

HIV/AIDS Report

**A study of Council for Scientific and Industrial Research
Policy on HIV/AIDS**

(IN COLLABORATION WITH UNESCO ACCRA GHANA)

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSIR	Council for Scientific and Industrial Research
GTZ	German Technical Cooperation (Deutsche Gesellschaft für Technische Zusammenarbeit)
HIV	Human Immunodeficiency Virus
SARI	Savannah Agricultural Research Institute
STEPRI	Science and Technology Policy Research Institute
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations International Children's Fund

1 BACKGROUND

In the case of prolonged illness, livelihood is lost and all family members have to bear the brunt of caring for the affected person. Organisations or institutions suffer when members in the most productive sector of the institution are lost to HIV/AIDS related illness. The increasing number of AIDS related absenteeism from work places, mostly affecting women and men between the ages of 20 and 49 years (Bollinger et al.1999), is disturbing job related productivity. Already 160,000 children in Ghana have been orphaned by HIV/AIDS (Ghana UNGASS 2003).

It has been acknowledged globally that HIV/AIDS can have an important impact on economic development of both public and private sectors (Ghana UNGASS 2003, UNICEF 2002). The disease and its consequences present a major obstacle and challenge to economic growth and stability of the workforce. A number of studies in Ghana have shown that the economic impact of HIV/AIDS is significant (World Bank and UNAIDS 2000). Many institutions in Ghana are facing increasing levels of absenteeism and employee turnover rate, as staff fall sick and die. The result is high expenditure from increase in recruitment and training cost, health care, medical insurance, sickness and burial cost. Revenue decrease due to absenteeism through illness, attendance to funerals and medical cost becomes a burden to the institutions.

In Ghana, the dearth of studies on HIV/AIDS institutional policy with respect to possible consequences of HIV/AIDS on institutions necessitated a survey on existing data in the Council for Scientific and Industrial Research (CSIR).

2 Objectives

The purpose of this initial study was to:

1. Search for available information on the awareness of HIV/AIDS in the various Institutes of the CSIR
2. Evaluate the impact of HIV/AIDS issues on CSIR's socio-economic status for planning purposes
3. Identify any gap in information available on HIV/AIDS at CSIR

3 Research method

The target group for the study was CSIR staff, with a working force of about 4 million. Selection of institutions across the country was to have a better representation of all CSIR institutions in the southern and northern sectors of Ghana. In all 130 participants were selected for the survey from eight institutions out of the 13 institutes of the CSIR. Respondents were drawn from CSIR Water Research Institute Accra, CSIR Head Office Accra, Scientific and Technological Policy Research Institution (STEPRI) Accra, Food Research Institute Accra, Soil Research Institute Kumasi, Crop Research Institute Kumasi, Animal Research Institute (branch office, Tamale), Water Research Institute (branch office, Tamale) and Savannah Agriculture Institute, Nyankpala-Tamale.

Participants were purposively selected from the different categories of staff. Category 'A' consisted of senior members which are made up of people with a minimum of a Master Degree to a PhD. degree. Category 'B' is the Senior Staff with a first degree or an HND degree and junior staff with the least formal educational qualification. The study later randomly selected respondents from these groupings for the quantitative analysis.

Literature from the conditions of service for junior and senior members on health were reviewed, (CSIR 2008). Structured and semi structured questionnaire was administered to all 130 participants, to determine the extent of HIV/AIDS knowledge in the CSIR. It was also to identify gaps in the organisation's health policy on HIV/AIDS. Also reviewed was the impact of HIV/AIDS on CSIR's socio-economic status for planning purposes.

4 Limitations of the study

The projected number for the questionnaire administration was one hundred and thirty however in the course of transcribing the data, thirteen booklets were rejected. This was due to attitudes of some respondents who in an attempt to fill the questionnaire themselves, left several pages blank, others explained that they were too busy to complete the questionnaire. The respondents were thus reduced to one hundred and seventeen instead of one hundred and thirty respondents. This did not affect the results of the study since the rest of the number was large enough to make inference from.

5 Ethical Considerations

Once the staff members have volunteered to take part in the study, a verbal explanation was given to them on the right to choose not to participate and they were encouraged to ask for explanations.

6 Findings

6.1 Health policy situation at the institutes

On objective three, the study identified gaps in CSIR health policy. Results from the study indicate that there is no policy for HIV/AIDS in particular. Yet there is a general health policy in chapter five of the CSIR' conditions of service, sections 46, 47 and 48. The policy under section 46, states that an officer, his spouse and children not above 18 years and for those in school not above 21 shall enjoy free medical treatment etc. However, the council shall only bear part of the cost of provision of prescribed dentures and medical, optical and prosthetic appliances once every three years on application. It also indicates that the exact amount to be borne by the Council shall be fixed by the Director General periodically after a market survey. Nothing on HIV/AIDS is mentioned in this section. Additionally reference is only made to the male gender in the policy, inadvertently sidelining female issues.

Under Section 47 Medical attention, when an officer suffers from ill health, which causes his absence from duty for a continuous period of 14 days, he is expected to produce a medical report for certification. In such a situation, the person will be allowed sick leave for a period not exceeding six months from that date with full pay. The officer is again entitled to another six months on half salary after which no payment of salary will be made to the said officer. Section 48 emphasises on insurance against hazards, for which HIV/AIDS is not stated. From the information provided above, it is clear that issues arising from HIV/AIDS have not been considered. There is therefore the need to input all important issues pertaining to HIV/AIDS in the CSIR health policy.

All the institutions operate with the same health policy which enables staff to be treated equally. However, the study revealed that most of the respondents that is 46.2 %, did not know of the existence of a health policy in their institutions. Table 2 gives a better explanation of the issues on the availability of a health policy. In section 13 number 2.5 of the conditions of service it states that "An officer seeking contract appointment shall be required to submit a medical report from an approved Government hospital or other accredited private hospital. Appointment shall be made subject to

medical fitness”. Section 16, number 2 states that “In spite of his apparently satisfactory medical certificate, if within an officer’s probation period, it is established that he suffers a major disease, which was not detected at the time of the medical examination and which is likely to seriously interfere with his work, his appointment may be terminated on the recommendation of a medical board”.

Table 1 Availability of Institutional health policy

	Frequency	Percent
Yes	50	42.7
No	54	46.2
Don’t Know	13	11.1
Total	117	100.0

A survey conducted on the non existence of an HIV/AIDS policy was confirmed by 57.3 % of respondents out of which 11.1% indicated they were not sure of the existence of a policy. A not too significant 46.7 % indicated that they were aware of the existence of an HIV/AIDS policy.

6.2 Age group and Educational Level of Respondents

The ages and educational level of respondents ranged from 18 year which makes the person eligible for employment to the retiring age of 60 years and the educational level is from no education to a Doctorate degree. Table 2 shows that respondents within the age group of 25-34 with tertiary education, who are the most productive sector of the society out-numbered the other respondents within the selected age group for the survey.

Table 2 Age Groups * Level of Education Cross tabulation

		Level of Education							Total	
		Primary School Certificate	Middle School Certificate	Secondary school certificate	Commercial/Vocational	Tertiary (HND/BSc/BA)	Post graduate(M.SC, M. Phil, PhD)	None		Refused to answer
Age Groups	18-24	0	0	3	1	3	0	0	0	7
	25-34	0	0	4	0	21	8	0	0	33
	35-44	3	2	1	4	9	13	0	1	33
	45-54	0	3	1	4	10	12	1	0	31
	55-60	0	1	4	0	3	2	1	1	12
	60+	0	0	0	0	0	1	0	0	1
Total		3	6	13	9	46	36	2	2	117

6.3 Knowledge about HIV/AIDS in the CSIR Institutes

The following summarises the findings and analysis on the extent of knowledge on HIV/AIDS issues at CSIR. Data showed that most respondents had appreciable knowledge about the causes and dangers of the disease. They also knew about the abbreviation HIV/AIDS. Responses from all the institutions were similar. Respondents indicated that HIV/AIDS is a deadly viral disease with no cure, which destroys the immune system of the body making it susceptible to other opportunistic infections. Other respondents were also of the view that HIV/AIDS is an infectious disease contracted through intimate kisses, unprotected sex with infected person, use of infected blade, unsterilized piercing objects, needle and syringes. In addition some explained that infection is through bodily fluids exchange, which is through infected blood transfusion, unprotected homosexual activity, oral sex and through an infected mother's breast milk. A few respondents were of the view that prenatal contact of an infected mother can infect the baby as well as the use of unqualified "Wanzams" through circumcision.

When respondents were questioned about the chances of a baby contracting HIV/AIDS from an infected mother, it was evident that only few respondents knew about the use of preventive drugs for infected pregnant mothers. The responses in Table 3 show that 75.2% of respondents indicated that there was a high chance of the baby contracting HIV/AIDS. Only 18.8 % explained that there is a drug to minimize infection of the baby.

Table 3 High chance of a baby contracting HIV/AIDS from an HIV/AIDS mother

	Frequency	Percent
Yes	88	75.2
No	22	18.8
Not sure	7	6.0
Total	117	100.0

Some of the responses given the high chance of a baby becoming infected were as follows:

- ❖ “Mother and baby's blood crosses path through birth canal and therefore the baby will be infected”.
- ❖ “Mother transfers blood and other fluids/ supplies onto the unborn baby”
- ❖ “The baby feeds from the mother, through her blood and so the baby has no chance of survival”
- ❖ “The foetus shares blood with the mother or that the same blood circulates in the woman and baby so the baby will surely contract HIV/AIDS”
- ❖ “Others believe the umbilical cord contains blood vessels connecting the baby and mother and therefore the baby will be infected”.

Some of the respondents who knew about the preventive drug indicated that mothers who attend hospital during pregnancy are tested for HIV/AIDS and those who are found to be infected are given anti-retroviral drugs during pregnancy. Others also indicated that Nevirapine is available to protect the child from HIV/AIDS.

Another question was the difference between HIV and AIDS, to this although some respondents thought they meant the same thing, others also indicated that HIV is acquired from infected devices and AIDS is gotten through sexual intercourse. Some explanations were that “AIDS meant you are very sick and HIV means it is not serious”, HIV is the state in which the body is

attacked by the virus, AIDS is what destroys the immune system, most people indicated that HIV is the virus and AIDS is the disease resulting from the infection. Nevertheless some respondents indicated that they were not nurses or doctors.

The outcome of the question on the extent to which HIV/AIDS bothered respondents is shown in figure 1. The responses indicate that 51.3% were very bothered by HIV/AIDS issues. Those who were not bothered or indicated that they were not bothered at all formed the minority.

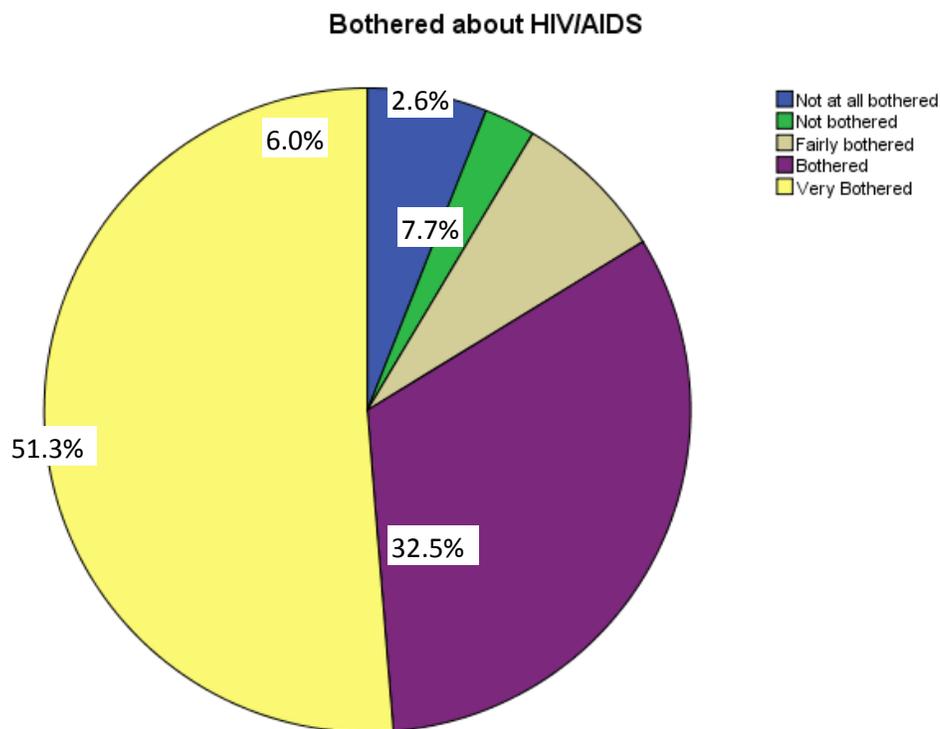


Figure 1 Concern about HIV/AIDS

Some workers indicated that it is their prayer that they do not become infected. Others said that they will abstain from casual sex and be careful not to expose themselves to things that can cause infection from HIV/AIDS. In addition some respondents were ready to contribute to an awareness creation through conversation on HIV/AIDS to spread the information. It was realized that most of the CSIR institutions do not have organised talk shows in the institution yet knowledge on HIV/AIDS was high among workers interviewed.

6.4 Perception on voluntary HIV test

The interest in voluntary HIV/AIDS test was high. Majority of respondents indicated that a voluntary HIV/AIDS test was very good or good, only 1.7 % of the respondents indicated that it was not a good exercise to undertake. Table 4 gives a vivid impression about responses. Some respondents expressed the view that a free annual voluntary HIV/AIDS test must be conducted for all staff to know their status. From the responses, making staff aware of their status will help them seek immediate medication and counselling.

Table 4 Perception on voluntary HIV test

	Frequency	Percent
Valid		
Not good	2	1.7
Fairly good	10	8.5
Good	49	41.9
Very good	56	47.9
Total	117	100.0

Furthermore it will help prevent the disease from spreading. A respondent from the northern sector indicated that a compulsory or a voluntary HIV/AIDS test will lead to stigmatization if information gets out. The respondent explained that this is a private issue in addition it will give people a psychological trauma. “After all everybody will die someday” the respondent emphasised.

6.5 Principles to guide Institutional Policy on HIV/AIDS

It was evident from the study that there was no HIV activity being carried out in all the institutions except in Nyanpkala where GTZ is helping to organise some lecture at a clinic they have set up at Savannah Agriculture Research Institute, but this is not organised or funded by the institute. In all

75% of the responses showed that there was no CSIR institutional HIV/AIDS programme as indicated in Table 5.

Table 5 Workplace HIV/AIDS programs

	Frequency	Percent
Yes	1	0.9
No	88	75.2
Not available	28	23.9
Total	117	100.0

Respondents said that no one had ever been to the institutes to give an HIV/AIDS talk. Respondents emphasised the need for management to invite experts to educate workers through organised HIV/AIDS programmes, film shows, lectures, flyers, posters and handouts. Some of them indicated that an advance policy to guide against future HIV/AIDS cases should be put in place and a mass screening programme should be organised for workers.

They indicated that the health policy should be expanded to cater for AIDS issues, thus offering free HIV tests once a year for all staff. Some respondents reiterated that in emergency cases the paperwork should be reduced to provide immediate health care to the person and ensure prompt payment of medical bills. Some of the suggestions made by respondents for a CSIR HIV Policy were as follows.

- ❖ Develop a special package for HIV positive persons where the cost of drugs should be paid by management for ten years.
- ❖ Government or institutions should make anti-retroviral drugs readily available and affordable to staff and families.
- ❖ Institution of an annual health check up for all employees and a percentage of the medication should be deduction from staff's salary. Others suggested that all staff can pay a small premium towards an HIV Fund.

- ❖ All levels and kinds of illnesses should be equally taken care of by the institute and medication should be free.
- ❖ Management should provide staff with either medical Doctors or particular hospitals for staff to access medical care.
- ❖ Management insist on mandatory HIV/AIDS test before employment.
- ❖ Free access to healthcare in addition to liaising with the AIDS commission for the supply of drugs and free voluntary HIV/AIDS testing.
- ❖ Periodically contacting personnel with Knowledge in HIV/AIDS to educate staff on the dangers of HIV/AIDS as well as on preventive measures in the form of seminars and workshops.
- ❖ Bringing in experts to counsel, sensitise and educate as well as support workers to prevent stigmatization of affected staff.
- ❖ Maintain and counsel those who may contract the HIV/AIDS, in addition the staff should be assisted financially.
- ❖ Awareness programmes, educational brochures and pamphlets should be made available to staff.
- ❖ Management should provide condoms to workers on trek or allow staff's wife to accompany spouse on trek to prevent the spread of HIV/AIDS. Some also suggested that management should provide condoms at private places for staff just like GTZ did sometime ago in SARI a clinic operated by GTZ.
- ❖ Staff on long treks should be allowed to go with their spouses otherwise long treks should be cut short, not more than two weeks should be spent outside.
- ❖ Issues on staff with HIV/AIDS should be kept confidential.

Responses to medical cost being borne by the family of the infected staff showed 85.5% negative response indicating their disagreement. Only seven people were of the view that since the diseases was not contracted on the job the individual and the family should bear the cost. They also indicated

that management cannot pay for the cost of someone’s promiscuity. Others also indicated that everyone should be responsible for his or her own actions. Indicating clearly that HIV/AIDS could only be contracted from illicit sex. Those who indicated that they were not sure were 8.5% of the respondents.

6.6 CSIR’s socio-economic impact of HIV/AIDS

Another area of study was the social and economic impact of HIV/AIDS. Some people, 3.4% of respondents, were of the view that it was just like any medical issue where people get sick everyday or die and are replaced. Yet majority of the respondents, 89.7% indicated that repercussion from HIV/AIDS on the institute would be a great. Table 6 show the responses of people interviewed.

Table 6 Any HIV/AIDS Worker's impact on institution

	Frequency	Percent	Valid Percent
Yes	105	89.7	89.7
No	4	3.4	3.4
Not sure	8	6.8	6.8
Total	117	100.0	100.0

Economically, most of the respondents said it would lead to low productivity in the near future due to frequent visits to the hospital which will lead to absenteeism at work. Others felt the medical cost will be a drain on institutional budget and the inactive worker will reduce work done thus being a liability rather than an asset to the institute. Medical bills of institutes will increase because the cost of HIV/AIDS drugs is very high.

Other indications were that the institute could lose competent workers or the best brains will be lost to AIDS. There will be high labour turnover, high cost of recruitment and high cost of training new workers which will affect productivity and reduce institutional profit.

Socially human relationship will be affected and psychologically people will be suspicious of each other and they will start to shun each others company for fear of contracting the disease. This attitude can demoralise infected workers and breakdown cohesion at the work side, making it difficult for workers to put their heads together to solve the country's problems on science and technology. Workers morale will be dampened and there will be no happiness, interaction or the enthusiasm to work at the institute and AIDS patients will be stigmatized if they are found out.

The image of the institute will be affected or destroyed if the media or the public get to know of an HIV/AIDS staff member in an institute. The general public will not be interested in our products, as indicated by some respondents. Others also said people would not want to be part of the institute or bring their products for testing. The public could avoid CSIR's technologies especially the ones that have to do with water and food which would in turn affect productivity. The credibility of scientists who are expected to know better will be reduced. Such information of an HIV/AIDS staff member can even tarnish the image of all the CSIR institutes.

It is important to acknowledge that most of the respondents were ready to become peer educators or support the spread of information on HIV/AIDS. As to whether they will be accepted by their peers, is another issue to look into in the near future. Most people also acknowledged the use of media and posters as a means of informing the public, they indicated that it was a means of keeping people alert on HIV/AIDS issues

7 Discussion

From the responses on a baby's chances of being infected, it was evident that further education and information on HIV/AIDS will be required at all CSIR institutions.

Almost all the CSIR institutions interviewed had some knowledge on HIV/AIDS and the little awareness created by the survey conducted, indicates the readiness of CSIR members for more education and a change in their current health policy to include issues on HIV/AIDS in particular.

The idea of an HIV voluntary test also went done well with most respondents, although a few felt it was a private issue. It is evident from the study that the few are entertaining the for fear of information getting out to the public domain.

The contributions from respondents for the HIV/AIDS policy were encouraging. Issues raised shows the immediate need for an HIV/AIDS policy in CSIR. It also showed that many workers will not be able to pay for the HIV/AIDS medical cost.

8 Conclusions and recommendations

In conclusion it is evident from the study that HIV/AIDS can affect any body and through any means, so there is the need to educate staff on the dangers and effects as well as preventive measures to reduce the spread of the disease and stigmatization of infected persons.

Awareness creation through seminars, workshops, posters, and flyers can help reduce loss of manpower, where best brains will be lost to HIV/AIDS, whilst client confidence in CSIR would reduce and scare off outsiders coming to the institutes to do business with staff. From the study indications are that business will fall and productive hours will also reduce thus incurring economic loss. The cost of medical expenses, reduction in productivity and cost in recruitment as well as training of employees would also increase. It is therefore important that a new health policy is drawn to help reduce the effects of HIV/AIDS on all the institutes of the CSIR.

Additionally, the new health policy should look at addressing gender issues as most of the clauses in the current document makes reference to the male gender alone.

Recommendations

- ❖ HIV/AIDS is preventable through change in individual behaviour, it is therefore recommended that education and information should be made available to workers of CSIR, to help them take measures to avoid the disease and to seek early treatment.
- ❖ All the issues raised in the suggestion for policy should form bases for a close discussion between leaders of the various groups in the institute (workers union, Research staff Association and Senior Staff Association as well as Junior Staff and management.
- ❖ Establish a frame work to influence health policy so as to address HIV/AIDS issues.
- ❖ That HIV infection shall not be grounds for discrimination in relation to employment

- ❖ To provide adequate treatment and medical care to enhance the quality of life, this will translate into quality socio-economic enhancement for CSIR Institutions.

References

Bollinger Lori, Stover John and Antwi Phyllis, 1999: The Economic Impact of AIDS in Ghana

Council for Scientific and Industrial Research, 2008: Conditions of Service for Staff

UNGASS Ghana Report, 2003: Ghana AIDS Commission- National report on monitoring: Follow up to Declaration of Commitment on HIV/AIDS

UNICEF, 2002: Situation analysis of children & women in Ghana 2000, Accra, UNICEF

World Bank and UNAIDS, 2000: Costs of Scaling HIV Programmes to a National Level for Sub-Saharan Africa Draft report

ANNEX1-Questionnaire

Please find attached questionnaire for your perusal and action

In connection with the attached document this survey is to help increasing awareness and understanding of HIV/AIDS issues amongst management and workers of CSIR as well as their family, through the institution of comprehensive HIV/AIDS policy tools.

We look forward to receiving the completed questionnaire and your active participation in an HIV/AIDS forum after data has been collected.

Thank you

HIVAIDS Semi-structure questionnaire

Name of Institution-

Age –

Age group

- A1. 15-24
- A2. 25-34
- A3. 35-44
- A4. 45-54
- A5. 55-60
- A6. 60 and above

Level of education-

What is your level of education?

- E1. Primary school certificate
- E2. Middle School certificate
- E3. Secondary school certificate
- E4. Commercial / Vocational
- E5. Tertiary (BSC/BA/HND)
- E6. Postgraduate degree MSC, MPhil, PhD
- E7. None
- E8. Refused to answer

1. Knowledge of HIV/AIDS

- K1. What kinds of illnesses do you normally think about and are interested to guard against?
- K2. What do you know about HIV/AIDS?-.....
- K3. What is the difference between HIV and AIDS?-.....

K4. To what extent does HIV/AIDS bother you, please select one of answers provided

1 Not at all bothered	2 Not bothered	3 Fairly bothered	4 Bothered	5 Very bothered
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K5. In what ways can you contract HIV/AIDS?

K6. Will the use of the lavatories together with an AIDS patient get you infected? 1.

Yes....., 2. No....., 3. Not sure.....

K7. Do you think traditional healers have a cure for HIV/AIDS?

1. Yes....., 2. No....., 3. Not sure.....

K8. Organising a voluntary test is –please select an answer below

1 Not at all good	2 Not good	3 Fairly good	4 Good	5 Very good
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K9. If a mother with HIV gives birth, do you think there is a high chance that the baby will also be infected? - 1 Yes..... Please explain - 2 No.....Please explain - 3 Not sure

K10. HIV/AIDS is more serious among the rural as against the urban dwellers

1 Not at all true	2 Not true	3 Fairly true	4 True	5 Very true
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2. Organisational response towards HIV/AIDS- care and support interventions

- O1.** Does your institute have any health policy? -1.Yes.....2.No.....
- O2.** Do you have any specific HIV/AIDS policy written out by your institute or organisation?-
1.Yes.....2.No.....
- O3.** If No, what personnel policies and procedures do you think could be put in
place?.....
- O4.** If yes please explain the policy.....
- O5.** If No, in what way do you think this policy should be done?
- O6.** Does your institute have a health related criteria for hiring employees? If yes what does it
say?
- O7.** Does it require prospective employee to submit to HIV testing {mandatory or
voluntary}.before employment?.....
- O8.** Does the health policy require that HIV/AIDS related issues be treated differently from all
other illnesses?
- O9.** Does your institute have a workplace HIV/AIDS programme in place? If yes, how are they
organized and funded?
- 2. No....., 3. N.A.....
.....
- O10.** What do you think management of the company should do to protect the workers from
contracting HIV/AIDS?.....
.....

3. HIV/AIDS SITUATION in your organisation

- H1.** Are workers given talks on HIV/AIDS by invited persons and AIDS educational materials from the National AIDS Control Programme? 1 Yes2 No.....3 Not sure.....
- H2.** Do you think these talks are necessary, 1. Yes....., 2. No....., 3. Not sure.....
please explain for Ans.1 &2
- H3.** Should workers be given condoms for free on request at the Institute?- 1. Yes....., 2. No....., 3. Not sure.....
- H4.** Are employees given time off to participate in HIV/AIDS educational issues during working hours? 1. Yes....., 2. No....., 3. Not sure
- H5.** Do you think it is necessary for employees to be given counselling and peer-education on HIV/AIDS? 1. Yes....., 2. No....., 3. Not sure.....
.....
- H6.** Is the health care costs the most visible and direct costs to the Institute? 1. Yes....., 2. No....., 3. Not sure?
- H7.** What will your attitude to HIV/AIDS be at workplace? - What can you do to help prevent it?
-
- H8.** Making HIV/AIDS familiar through advertisements on the institutes notice board, national radio and television, will help change the behaviour of some of my colleagues?. 1. Yes....., 2. No....., 3. Not sure?

4. Stigma and HIV/AIDS

S1. How comfortable will you be, working with someone with HIV/AIDS?

S2. Is it okay to be with a group of people, among whom there are persons who are HIV positive because of the stigma? 1. Yes....., 2. No....., 3. Not sure.....

Please explain?

S3. What do you think management should do upon finding out that a staff member is HIV positive?

S4. Does your institute need a Health Unit for counselling and encouragement, 1. Yes....., 2. No....., 3. Not sure.....please explain?

S5. Does your institute need selected and trained counsellors in your institute to provide HIV/AIDS counselling for workers? 1. Yes....., 2. No....., 3. Not sure.....Please explain your answer.....

5. Impact of HIV/AIDS on institute

S6. In your opinion, what will the economic impact of AIDS be on your institute?

S7. What social impact will AIDS/HIV have on your institute?

S8. Should AIDS/HIV activities be funded, (the sick and advocacy) 1. Yes....., 2. No....., 3. Not sure..... why? Explain your ans.

S9. Should the medical cost an HIV/AIDS patient be borne by the family alone?

S10. Will the institute lose anything if some of its workers are infected? 1. Yes....., 2. No....., 3. Not sure.....explain

S11. Is there any risk of researchers' susceptibility to HIV/AIDS because of the need to spend many nights away from their families (trek)? - 1. Yes....., 2. No....., 3. Not sure.....

S12. What should the organisation do in this situation (S11)?

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