related to Occupational Health and Safety locally and identifiable, traceable and retention times should be specified for such records.

These records shall mainly be maintained the occupational health and safety unit for trend analysis purposes and general use of information in the administration of Occupational Health and Safety program.

5.3 OCCUPATIONAL HEALTH AND SAFETY TRAINING AND EDUCATION

Periodical training and education programs on occupational health and safety of all employees shall be conducted by qualified persons in line with competency requirements defined by the company to ensure sufficient occupational health and safety competence within the company. This shall include need based and refresher training.

5.4 RECREATION FACILITIES

Encourage and support the establishment of social sporting activities by employees and were applicable, pay employees membership/subscription fees to recreation clubs to contribute to their mental and physical well being.

5.5 WORK SYSTEM AND PROCEDURE DESIGN, WORK PLACE DESIG AND STANDARD WORK METHODS

Develop and implement an occupational health and safety procedure manual, which shall set out work system and work methods complaint to the national laws and regulation and the company health and safety rules.

Provision of a health work environment by ensuring cleanliness, adequate lighting, heating, ventilation, office layout and furniture suitable for the tasks to be performed.

6.0   EPIDEMICS

6.1   HIV/AIDS IN THE WORK PLACE

The impact of the HIV/AIDS pandemic has not spared ZAMTEL as a work place. There has been evident loss of productivity and profitability arising from absenteeism due to ill health associated with HIV/AIDS, increased medical costs, mortality rates, funeral expenses and increase in separation and insurance costs. The pandemic can therefore only be ignored at our own peril. The company will commit itself to the following to minimize the impact of HIV/AIDS on the employees and productivity.

6.2   EPIDEMICS

6.3   HIV/AIDS IN THE WORK PLACE

The impact of the HIV/AIDS pandemic has not spared ZAMTEL work place. There has been evident loss of productivity and profitability arising from absenteeism due to ill health associated with HIV/AIDS, increased medical costs, mortality rates, funeral expenses and increase in separation and insurance costs. The pandemic can therefore only be ignored at our own peril. The company will commit itself to the following to minimize the impact of HIV/AIDS on the employees
and productivity.

5.3   AWARENESS

5.3.2   The company establishes and maintains an HIV/AIDS awareness program with appropriate expertise to ensure all employees are sensitized and an environment void of stigma and discrimination is achieved.

5.4 NON DISCRIMINATION

- Persons shall be employed on merit regardless of their HIV/AIDS status and that pre-employment tests and interviews shall not include HIV/AIDS testing. Job applicant shall not be forced to disclose their HIV status.

- Employees shall be treated equally and shall not be denied any opportunity on account of HIV status. Job status or changes thereto, promotion, transfer, demotion or training shall therefore not be based on one's HIV status but on existing criteria of equality of opportunity, merit and capacity to perform the work to satisfactory standards.

5.5 CARE AND SUPPORT

- The company shall develop counseling and educational programs which encourage voluntary counseling, support positive living and discourage values and practices which promote risk behavior among others.

- The company shall provide medical treatment and care, including the Anti Retroviral (ARV) drugs, to infected employees through relevant medical institutions. In the event of such employees proceeding on retirement, access to ARV's shall terminate soon after full settlement of payable terminal benefits. Each employee shall make a non-reclaimable monthly contribution, from their annual medical entitlement to the HIV AIDS Contributory Fund. The determined amount shall be subject to periodical review dependant on the economical factors.

- Distribution of condoms shall be done through the Occupational Health and Safe units, First Aid Boxes, Peer educators and designated public areas within the workplace.

- The company shall promote the appointment of the focal point persons to spear head the implementation of HIV/AIDS prevention and care programs at work places and train peer educators and psychosocial counselors to compliment such efforts

- Absence from work due to HIV/AIDS related disability or illness supported by medical evidence shall be treated within the normal provision of sick leave and related industrial relations practice. See appendix … on HIV/AIDS policy.

5.6 RISK MANAGEMENT AND PROTECTION

The occupation Health and safety unit shall assess and determine the workplaces or work where employees are at high risk of infections and prescribe appropriate precautionary measures.

The company shall protect any employee/s infected or perceived to be infected by HIV/AIDS from stigmatization or discrimination by fellow co- employees, customers and any other persons.

5.7 CONFIDENTIALITY

Every employee has the right to confidentiality and privacy including that of his/her health and HIV status. Health and human resources personnel and indeed other professionals in the company who shall privy to such information shall not disclose to other people without the written consent of the affected employee as is required by law.

6.2 GENERAL EPIDEMIC

The occupational health and safety unit shall design and coordinate clinical responses to the epidemic that may occur such as cholera, dysentery and flu to minimize their impact on the workplace. They shall include education and information campaign on the prevention and control of such diseases.

7.0 LINKAGE WITH OTHER HEALTH SYSTYEMS

7.1 COLLABOLATION AND NETWORKING

The company shall work in collaboration with relevant government institutions and other stake holders in order to share information and experiences in health and safety to minimize utilization of resources.

7.2 HEALTH CARE

The company shall partner with care providers including the university teaching hospital, central and general hospital and clinics and the occupational health research bureau to ensure quality delivery of health and safety programs.

7.3 HEALTH AND SAFETY PERSONEL TRAINING

The company shall ensure personnel under occupational health and safety unit are properly exposed and trained by way of secondments, seminars, workshops and memberships to relevant professional bodies.

4. RELEVANT LEGISLATION/POLICIES /PROCEDURES

The occupational health and safety policy and programs shall comply and be administered inline with the following legislation, policies and procedures:

- Workers compensation Act 1998

- Factories Act 1998

- Occupational health and safety procedures

- Disciplinary code and grievance procedure

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5. **RESOURCE IMPLICATION**

- Training of occupational health and safety personnel

- Budgetary provision for the Occupational health and safety program

- Allocation of time for the effective safety training of employees

6. **POLICY REVIEW**

The policy shall be reviewed form time to time in response to trends in occupational health and safety.