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**Perceptions of Employers
about HIV/AIDS in Micro
and Small Enterprises
Employing Women Workers
A Case Study of Harare**

Trudie Kaniki

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Organization for Social Science Research in
Eastern and Southern Africa

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Trudie Kaniki

PERCEPTIONS OF EMPLOYERS ABOUT HIV/AIDS IN MICRO AND SMALL ENTERPRISES EMPLOYING WOMEN WORKERS: A CASE STUDY OF HARARE

ABSTRACT: HIV/AIDS has a negative impact on economic activity. The study seeks to assess the impact of HIV/AIDS on the Micro and Small Enterprise (MSE) sector by assessing the perceptions of employers and employees. The study focuses on the MSE sector, which employs a majority of women. Little research has been done on this area and it is expected that the findings of the study will prove useful to stakeholders.

The service industry was selected for the study because it employs a majority of women. About 68 percent of the respondents are women. Within the industry, 30 enterprises comprising salons, cafés and travel agencies were selected. An interview guide was used to collect data from employers and employees on perceptions on HIV/AIDS in their workplaces, and information on awareness and prevention methods.

The study found that enterprises employing women were perceived to have a relatively low incidence of HIV/AIDS. Men were perceived to be at a higher risk of exposure to HIV/AIDS because of their promiscuous behaviour. However, it was felt that HIV/AIDS had affected productivity in these enterprises mainly through absenteeism and death. It was also found that both employers and employees in these enterprises had a high level of awareness of HIV/AIDS. However, respondents felt that cultural barriers made it difficult for women to protect themselves from HIV. All enterprises had some prevention methods in place. However, it was found that enterprises characterised by a high level of contact between employees and clients had a higher use of prevention methods.

1. INTRODUCTION

1.1 Background

The HIV/AIDS pandemic is considered the biggest threat to the socio-economic development of many sub-Saharan African countries. The complexities of the challenges presented by the pandemic are far greater than what anyone could have imagined when the first cases of HIV/AIDS were reported in the late 1970s and early 1980s. At the turn of the millennium, UNAIDS estimated that 36.1 million adults and children were living with HIV/AIDS (UNAIDS 2000). Furthermore, over 18 million people are estimated to have died from the disease.

One of the most worrying attributes of this scourge is that it is highly prevalent amongst the most economically active part of the population, which is 15-60 years of age. The ILO (2001) and Jackson (1992) state that most of those who die of AIDS are adults in the prime of their productive years. The high level of infection among adults poses a threat not only to the health of any nation but also to the productivity of the factories, farms, plantations, mines and other enterprises that constitute the productive sector of the economy. The epidemic also threatens any country's financial, administrative and social infrastructures. Thus, HIV/AIDS is a threat to the livelihoods of millions of people and to the welfare of their families, regardless of whether or not they happen to be HIV-positive.

The devastating effects of HIV/AIDS are felt by societies at both the macro and micro levels. At the micro level, households lose breadwinners, spend their savings on prohibitively priced treatments, and undergo immense emotional and psychological trauma during the sickness and after the death of a family member. At the national level, already strained health budgets are stretched further and the labour force and national output are reduced in quantity and quality.

The incidence of HIV/AIDS is far greater in sub-Saharan Africa than any other region in the world. Of the estimated 36.1 million people living with HIV/AIDS in the world, 25.3 million of them are in sub-Saharan Africa. The proportion will continue to rise in the region, where poverty, poor health systems and limited resources for prevention and care fuel the spread of the virus. In Zimbabwe, 34 percent of the population aged 15-49 is estimated to be living with HIV (National AIDS Council 2002). This figure, which reflects prevalence amongst the most productive age group, is the second highest in the world after Botswana, which has a prevalence rate of 36 percent (*ibid.*). Namibia has a prevalence rate of 19.5 percent in adults aged from 15-49 (Hoplang 2001). MAP (2000) estimates that by 2003, Botswana, South Africa and Zimbabwe will be experiencing negative population growth: 0.1 to -0.3 percent from the 1.1 to 2.3 percent it would have been without AIDS.

The ILO (2001) projects the population of Zimbabwe in 2020 to be 20 percent smaller than it would have been without AIDS. Similarly, in Botswana in 2020, the familiar population pyramid is expected to be replaced by a "population chimney". This is the first time that negative population growth has been projected for developing countries. It is due to high levels of HIV prevalence in these countries coupled with relatively low fertility. In other countries, population will still grow despite high levels of mortality, due to very high levels of fertility.

The high rate of HIV infection is clearly a threat to the size, structure and output of the Zimbabwean labour force in both the short and long terms.

Ray and Williams (1993) concur that the working age is the most affected by the pandemic in Zimbabwe and its effects are being felt more acutely. Reasons given for the rapid spread of the pandemic are mainly the highly developed transport infrastructure, the high mobility of the population and the country's high incidence of sexually transmitted diseases (STDs) (*ibid*).

In Africa, women are harder hit by the pandemic than men (MAP 2000). About 55 percent of all adults living with HIV/AIDS are women. The difference between men and women is pronounced in those who are younger than 25 years. A population-based survey in Kisumu, Kenya, showed HIV rates in 15 and 16-year old girls of 8 and 18 percent, respectively, while no infections were documented in boys of the same age. According to UNAIDS (1999), women are about four times more vulnerable than men to sexually transmitted diseases including HIV/AIDS. Women may have higher HIV prevalence than men because they are more exposed to infected partners and/or because they are at a higher risk of acquiring HIV infection from an infected partner.

Furthermore, women occupy a weaker position in sexual relationships and also a lower economic and social status relative to men. They are unable to negotiate sex relations as effectively as men do. Generally, women earn lower incomes within the informal sector (USAID 1998). As such, they are less able to afford the cost of treatment and therefore are unlikely to cope with even the less serious symptoms of HIV infection. In addition, their weak financial standing makes them susceptible to being heavily dependant on men who may demand sexual favours in return for providing them with support in cash or kind, which increases their risk of infection. Therefore, MSEs employing women stand a high chance of having their operations disrupted or even closed.

The Micro and Small Enterprise (MSE) sector is becoming an increasingly important part of the Zimbabwean economy. Between 1991 and 1998 total employment in manufacturing, commercial and service MSEs grew by 22 percent (USAID 1998). Taken together, these three sectors employed about 34 percent of the total labour force in 1998, and when agricultural and mining MSEs are included, this proportion stood at 78 percent (*ibid*). Although no figures are available for the current period, the numerous lay-offs that have taken place in the recent past, the contraction of the formal sector and the large number of school leavers would suggest that the MSE sector has grown further.

It is also essential to point out that the majority of people working in the MSE sector are women. In 1998, one or more women owned 58 percent of all MSEs. This reflects the fact that women face stronger barriers in entering the formal sector relative to men and are therefore more likely to take up employment in the MSE sector. However, although women own

many businesses in this sector, there has been a sharp decline in the number of women owned businesses in the recent past. The total number of women-owned businesses fell by 3.8 percent per year between 1991 and 1998 (*ibid.*). It is interesting to note that 'personal' reasons featured more significantly than financial constraints (or any other factors) as a reason for closure between 1994 and 1997. One could argue that HIV/AIDS may be included in what is termed 'personal' by MSE sector operators.

The study seeks to look at perceptions on HIV/AIDS of employers and employees in the informal sector. Considering the sensitivity of the subject, it is easier to get perceptions rather than hard facts from interviewees.

1.2 Statement of the Problem

The MSE sector provides employment for a large proportion of the Zimbabwean economically active population. Women form most of the labour force in this sector, and they are involved as employers and employees.

The effects of HIV/AIDS on the MSE sector are largely unknown. What is known based on statistics is that the HIV/AIDS pandemic is severely affecting the economically active population group. Therefore, it is important to have a clear understanding of how the pandemic is affecting the MSE sector. It is particularly important to assess how the pandemic affects MSEs employing women, given that they constitute the majority of the labour force in this sector.

Unlike other diseases that can be treated, the intermediate and end results of HIV/AIDS are permanent disability and death. This has major implications for the continued survival of the MSE sector and those who derive their livelihood from it. The disability and death of women entrepreneurs in the MSE sector has far reaching effects due to the importance of their activities in this sector and the multiple roles they occupy in society.

Unfortunately for women, the disadvantaged social and economic positions they occupy place them at a high risk of HIV/AIDS infection. Usually women have little or no say concerning their sexual relations. As a result, women are at risk of engaging in sex with infected partners. MAP (2000) carried out a study in Mutasa, Zimbabwe and found out that there was a higher prevalence of HIV amongst women than men. Women entrepreneurs may also be faced with these socio-economic constraints, especially if they do not generate enough income to make themselves financially independent.

1.3 Objectives of the Study

This study aims at assessing perceptions on how HIV/AIDS affects women working in Zimbabwe's MSEs. Specifically, it seeks to:

- Assess perceptions of how HIV/AIDS affects MSEs employing women;
- Assess the level of awareness on HIV/AIDS and its ways of transmission; and
- Assess to what extent prevention methods are adopted by those employed in the MSEs.

The above objectives will be pursued based on the following research questions:

- How is HIV/AIDS perceived to affect MSEs employing women?
- What is the level of awareness on HIV/AIDS in MSEs employing women?
- To what extent are prevention methods being used by those employed in the MSEs?

1.4 Importance of the Study

In as much as more work needs to be done to understand how HIV/AIDS affects all people working in MSEs, there is an urgency to understand how women in particular are being affected by the disease. For there to be a relevant response from stakeholders to the problem of HIV/AIDS in MSEs, a clear understanding of how the pandemic is affecting women is crucial. Thus, it is expected that this study will add to the body of literature on the impact of HIV/AIDS on MSEs and fill part of the gap on how HIV/AIDS affects MSEs employing women.

Measures aimed at reducing the spread of HIV/AIDS have evolved over time. The ILO has realised that it is more effective to have specific measures that focus on men and women separately since women are more vulnerable to HIV/AIDS. Women-controlled barriers to HIV/AIDS are considered an integral part of the prevention process; nevertheless, measures targeted at women in the work area should be developed. The study can help generate ideas on how to develop such measures. It is hoped that the study can shed some light on how such measures can be developed and incorporated in the broader initiative aimed at mitigating the effects of HIV/AIDS in the work area.

1.5 Definition of Concepts

Human Immunodeficiency Virus (HIV)

HIV is an abbreviation for Human Immunodeficiency Virus. HIV is not AIDS; it is spread through specific body fluids, blood, semen, vaginal fluids and sometimes through the mother's milk to her baby. Even if they do not show symptoms, people who are HIV positive are infectious. One of the problems associated with the spread of HIV is that many people who are HIV positive are unaware that they are. HIV has a long incubation period and infected people may have many years of normal productive life, although they can infect others during this period (Loewenson 1998).

Acquired Immune Deficiency Syndrome (AIDS)

AIDS is an abbreviation for Acquired Immune Deficiency Syndrome, i.e.,

Acquired: obtained from some outside source.

Immune: the body's ability to fight illness.

Deficiency: not enough ability to fight illness.

Syndrome: set of symptoms of not just one kind of illness - can be several illnesses.

AIDS is an illness that arises out of weaknesses of the immune system. Any illness including tuberculosis, cancer, pneumonia, great weight loss due to constantly upset stomach - that enters when one's body is very weak due to HIV, is called AIDS. These illnesses occur due to destruction of the immune system (Loewenson 1998). Women are more vulnerable to HIV/AIDS because they have a larger mucosal surface exposed during sexual intercourse and also semen has a far higher concentration of HIV than vaginal fluid (UNIFEM SARO Report 2001). Since people with HIV appear healthy and those with AIDS have detectable medical illnesses, it is important to differentiate between these two states.

Micro and Small Enterprises (MSEs)

While there is no universal definition of micro and small enterprises, there is some agreement as to their general characteristics in developing countries. They are broadly of very small operation, relatively low level of technology and usually managed by the owner. A further description of these enterprises is related to their considerably low level of productivity and income, and their strong tendency to operate in the informal sector. The size of an enterprise may be defined according to various criteria, including: the number of workers, the volume of output or sales, the value of assets or the use of energy. The criterion of the number of workers is the one which is widely used because of its apparent simplicity and because data on other criteria is generally lacking. For operational purposes, it is often agreed that

MSEs employ 5 to 50 workers. These definitions may be adapted to specific situations prevailing in various countries.

2. REVIEW OF LITERATURE

2.1 Introduction

In Zimbabwe, HIV/AIDS is associated with sex outside marriage; and due to its fatal nature, it is widely regarded as a cause for shame, fear, stigmatisation and denial. Most people in Zimbabwe who know they are infected with HIV/AIDS try to conceal their status because they are afraid of rejection by their friends, family, neighbours and co-workers and of discrimination or dismissal by their employers.

Despite the stigma associated with HIV/AIDS, much of society continues to place itself at risk by engaging in multiple sexual relations. According to Ray and Williams (1993), the breakdown of pre-colonial family and village life in Zimbabwe has led to the erosion of traditional values and norms of sexual behaviour. Sexual relations usually with several partners and without protection are now common in Zimbabwe.

Many still deny the existence of AIDS itself, claiming it is simply another name for a disease known as *rakao* or *runyoka*, which has been around for decades and can be cured by traditional African medicine. Others jestingly refer to AIDS as “American Ideas for Discouraging Sex” (Ray and Williams 1993). These feelings and attitudes are common in all sections of the society.

Although there is a considerable amount of data on the impact of HIV/AIDS in the workplace especially the formal sector, there is little qualitative and quantitative literature on the impact of HIV/AIDS on the MSE sector. There is even less evidence on how the pandemic affects women in this sector. In the recent past, several studies have analysed the macroeconomic effects of HIV/AIDS in sub-Saharan Africa. The studies examined the overall impact of HIV/AIDS on productivity and the labour force using a macroeconomic framework such as computable general equilibrium (CGE) model.

The general approach in using a macroeconomic framework is to project what GDP and GDP per capita would be like in an HIV/AIDS scenario versus a no HIV/AIDS scenario. Studies using this approach include Cuddington (1993), Kambo, Devarajan and Overu. (1992) and Cuddington and Hancock (1995), which analyse the macro implications of HIV/AIDS in Tanzania, Cameroon and Malawi, respectively. Without exception, the studies conclude that there will be substantially lower levels of GDP and GDP per capita in the future because of the pandemic.

Ray and Williams (1993) show that the formal sector in Zimbabwe is being negatively affected by the pandemic. According to the study, there was an increase in the number of employees taking sick leave because of HIV/AIDS related illnesses. Even as early as 1993, some companies were beginning to observe sharp increases in the mortality rates of their employees. Loewenson (1998) found in a study on the impact of HIV/AIDS on companies that lost work time due to HIV/AIDS related illnesses increased from 3-4 days per year to over 20 days in those with more serious illnesses. She further states that these periods of illnesses are interspersed with periods of health and ability to work, making it difficult to predict specific periods of lost work time. At the time of her study, she found out HIV to be responsible for forty percent of lost work time.

According to UNAIDS (2000), a sugar estate in Kenya lost 8000 days of labour due to HIV/AIDS related absenteeism. This resulted in a 50 percent drop in production during the same period. The company also had to pay higher overtime wages for workers obliged to work longer hours to fill in for sick colleagues.

In order to formulate mitigation policies aimed at the labour force, it is important to examine how the pandemic affects different sectors including the MSE and informal sectors. Unfortunately, most sectoral studies have tended to focus only on well-established companies in the formal sector, where it is easier to measure the impact of HIV/AIDS because of the sector's structured environment. For example, Young (2000) examines the perceptions of employers about HIV/AIDS in South Africa's formal sector. The study employed a questionnaire to assess how South African employers perceive the HIV/AIDS problem in the formal sector. Accordingly, over 70 percent of the respondents were of the opinion that HIV/AIDS did not affect productivity in their enterprises.

2.2 HIV/AIDS and the MSE Sector

Despite the bias towards the formal sector, minimal work has been done on the impact of HIV/AIDS on the informal/MSE sector; however, there is now an increased realisation of the importance of assessing this problem. According to Robert (1999), although little published information exists on the relationship between HIV/AIDS and small businesses, this interaction may be one of the key factors contributing to the slowing down of Africa's development.

African countries are realising that it is important for them to consider the effects of HIV/AIDS on the MSE sector. For example, the DFID (2000) study of Malawi's MSE sector shows that more than 37 percent of MSEs indicated that they were likely to be affected by HIV/AIDS. This has

important implications for the country as a whole and for the kinds of programmes that could be developed to help the MSE sector.

Chingambo (1999) reports the findings of a study looking at the effects of HIV/AIDS on small businesses in Zambia. The study was based on 25 randomly selected small businesses in Lusaka and Kabwe. Data were collected using a semi-structured questionnaire containing closed and open-ended questions. The questionnaire was administered to the owners of the small businesses and to qualify for inclusion in the sampling frame, the small business was required to have between 5 and 50 employees. Interestingly, 64 percent of the operators indicated that the operations, production and profitability of their businesses had not been affected by HIV/AIDS. However, 84 percent of those interviewed felt that HIV/AIDS would be a problem in the future mainly as a result of lost skilled labour.

Ballard and King (2000) report findings of a survey of large and small companies in South Africa. The inclusion of small companies is an indication that the impact of HIV/AIDS in these companies is becoming an increasingly important issue to assess. Survey participants estimated that 11.3 percent of all employee deaths in 1998 were AIDS-related compared to 8.2 percent in 1997 and 6.5 percent in the previous year. AIDS was also responsible for 3.4 percent of the number of staff lost to long-term disability, up from 2.5 percent in 1997 and 1.7 percent in 1996. Respondents stated that 10.2 percent of employee sick leave in 1998 was HIV/AIDS-related, compared to 6.3 percent in 1997 and 5.2 percent in 1996. Similarly, the incidence of AIDS-related compassionate leave increased from 4.8 percent in 1996 to 11.1 percent in 1998 with employees staying away from work to attend funerals of relatives or to care for ill family members.

Although the gender considerations of HIV/AIDS are important, little effort has been made to so incorporate them in studies. None of the studies mentioned above take into account the gender aspect of HIV/AIDS in the MSE sector. It is however necessary to examine this aspect closely because women are a very important part of the labour force. This is especially the case within the MSE sector, which according to Donahue (1995) provides almost all the entrepreneurial opportunities available to women.

Even though the literature is very limited, there is some indication that small businesses employing women are likely to suffer more as a result of HIV/AIDS than those employing men. According to the ILO (1995), because of their traditional caregiver roles, women are more likely to reduce time spent at work to look after sick relatives and friends. Extended periods away from work disrupt the operations of the small businesses, negatively affecting productivity. The extent of this disruption is extremely profound in small businesses where the absence of even one employee may mean that

half the labour force is not at work. Furthermore, not only are the small businesses affected by the absence of these women employees, their employment and/or earnings are also placed at risk.

The same ILO publication reports the findings of a case study of female traders in Owino market in Uganda. The results show that their work is easily interrupted, their perishable stocks suffer spoilage rapidly, and their meagre resources are quickly wiped out as they try to cope with their own illness or that of a close friend or relative. Clearly, HIV/AIDS has a devastating effect on small businesses employing women.

An important factor to consider is that the nature of some small businesses exacerbates the prevalence of HIV/AIDS among women employees. Msiska (1990), for example, reports that women in the fishing industry in Zambia may feel compelled to participate in multiple sexual relations as a way of securing the continued success of their businesses. Due to their weaker position in sexual relations, their possible coercion by men, and their desire to succeed as entrepreneurs, women working in small businesses can very easily be affected by HIV/AIDS.

The review of literature shows that the amount of literature on the impact of HIV/AIDS on the MSE sector is minimal. This is particularly the case with literature that examines the gender implications of this impact. However, there are indications that in the future this is likely to change as more research is being carried out on the relationship between HIV/AIDS and the MSE sector. This is a positive development that will benefit the MSE sector. Hopefully, the research will also take into account the gender considerations of HIV/AIDS in the MSE sector. The ILO (2000) states that in response to the growing crisis of HIV/AIDS, the ILO will launch focused activities for the mitigation of the impact of HIV/AIDS for micro and small enterprises. The ILO (2002) also states that during 2002-2003, the organization will pay due attention to the effects of HIV/AIDS on the workforce and in the workplace.

Furthermore, as stakeholders become more aware of the potentially devastating effects of HIV/AIDS on the MSE sector, more nationally based studies will also likely be done soon. For example, the Department of Health (2002) in South Africa has commissioned a study into HIV and AIDS in the hospitality sector. The study will involve sampling more than 5 000 employees working in hotels, bed and breakfasts, guesthouses, game lodges, resorts, restaurants, fast food outlets, pubs and catering companies to find out their current knowledge, attitudes, perceptions and behaviour towards HIV/AIDS. The study will also include an assessment of how hospitality organisations are currently dealing with the pandemic and the current and projected future impact of HIV/AIDS on individual organisations and the sector as a whole. A management toolkit will emanate

from the study, which will guide large and small enterprises throughout the hospitality sector in managing HIV/AIDS in the workplace.

2.3 Level of Awareness of HIV/AIDS

In Zimbabwe, there is a relatively high level of awareness of HIV/AIDS. The media has played a big role in raising awareness regarding the pandemic. The relatively high level of education in the country is also a contributing factor to the level of awareness. According to Mbizvo *et al.* (1997), as the level of education increases, knowledge of HIV/AIDS also increases.

In order to effectively curb the spread of HIV/AIDS in the MSE sector, it is important that awareness programmes be introduced. Unless the findings of research and the high level of information dissemination are translated into practical programmes that can be implemented, there will be little impact from studies that examine the impact of HIV/AIDS on this sector.

In Zimbabwe, the main policy tool guiding the implementation of awareness programmes in the workplace is Statutory Instrument 202 of 1998 contained in the National HIV/AIDS Policy (Government of Zimbabwe 1999). Under this instrument, employers are expected to provide information on infection and transmission of HIV, prevention of HIV/AIDS, and counselling facilities for HIV/AIDS patients.

However, one limitation of this policy tool is that it is targeted mainly at large companies as opposed to MSEs. This is evidenced by the fact that education programmes are to be designed in accordance with guidelines approved by the relevant employer and employee organisations. In Zimbabwe, it is mainly large companies and government agencies that have such structures, which are used mainly for negotiating salaries. The policy tool is now being used to include the MSE sector as well, given its growing importance in the national economy and the increasing incidence of the pandemic within the sector.

The National Aids Council of Zimbabwe (NAC) has come up with the Workplace Programme (NAC 2002). The programme uses mainly the Peer Education Model. Accessories to this are leaflets, pamphlets, books, posters, stickers, handouts, condoms and videos. Yet again the design of the Workplace Programme, like the National HIV/AIDS Policy, is biased towards larger companies. However, in the recent past, companies in the MSE sector have also adopted the programme.

It is not only the government that can make an impact on raising awareness on HIV/AIDS. The church can also play an important role. Hartwig (in Berer and Ray 1993) carried out a study in Tanzania and found out that the

church was very vocal as far as the HIV/AIDS scourge was concerned. The church was becoming more and more open about the disease so that its congregation are aware of its effects. Mbizvo *et al.* (1997) also comments that Christian men and women generally are more knowledgeable of the pandemic, how it is transmitted and ways to avoid contracting it, than individuals from other religions.

In Malawi, USAID sponsored a project that encouraged religious leaders to introduce HIV/AIDS prevention themes into their ministries and pastoral messages by emphasizing the importance of monogamy and sexual abstinence outside of marriage (USAID 1992). HIV/AIDS prevention presentations were made to more than 25,000 church members and more than 20,000 AIDS information booklets were distributed. The project was so successful in Malawi that its success prompted planners to design a similar strategy for Brazil.

Although women in the MSE sector in Zimbabwe may have a high level of awareness of HIV/AIDS, there are cultural barriers especially as far as married women are concerned which place them at high risk of infection. UNIFEM-SARO (2001) carried out a study in Zimbabwe and found that women complained of the difficulty of suggesting the use of condoms or of discussing HIV/AIDS with their spouses even when the man appeared ill. Reasons given were that it was taboo to discuss sex even in a marriage setting. According to SAFAIDS (1993), in as much as everyone seems aware of the pandemic, African women have very little control over their own bodies, thus reducing their participation in negotiating sexual activities with their partners. Therefore, due to these socio-cultural factors, women in the MSE sector are vulnerable to HIV/AIDS despite having knowledge of the pandemic and efforts they might take to protect themselves.

2.4 Summary

Perhaps the most obvious conclusion that can be drawn from the review of the related literature is that very little work has been done on the impact of HIV/AIDS on the MSE sector as a whole, and with reference to women employees in particular. This in itself would indicate that the current study would be of value in terms of added knowledge and in terms of assisting stakeholders in their decision making processes. It does appear that this issue is gaining some prominence as a socio-economic problem requiring more attention from researchers and policymakers.

Even though related literature is scarce, the little that is there seems to point out quite clearly that MSEs with women workers are particularly vulnerable to the devastating effects of HIV/AIDS. The current study can be expected to make an important contribution to understanding how HIV/AIDS affects MSEs employing women.

It is encouraging to note that more interest on the impact of HIV/AIDS on the MSE sector is being generated. As a result, we expect more studies to be done on the area that will be useful for policy makers and companies in dealing with HIV/AIDS in the workplace. We also expect some of the research will be directed at addressing issues pertaining to gender as those considered in the current study.

Another important issue that arises from the literature review is that of data collection. The issue of HIV/AIDS is a very sensitive one. Efforts to study the topic can very easily be frustrated if the research instruments are not well designed. From the literature review, it seems that questionnaires soliciting for employers' opinions, understanding and perceptions are the safest and most effective way of obtaining data on the issue. Though this leaves studies such as the current one open to subjectivity, the approach still provides some important and useful information.

Finally, HIV/AIDS policy and awareness programmes are not very well suited for the MSE sector. The inclusion of the MSE sector within the framework of these tools was not a priority at their onset, rather it was necessitated over time as it became apparent that this sector is important to consider when assessing the effects of HIV/AIDS on the economy.

3. CONCEPTUAL ISSUES

The main effect of HIV/AIDS on small businesses employing women will be on productivity. In the short term, lower productivity will be a result of poor performance and absenteeism. For example, Ainsworth (1993) comments that AIDS-related illnesses will raise fatigue at work and absenteeism. In the long run, lower productivity will be a result of permanent disability and death of employees.

However, studying the impact of HIV/AIDS on any socio-economic group is a challenging activity because of the stigma associated with the disease. The fears and prejudices of employers and employees concerning HIV/AIDS are likely to be reflected in the responses they give during interviews. The understanding of HIV/AIDS related issues, though somewhat clear in the mind of the researcher, is not that easy for ordinary people. Therefore, there is a possibility that mixed responses will be received from the interviewees.

The study is based on perceptions, which are subjective. Perceptions are based not only on just what people observe but also on what people have experienced. Thus, responses from interviewees were influenced by personal experiences. That is, for the same question the response from someone who has had a relative or workmate die from an HIV/AIDS related illness can be considerably different from that of someone who has not.

Therefore, the results of the study, even if they are quantified, should be used very cautiously when making general conclusions on the impact of HIV/AIDS on businesses employing women.

The study covers both employers and employees to give a balanced view of the perceived impact of HIV/AIDS on the specific service sectors selected. However, there is a disadvantage to this approach. The views that these two groups have on HIV/AIDS and its effect on the businesses may differ because the two groups represent different interests. Employers may be more concerned with quantifying the loss in productivity arising from HIV/AIDS illnesses and deaths in monetary terms. On the other hand, workers may focus more on the human factor. That is, they may view the impact more in terms of the loss of a colleague and friend. This difference may affect the responses obtained in the study.

Productivity in the work place can be measured in terms of hours worked and number of clients attended to. Absenteeism, disability and death will all have a negative impact on these indicators of productivity. However, the effects of HIV/AIDS will go beyond by leading to higher costs and thus lower profits. Depending on the type of business, HIV/AIDS leads to higher costs through increased medical and funeral expenses. Even if the business does not contribute to medical and funeral expenses, it faces higher costs because it becomes more expensive for the business to pay fixed salaries when productivity is dropping. Indeed, the application of the theory of productivity is arguably incomplete without mentioning costs and profitability.

Although considering costs and profits would be interesting as a means of analysing the research problem, in the context of small businesses it is not easy to obtain information on these indicators. For instance, examining productivity in terms of absenteeism does not target the actual financial flows in and out of a business, whereas costs and profits do. It would be difficult to include these two indicators in the study. It is not the intention of the study to conduct this type of financial analysis. MSEs are known for not keeping accurate records and where they do keep them, they tend to be unwilling to share them for several reasons, such as the fear of these records being used for tax purposes. Therefore, the study is limited to productivity as observed from a subjective point of view by those interviewed.

According to research, because of their social and economic status, female workers in small businesses are at higher risk of HIV/AIDS infection relative to men. They are at risk of engaging in multiple sexual relations to supplement their small incomes. However, modelling the sexual behaviour of men is also an important issue in as far as women being infected with HIV/AIDS are concerned. One has to consider the sexual behaviour of men not so much in an economic context, but more in a cultural one. In African

society men are “expected” to have several sexual partners. It is almost considered “unAfrican” for a man to have a monogamous relationship. These cultural and social pressures mean that one man has the potential to infect several women.

Finally, a weakness of the current study is that it covers an area that is not well researched. The review of the related literature has revealed that there are limited studies on the impact of HIV/AIDS on small businesses, particularly studies with a gender bias. No theoretical framework has been put forward to assess research problems of this nature. The current study will not propose a theoretical framework, but will be guided by the approach taken by other studies covered in the review.

4. METHODOLOGY

4.1 Study Area

The study was conducted in the Zimbabwean capital, Harare. The level of MSE activity is relatively high in urban areas such as Harare. Although only about 27 percent of the Zimbabwean population lives in urban areas, close to 40 percent of MSEs are located in these areas (USAID 1998). Also, as an urban area people are more aware of HIV/AIDS and therefore more likely to be willing to talk about it compared to rural areas.

4.2 Sample Selection

The study is based on 30 enterprises; 2 respondents were interviewed from each enterprise, making a total of 60 respondents. The sampling process took longer than the researcher had anticipated mainly because to get a list of MSEs proved difficult. The researcher had hoped to get lists from the Confederation of Zimbabwe Industries (CZI) and Zimbabwe National Chamber of Commerce (ZNCC) for purposes of sampling. CZI was not forthcoming because they did not keep such records. ZNCC was helpful but the list included all forms of organisations - multi-nationals, large corporations and MSEs. It became cumbersome for the researcher to go through the list and select MSEs only, thus she had to scale down and look at the service sector.¹

The service sector includes salons, take-away cafes and travel agencies. The researcher assumed that the aforementioned had their own organisations or bodies, which govern them and to which they can take their grievances. This was the case with the travel agencies. The organisation, which is named the Association of Zimbabwe Travel Agencies (AZTA), was reluctant to give a list of its members even after careful debriefing. It took a lot of persuasion on the part of the researcher to eventually obtain the list. It should be noted that this list does not actually have all travel agencies in

Harare but only those registered with AZTA. It was far more difficult to obtain information for salons and cafes. Eventually, the researcher got a list from the Commercial Workers Union (CWU). The list was similar to that provided by AZTA in that it did not cover all the salons and cafes in Harare but only those registered with the body. The two lists provided by AZTA and CWU formed the sampling frame for the study. Random selection was done to come up with the sample of 30 enterprises used in the study.

4.3 Data Collection

Interview times were set with the different enterprises. The employer and one employee from each enterprise were interviewed. Of the 60 interviewees, 41 (68 percent) were females and 19 were males. Instead of administering a questionnaire as was initially desired, the researcher used an interview guide.² The interview guide, which was useful for probing, was administered to the owners/employers and employees of the MSEs. Each interview took 1-2 hours. The following kinds of data were collected:

- Perceptions on HIV/AIDS in MSEs;
- Perceptions on how HIV/AIDS affects productivity;
- Information on awareness of HIV/AIDS; and
- Information on methods used in the prevention of HIV/AIDS transmission.

4.4 Problems Encountered in Data Collection

As mentioned earlier, it proved fairly difficult to access lists of enterprises with registered bodies in Harare. The reason could be because the research was focusing on the MSE sector in which this information was not readily available. The researcher discovered that most MSEs were not registered with any recognised body.

In the salon industry, some clients were not willing to allow their hairdressers to be interviewed, despite the fact that the researcher would have explained the purposes of the interview. Some clients simply did not want to be disturbed even though their hairdresser was able to continue working without any inconveniences. Thus, the interviews took longer especially in this category.

Some employers and their employees were not willing to be interviewed because they thought it was difficult to talk about HIV/AIDS. They also feared that their workforce might begin to suspect each other of a disease that was not really there. They believed the issue of the pandemic was sensitive and in case there was someone working with them who had it, it would mean stigmatisation by other workers. This would risk them losing a

worker, because his/her condition could be made worse by the stress of having being discovered as living with the virus.

5. PRESENTATION AND ANALYSIS OF FINDINGS

5.1 Perceptions on HIV/AIDS in MSEs with Women Workers

Researching on issues related to HIV/AIDS is not easy due to the sensitive nature of the disease and the stigma surrounding it. Ordinarily, it is difficult to research HIV/AIDS in the workplace, especially in small businesses where the workforce is very small and almost intimate. Hopefully, this will change as more research is done in this area.

Thirty owners (21 women and 9 men) and 30 employees of MSEs were interviewed. There was need for this inclusion to guard against bias. These enterprises were in 3 categories; salons, travel agents and cafes. These were selected because they generally employ more women than men. This proved to be the case with the study with over 50 percent of the enterprises employing a majority of women. The presentation of findings will include the perceptions of owners and those of their employees. It would be interesting to see if there are any differences in the perceptions.

5.1.1 Salons

i) Employers

Upon questioning the managers/owners on what they thought of the frequency of HIV/AIDS in their enterprises, the following percentages were gathered. Forty percent of the interviewees believed the frequency was relatively high in their sector and enterprise. This is because they either had workers who were ill from the disease or who had died from it. The employers added that they suspected that some of their workers had the disease because they were frequently absenting themselves from work due to ill health. It was rather difficult to put the frequency on a scale as initially intended because the researcher did not administer a questionnaire. She conducted interviews with the managers/owners. Thus, the interviewees were asked their opinion in terms of what they thought was the frequency of the HIV/AIDS scourge in their sector and enterprise.

The remaining 60 percent thought that the frequency was relatively low in their sector and in their enterprise because there were no employees with visible symptoms or signs to show that they had the disease. The symptoms which are generally visible as cited by the interviewees are thinning and loss of hair, loss of weight, continuous pneumonia, continuous cough, blisters all over the body and vomiting after every meal. Because these indicators were not detectable, it was difficult for the employers to perceive that any of their workers were infected. . Another way to tell if the disease affected one was frequent absenteeism from work, which was not the case in these enterprises. Others simply did not know if there was anyone with the disease because they were not looking out for the symptoms.

Upon asking interviewees whether in their opinion men or women were affected the most, 20 percent believed women were affected the most, 50 percent believed men were affected the most and 30 percent believed both men and women were affected equally.

ii) Employees

Of the 10 interviewees, 40 percent perceived that the frequency was relatively high in their sector and their enterprise. Reasons given for this were that the interviewees had witnessed deaths related to HIV/AIDS in both their sector and their enterprise. The death of workmates who were suspected to be HIV positive was also an indication that the disease was claiming many lives. Some of these that considered the frequency to be relatively high believed that some could be carriers of the virus but still be looking strong and healthy.

The remaining 60 percent perceived that the frequency was relatively low because they were not “watchdogs” that were looking out for signs and indicators of the disease. Thus, they were unaware of any workmates who were carrying the virus. Of this percentage, some were of the opinions that those who were infected by the virus could live a normal life like any other healthy person such that it was hard to tell if they were sick or not. There were also those who had not witnessed any deaths who believed that the frequency was relatively low.

Upon asking which sex was affected the most by the virus, 50 percent believed that men were affected the most, 40 percent believed that women were affected the most and 10 percent believed that both sexes were equally affected. These perceptions are slightly different from those of employers.

5.1.2 Travel Agencies

i) Employers

Of the 10 interviewees, 30 percent believed the frequency in their sector and in their enterprise was relatively high because there were deaths of suspected carriers of the disease. The remaining 70 percent supposed the frequency was relatively low because there were no visible symptoms in their employees. They also had not experienced any deaths in their enterprises, which they suspected to be related to HIV/AIDS thus they could not believe that the disease was very frequent in their sector or enterprise.

On asking which sex they suspected was affected the most by the disease, 40 percent were of the opinion that men were the most affected by the pandemic, while 40 percent believed that women were the most affected. On the other hand, 20 percent believed that both men and women were equally affected by the pandemic.

ii) Employees

Of the 10 interviewees, 20 percent perceived that the frequency was relatively high. They believed so because they had lost workmates to the pandemic. The remaining 80 percent supposed that the frequency was relatively low and cited the following reasons: a) they could not see any indicators such as pale skin, loss of weight or frequent absenteeism to make them suspect anyone of having the disease; b) from simply looking at their workmates, they observed that everyone looked healthy and strong; and c) they had not witnessed any deaths in their enterprise or heard of HIV/AIDS related deaths in their sector. There is a slight difference of opinions of 10 percent with those of owners. This may mean that generally opinions on the frequency are almost similar with both employers and employees.

Concerning which sex was affected the most. 60 percent believed that men were affected the most and 40 percent supposed that women were affected the most. None believed that both sexes were equally affected.

5.1.3 Cafés

i) Employers

Ten interviews were also carried out amongst the cafes. Interviews were carried out with owners/managers from the cafes. The frequency in this category was relatively equal because of the 10 interviewees; half held that there were deaths, symptoms and signs to show that the pandemic was prevalent in their enterprise. Some of those who died of the disease had confessed that they had it; for others, it was not clear if they actually had the disease, it was through suspicions that they could tell if one had the disease or not. The other half of the interviewees believed that the frequency of the pandemic was relatively low because there were no visible signs or

symptoms for one to believe that the disease was prevailing in either their sector or their enterprise. There were no frequent absents from work, which would be another way to show that one was suffering from the disease.

As far as which sex was affected the most by the disease, 70 percent of the interviewees alleged that men were affected the most by the pandemic. It is significant to note at this juncture that most of the interviewees in this category were males. While 10 percent believed that women were the most affected, 20 percent assumed that both sexes were affected the same.

ii) Employees

Opinions were slightly different amongst employees as compared to employers, because 40 percent supposed that the frequency was somewhat high in both their enterprise and sector. They suspected that some of their workmates had died of HIV/AIDS related illnesses. They also said that there was much talk that there were HIV/AIDS deaths in the food industry. The remaining 60 percent of respondents believed that the frequency was moderately low in both their enterprise as well their sector. Reasons cited for this were that cafes employed mostly women who generally are concerned about taking care of their families and maintaining their marriages rather than engaging in extra-marital affairs.

The women interviewed claimed that men were the ones interested in having many sexual partners thus were more prone to contracting the virus. They also believed that the frequency was low because it was hard to tell who had the disease and who did not. They commented that some people looked healthy while they were in fact ill while others looked ill but were suffering from other diseases such as cancer, which may have similar symptoms as HIV/AIDS.

These perceptions on whether the frequency of HIV/AIDS is high or low according to the interviews conducted are summarized in table 1.

Table 1. Perceptions on frequency levels

Relative frequency of HIV/AIDS (percent)		
MSE	High	Low
Salons		
• Employers	40	60
• Employees	40	60
Travel Agencies		
• Employers	30	70

• Employees	20	80
Cafes		
• Employers	50	50
• Employees	40	60

SOURCE: Calculations based on data

Regarding which sex was affected the most, 90 percent believed that men were the most affected while 10 percent believed that women were the most affected. None believed that both were equally affected. This may be similar with the views expressed by the employers interviewed. The reason cited for men being the most affected is that they are more promiscuous than women. This opinion came from both men and women interviewees.

Table 2 shows how employers and employees in the different categories perceive which sex is most affected by HIV/AIDS in their enterprises and industry.

Table 2. Perceptions on the most affected sex

Relative frequency of HIV/AIDS (percent)			
MSE	Men	Women	Both
Salons			
• Employers	20	30	50
• Employees	50	40	10
Travel Agencies			
• Employers	40	40	20
• Employees	60	40	0
Cafes			
• Employers	70	10	20
• Employees	90	10	0

SOURCE: Calculations based on data.

There were different reasons cited by the interviewees as to why they thought more men or women suffered from the pandemic. Promiscuity was given as a major reason as to why men were more affected by the disease

than women. Younger men were alleged to make a lot of money and prefer going to pubs or beer halls to spend their money on prostitutes or any women they meet there. They would rather spend their money on prostitutes who did not demand commitment and stability from them. These young men were reckless with their lives and their money. Interviewees said they had witnessed deaths of young men in the prime of their ages who had succumbed to the disease.

Another common reason given was that men generally could not control their sexual desires. Most women commented that in general one woman could not satisfy a man; therefore, they have to have several women to appease their sexual needs. In the same vein, men believe that it is prestigious to desire or want more than one woman. This seems rather acceptable in Shona or Ndebele culture even among the women. Statements supporting this notion were given by the interviewees of both sexes. Thus, it was felt more men die of HIV/AIDS because they are more promiscuous than women.

There were different reasons given by the respondents who believed that more women died of the pandemic than men. Most of the respondents generally believed that due to the harsh economic situation prevailing in Zimbabwe, there was lack of good employment. Thus, most women were resorting to desperate measures such as selling their bodies for money to supplement meagre incomes (ILO 2001). This may be one cause for more women dying from the disease.

Some of the respondents believed that the pandemic affected both men and women equally, especially if they are sexually active. The general argument was that if a wife was infected due to whatever circumstances, it automatically follows that her husband would also be infected if they were sexually active. This is the same scenario with boys and girls who are sexually active as well. The disease is transmitted through sexual intercourse thus anyone who has intercourse with an infected partner risks getting it. These were some of the comments given as to why the different sexes were infected by the pandemic.

5.1.4 Summary

From the simple statistics one can see the perceived frequency of HIV/AIDS in the service sector in Harare based on the 3 categories under study according to employers and employees. Of the total 60 interviewees, 22 perceived that the frequency of the HIV/AIDS pandemic was relatively high in their enterprises and in their sector. The remaining 38 were of the opinion that the pandemic frequency was relatively low in both their enterprises and sector. Thus, over 60 percent of the interviewees held that the frequency of the pandemic was relatively low. Because the enterprises

under study employ a majority of women over men, one can gather from the findings that the employers and employees view the incidence of HIV/AIDS in MSEs employing women as relatively low.

Most of the interviewees perceived men to be more affected by HIV/AIDS than women. This is primarily because of their promiscuous behaviour, which is encouraged by society and culture. Of the 60 interviewees, 16 held that females were the most affected, while 36 thought men were the most affected. Only 8 assumed that both men and women were equally affected. Thus, 60 percent of the interviewees thought men were affected the most by the pandemic. Many of those who died from what the interviewees believed were HIV/AIDS related diseases or who were considered carriers of the disease were men.

From the interviews, the researcher gathered that more men supposedly died of the disease than women. At the same time, more men absented themselves from work due to ill health than women. This relatively higher rate absenteeism among men was assumed by the interviewees to be related to HIV/AIDS illnesses. Thus, one can gather from these findings that an enterprise employing a majority of women is likely to suffer less from worker-loss.

5.2 Perceptions on the Impact of HIV/AIDS on Productivity

The economic impact of HIV/AIDS on small businesses can be viewed in much the same way as with large firms or institutions. Deaths particularly those involving key employees in small businesses impose numerous negative economic impacts on the enterprise (Chingambo 1999). Views on the impact that HIV/AIDS has on productivity were assessed through interviews with the same interviewees. Fifty-nine of the sixty interviewees believed that productivity was affected negatively by the pandemic. Different reasons were cited for this negative impact. The employers as well as the employees seemed to have similar opinions on the negative impact of the pandemic.

The one respondent who was of the opinion that productivity was not negatively affected by the pandemic was a manager of a hair salon. She had held this managerial position for 4 years. She believed that if a salon offered good service it would not be affected by the pandemic. She maintained that she offered services to sick clients regardless of whether they had HIV/AIDS or not. At the same time, since she had relatively well trained employees, she did not have to worry if an employee was absent because those who were there would be able to offer excellent service.

Upon enquiring on what would happen if a client refused to be served by an assistant because she was used to her hairdresser (this is usually the case as the other interviewees pointed out), the manager argued that hairdressers move to greener pastures or die even from natural causes but that should not necessarily affect clientele. Clients should follow the reputation of the salon not individual hairdressers. This was a rather interesting interview because it was the only one where the respondent believed that the pandemic did not have a negative impact on the business. The rest of the interviewees held that the pandemic had a negative impact on production not only in their own business but in the whole sector as well. The following is a discussion of the responses given on the impact of HIV/AIDS on production. The different sectors had different responses in terms of how the pandemic affected their own productivity.

5.2.1 Salons

i) Loss of Clients

Of the 20 interviewees, 95 percent believed that the pandemic had a negative impact on production. Employers and employees gave more or less similar reasons for this. The main reason given for loss of production was loss of clients. Having a good patronage in the salon industry was considered very important. From the findings, 75 percent of the respondents revealed that customers follow a particular hairdresser not necessarily the salon. This is so because they want a particular service, which they believe is specific to only that hairdresser. This generally means that if that hairdresser moves to another salon, she moves with her clientele. As revealed in the findings, the clientele follow her and are least concerned about where she is operating from as long as her service is the same. This then means that in cases where the hairdresser dies, the salon loses a certain amount of its patronage as evidenced in some of the salons.

The respondents also said that clients depended on a particular hairdresser such that the latter not being there means the client was stranded. At the same time, respondents commented that clients are loyal to one hairdresser because they prefer a certain touch such that if that particular one is not there, they feel uncomfortable having their hair done by someone else. It was also mentioned that the hair industry is very personal because clients establish special bonds with their hairdressers such that they are not at ease having their hair done by someone else.

The findings revealed that the death of a hairdresser is detrimental to the enterprise especially if it was related to HIV/AIDS because it means that fewer clients are frequenting that particular salon. From the information gathered from the employers, there are some hairdressers whom they call

the “busy ones” because they bring in the most customers. These are the ones whose death brings a hard blow to the enterprise.

At the same time, 40 percent of the employers commented that the nature of the disease means that if a hairdresser is suspected of dying from AIDS, it leads to fewer clients because people still stigmatise anyone who is living with or has died from the disease. The situation is made worse when the hairdresser is ill and the clientele is aware that she is away because of HIV/AIDS. The clientele will shun the salon.

Thus, illness and death of workers from HIV/AIDS can be detrimental to any salon because the salon loses clients and at the same time productivity levels are lowered. This means that money that was supposed to go into the enterprise will not because the hairdresser is not there.

ii) Spread of Disease

Comments made by 45 percent of the respondents showed that HIV/AIDS affects productivity in enterprises because of the fear of the disease spreading. There is fear of spreading the disease from client to hairdresser or vice versa. Due to this fear, clients do not want to be in environments where their fear of the disease is exacerbated. Respondents said that some clients do not want to be attended to by “sickly-looking” hairdressers. Although both clients and hairdressers may know that the disease is spread through blood contact, the idea that there is a sickly hairdresser makes it difficult for clients to trust the service.

Forty percent of the employers believed that clients who were HIV positive made business dwindle because they would be seen by those clients who are well. The latter will not want to come into the salon because they are afraid they will catch the disease from other customers. This means a loss of clients.

Thus, any salon striving to make profits should try and keep healthy workers so as to lure more clients. At the same time, it is difficult to screen clients because one cannot tell who has the virus until there are visible signs and symptoms to suspect that a particular individual is actually suffering from HIV/AIDS.

There was also fear of spreading the disease from employee to employee although this was mentioned by only 20 percent of the employees. They said that it was difficult to tell who had contracted the disease, since even those who look healthy may have it. Thus, one would not know which workmate to shun if they all look healthy. Jackson (1992) comments that this poses a great problem for most organizations because workers become anxious due to suspicions that there may be some workmates who are

carrying the disease. They will fear personal infection from the suspected carriers.

iii) Lack of Concentration

About 60 percent of the interviewees in the salons commented that HIV/AIDS is a very draining disease both physically and emotionally. They went on to say that due to its effects on a patient, it could cause a lot of strain and stress on an individual; this may mean that the hairdresser may lack concentration on her job. This meant that she would spend more time on one client than is actually necessary. This takes its toll on the business because fewer clients are being served and thus less money getting into the business coffers. It was also said that salons run basically on the number of clients that frequent it and so for the clients to receive the best service they need to be attended by the good hairdressers who concentrate on providing the best service.

iv) Absenteeism

All the interviewees in this sector commented on absenteeism. They believed that an individual suffering from AIDS and who is not on proper medication and diet will eventually deteriorate and be unable to work. They added that such workers absent themselves from work more often because they are not fit for work. Thus, due to regular absenteeism, production is lowered because clients have no one to attend to them. ILO (2001) agrees with this when stating absenteeism has a disruptive effect on productivity.

The interviewees mentioned that hairdressers are the ones that bring profit into the enterprise. There were thus complaining by the respondents especially the employees because the available workers are strained and overworked since they have to attend to more clients than usual. They held that a situation where there will be too much pressure on a small workforce would arise. Clients will be kept waiting and this may lead to frustration on both the workforce and the clients. Eventually, there will be loss of clients because of poor service.

From the findings it was revealed that absenteeism does not only affect the enterprise but the absentees as well. Since they work on commission, the more they absent themselves from work, the less money they get at the end of the month. The employees commented that this is a hard blow especially when one is unwell because they will not be able to meet their expenses.

v) Medical Bills

As this industry is relatively small, it does not make huge profits. Thus, it is difficult for an employer to pay states that small enterprise owners cannot

afford to pay or help their workers with medical aid because of the small profits they make. Thus, of the 10 employers interviewed, 90 percent urged their employees to pay for their own medical aid scheme. The employees work on commission, thus they can choose which scheme to join according to the amount of money they make.

One manager said that she used to pay health bills for her workers but due to the escalating prices, she could not afford the high costs. She had since stopped. Upon interviewing one of her employees, the researcher found out that the employee was very bitter because he was not receiving any assistance in terms of medical payment from the employer. He bluntly commented that his employer was tight-fisted and stingy and did not want to help the workers. The employee believed that despite the harsh economy, the employer could still afford a small amount towards health bills for the workers. Thus, one can gather that in terms of medical aid schemes, employees would welcome assistance from their employers instead of having to pay the bills by themselves.

Jackson (1992) states that in all organizations workers suffering from HIV/AIDS could benefit from financial assistance coming from their employers. She went on to say that this might not always be feasible because of the high rate of infection. An organization may have several workers suffering from the pandemic, which may drain the organisation's financial base. Out of the ten employers interviewed, only one was able to pay half of the monthly contribution on medical aid for his workers.

5.2.2 Travel Agencies

The different interviewees in the travel agencies had differing opinions as to why the HIV/AIDS pandemic lowered production in their line of work. Their opinions were put into three categories: low morale and productivity, absenteeism and loss of talent. These were mainly the opinions aired by the interviewees - both employers and employees. The following is a summary of the findings in this area.

i) Low Morale

It is important to mention that 70 percent of employers pointed out that the effects of HIV/AIDS were detrimental only in the later stages of one's illness. In the initial stages, the worker is still able to do his work and produce good output. It is only in advanced stages (when the immune system is wrecked) that a worker becomes a liability to the agency. The employers added that the situation is worse when there is more than one employee suffering from the disease. They went on to say that when employees discover that they have contracted HIV/AIDS, they are sick mentally and physically. They are not as efficient as they were before they

were sick. They worry about their health all the time. They need more money to meet their medical and their food bills because their diets change.

Comments were also made to the effect that illnesses caused by HIV/AIDS also disturb their intellect thus rendering them unfit for work. Another reason that made sick workers lose concentration was lack of willingness to accept their condition. Fifty percent of the respondents believed that people still have difficulty facing the disease to a point where they become unstable and thus are mentally and physically weak.

All 20 interviewees commented that generally in the travel industry there is use of a lot of energy and stamina. This is so because they called it a “people’s job”. The employees deal with clients on a daily basis, selling their product and making it the most attractive on the market. This, it takes a lot of enthusiasm on the part of the employee. One has to wear a beautiful and convincing smile and has to appeal to the client in a way that will attract the client to their product. An employee has to put maximum concentration on his job to get maximum output. It came out clearly in the interviews that poor service is very detrimental to the agency. If a worker is constantly ill, he cannot maintain this because he has other worries on his mind. The interviewees also commented that it is not only in dealing with clients but even simple office work like typing will become very taxing for a sick man.

Twenty percent of the employers commented that their line of business was not only affected by the lack of performance of ill workers but also ill clients may affect their productivity levels. This is so because if clients are suffering from HIV/AIDS and are advanced in their illness, it is very difficult to travel. They cannot afford to take holidays; instead they would rather spend that money on medication and good diet. Furthermore, they cannot make time to travel because it is seen as an unnecessary luxury. It is more realistic to stay at home and be nursed by kin and friends. Thus, production lowers because there are only few people travelling. The interviewees added that in such cases holidays are not seen as a priority rather as a luxury, which one can do without.

ii) Absenteeism

Within travel agencies, 50 percent of the employers complained about absenteeism of employees. They said that suffering from the pandemic entails missing days from work due to different attacks that come with the disease. They miss work because they are mentally or physically weak and not geared for too much work. This is especially the case when the patients are unable to access medication which can help them to stay strong. The respondents went on to say that although the employee is absent from work, the Labour Relations Act in Zimbabwe states that the former is to be paid

his full salary until his doctor recommends that he is unfit for work. This technically means that the agency is paying someone who is in fact not producing any output for them. The interviewees were very negative about the productive levels of AIDS victims. They added that usually victims of HIV/AIDS lose their will power to live. They believed that it was difficult to work with them because they are always in and out of work.

It was gathered from the interviewees that absenteeism for long periods means that the employers have to slowly prepare for replacements. Although the interviewees commented that it is generally not difficult to find a replacement, as there are large numbers of jobless people, the problem is finding people with the right talent and skill, which impacts negatively on the confidence of individual clients.

Most of the employees (80 percent) complained that absenteeism affected productivity negatively because those workers who are able bodied have to do the extra work. They added that instead of working on new projects, they spend their time trying to cover for the sick employee. At the end of the day, they cannot meet deadlines due to too much strain. Thus, productivity is lowered. Ainsworth (1993) concurs with these findings, where she comments that the productivity of healthy workers is lowered through the absence of unhealthy ones.

The employees went on to say that this would also lower the standards of the enterprise because clients desire efficient service. If they do not get it at one agency, they will move on to another. Similar to the salon industry, clients build personal relationships with their agents such that if their personal agent is not available they may not be comfortable being attended to by another. This may also lead to loss of clients and consequently lower productivity.

iii) Medical Bills

There were different opinions as far as paying medical bills for employees were concerned. Thirty percent of the employers said that they contributed a certain amount towards their workers' medical aid schemes, while 40 percent said they did not. Some agents offered short contracts on a yearly basis, which were not usually renewed. Thus it did not make economic sense to contribute towards a worker's medical aid scheme when they were only employed for a short period. At the same time, these small enterprise owners said that they could not afford to spend too much on medical contribution because the amounts demanded are too high. One employer who is amongst the 40 percent who did not contribute towards medical aid bills commented that it was better to fire an employee who was constantly ill than to keep him and incur huge expenses on medical bills, which even the enterprise itself would not be able to pay.

The 30 percent of employers who contributed towards their workers' medical aid schemes felt that it was their responsibility to help because their workers did not earn a lot of money to be able to foot their medical bills alone. They said that they were sympathetic towards their workers. Prices of medicines and treatment were escalating at an alarming rate such that it was difficult for anyone to go to the hospital if he is not on any medical aid scheme.

The other 30 percent of employers did not help with the payment of the medical aid schemes but they assisted their workers with loans when bills were too overwhelming for them. They commented that the assistance was offered only to a certain reasonable amount so that the burden would not be too much on the enterprise's small budget.

iv) Loss of Talent

All 10 employers concurred that the travel industry generally employs very few employees because there is not too much work. It follows then that when one employee falls sick in a particular agency, the blow is quite high because it is difficult to replace that talent. It becomes even more difficult to replace that skill because one has to be trained in that area. The training is usually in-house; therefore, it takes time to train someone else to fill in a vacant position. In a study carried out in Zambia, ILO (2001) found out that small enterprises found it difficult to train someone even where a pool of unemployed exists. This was so because the owner wants to maximize on profits and not to waste time on training. An example was given by one of the interviewees that if a director who is usually the owner of the business dies, the blow is severe. This is so because he is the pillar of the enterprise and the enterprise is plunged into a state of disorder.

5.2.3 Cafés

There were 20 interviews carried out amongst employers and employees in the food industry, the main focus being cafes. There was 100 per cent consensus that productivity was lowered by the pandemic. The following is an outline of their opinions. The information has been categorised because some interviewees provided similar information. Thus to avoid repetition, similar information was put in one category.

i) Health and Hygiene

Fifty-five percent of the interviewees mentioned the issue of hygiene. They believed that the food industry needs good health because of the constant contact with food. They commented that careless handling of food could lead to unnecessary illness on the part of the customer. Comments were made that customers shun unhealthy environments. They like to be served

by smart, clean and healthy-looking people. They will not buy from a particular café that they suspect has sickly workers because diseases can easily be spread through handling of food. The interviewees went on to say diseases are not only spread to customers but to other workers as well.

ii) Absenteeism

Absenteeism was considered a factor that lowered productivity by 60 percent of the respondents. The employees said that in the food business, workers complement each other. Each worker's contribution completes the work. No one worker can do all the tasks from preparation to cooking and to serving the food alone. When one employee is ill, there is need to fill in for him and this automatically slows down productivity and lowers the standards of the café and its profits.

The respondents commented that the situation is exacerbated if there is more than one worker absent because of the pandemic. There will be fewer customers coming to the café because of poor and slow service. Thus, the quality and quantity of the labour force is compromised. The same interviewees said this is bad for the enterprise especially during lunch times when the enterprise is supposed to be maximizing on profits. At the same time, the workforce that is available becomes exhausted and tired because there is too much work.

Half of the employers commented that their small enterprises could not afford to get replacements all the time. For them, it means time being wasted in training the new worker and also learning the ropes of the business. The employers added that they do not have the time to train new employees because their main aim is to make profit. They also added that clients who are used to seeing a familiar face get frustrated when there are new faces at their table all the time. They added that when a particular employee has been absent from work for a long period, she has to be replaced by another.

iii) Death

Within this sector, 40 percent were of the opinion that productivity is lowered when a worker dies from HIV/AIDS especially if the worker was good with customers. Some customers may stop coming to the café because the familiar face they are used to is no longer there. They added that some customers might associate the café with the disease because the worker died from it. It was commented by the respondents that the situation is made worse if it is the owner of the café who has died from the disease. He is seen as the pillar of the business and his absence may mean a collapse of the business. The employer is the one who boosts morale and makes sure the business is running efficiently.

In the context of small businesses, the owners run almost everything on their own to the extent that there is no one to replace them. Those left behind are unable to run the business efficiently because they do not have the know-how and experience. Robert (1999) comments that the illness or death of an employer seriously affects an establishment with a small number of workers.

Although replacements can be found for the skills of dead workers, it will take time for the situation to normalise. Comments were made by 55 percent of the interviewees to the effect that it is usually the skilled ones who die, meaning that in their opinion the skilled are more prone to the disease.

iv) Training

After losing a worker to HIV/AIDS, one has to spend money training a new worker. Forty percent commented that although time spent on training can be seen as investment, it could also mean loss of production because the owner is the one who usually does the training. The employer has to spend time monitoring the new worker instead of getting on with business.

v) Lack of Concentration

Ninety percent of the respondents believed that a man sick from any illness rarely concentrates well on any job, let alone a man suffering from HIV/AIDS, which is more devastating both physically and mentally. They said that concentration levels are low such that work is not done up to standard. The respondents added that each café has targets to meet, thus slow service may mean that these targets are not met. They added that customers are always looking for a quick and efficient service; if they don't get it, they go elsewhere, regardless of the prices.

Thirty percent of the employers commented that it was sad especially in the food industry that it was the young and energetic workforce that was being affected by the pandemic. Because they lack concentration, they end up being laid off, as they become a liability to the enterprise. Sadly enough, the older generation is unable to bear the strain of working in the food industry because the workers need be constantly on their feet.

vi) Medical Bills

Twenty percent of the employees did not cover medical bills for their workers. They urged their workers to apply for their own individual medical aid schemes, which they could afford. The employers stated that they tried

to avoid a situation where they would be paying for medical bills of employees when they are not getting any service from them. This would not be productive for the employer because he/she does not have a large workforce thus he/she will be making a loss. At the same time, the employers commented that they do not make large profits to be able to pay medical aid fees for each worker; therefore, it is more practical for the employee to pay his own medical bills. Unlike their counterparts in the formal sector, who make larger profits, they are able to pay medical aid fees for individual workers. Unfortunately, they face the prospect of higher medical costs and increased contributions to medical aid societies.

Although 20 percent of the employers encourage their workers to pay their own medical aid fees, another 20 percent said that they contribute towards their employees' medical aid schemes. This is because some of the employees cannot afford medical bills due to other expenses that they have to pay. They do this because they feel obliged to help their employees though they don't make much profit.

Another 50 percent of employers said that they helped their employees by giving them what they termed "health loans". These were loans granted to employees because they could not afford medical aid. The employers did not charge interests and allowed the workers to pay back when they could afford to. Only 10 percent of the employers had a facility where the whole workforce would make a substantial contribution towards payment of the patient's medical bill.

5.2.4 Summary

The above is a discussion of views and opinions in salons, travel agencies and cafes on the impact of the pandemic on productivity. Of the 60 respondents, 99 percent were of the opinion that the pandemic has a negative effect on productivity. There are different reasons given depending on the enterprise. Thus, the impact HIV/AIDS has on small-scale enterprises is considered to be of a high magnitude because of the small workforce. This means that death or absenteeism due to the disease can be detrimental to the enterprise. All three types of enterprises under study depend heavily on good "client-employee" relationships. This means that if a particular employee is away, clients might not be readily forthcoming because they are used to a familiar face. This is unfavourable for the enterprise's profit levels. Thus, the general opinion of both employers and employees in the service industry is that productivity is affected negatively by the HIV/AIDS pandemic.

5.3 Awareness on the Spread and Prevention of HIV/AIDS

In this section, the awareness levels of employers and employees on how HIV/AIDS is spread are assessed. In addition, an assessment of prevention methods used by those working in these MSEs is made. This assessment is based on information gathered from the interviewees. Views on how awareness can be raised are also discussed. Each sector will be discussed in turn to find out the different opinions of the interviewees.

5.3.1 Salons

In the salon sector, there was a relatively high level of awareness of the pandemic because 80 percent of employers said that they carried out general awareness-raising discussions during working hours about the pandemic. These employers discussed with their workers openly on the effects of the pandemic not only on the individual but also on the whole community. They also put in place different awareness programmes to help their workers in understanding more about HIV/AIDS. In terms of awareness programmes, these employers had posters and magazines that dealt with different HIV/AIDS issues. Some of the employers (20 percent) had business ethics programmes where they teach their employees about HIV/AIDS. One of them invited a speaker from The New Start Centre - an organisation tasked with raising awareness, and providing counselling and testing services. The speaker visited twice a month to talk and educate the workers about HIV/AIDS. She distributed condoms for free. This, the manager said, meant that the workers who could not abstain could use condoms.

The remaining 20 percent of employers said that they were aware of the pandemic but did not feel comfortable discussing it because of its sensitive nature. They also did not have any awareness programmes in place.

Twenty percent of the employers commented that they tried to employ only Christians. In this way, they would be assured of having similar standing with their employees because they were Christians themselves. They believed that being a Christian was the only solution to the pandemic because Christian principles are the only way to live by and they have an overall ruling of morality. The same interviewees were planning on starting hospital visits with their staff so that they may begin to see and realize the impact and consequences of HIV/AIDS. They believed that if they see how bad the situation is, they will turn totally to God and abstain until the right time. They went on to say that there was also a need for preachers in churches to preach openly about HIV/AIDS. The respondents believed that a lot of people meet their future spouses in churches, thus there is need for preachers to address the issue of HIV/AIDS and speak on abstinence. They believed that there was too much talk on prevention methods but it was high time lessons on good conduct and morals were taught.

As a way to curb the spread of the disease in their enterprise, 10 percent of the employers had gone out of their way to import an antiseptic lotion made in America to use on clients' hair. This lotion was good in sterilizing both the hair and the scalp. This was their way to show awareness of the pandemic and to keep clients from catching the disease.

Of the interviewees, 30 percent of the employers and 50 percent of employees believed that there was need for more programmes on television and radio on HIV/AIDS as a way to educate the populace. These programmes should keep people up to date on the new statistics. They believed that there is also need for more advertisements on HIV/AIDS and the prevention methods. This will raise awareness and consciousness of what is really happening on the ground.

As far as its transmission was concerned, 10 percent of the employers believed that simply getting in contact with an infected individual would make them susceptible to catching the disease. The remaining 90 per cent were aware that HIV/AIDS was transmitted mainly through unprotected sexual intercourse with an infected partner and getting in contact with body fluids that are contaminated. They were of the view that individuals tend to trust their partners such that they end up having unprotected sex.

Sixty percent of the employees were relatively aware of the pandemic. They were aware that a healthy-looking person could have HIV/AIDS and that the disease is transmitted through sexual intercourse and other direct blood contacts. They did not mind discussing with their workmates the effects of the pandemic because they believed this helped them to remain informed on the latest statistics of the pandemic. They also said that the issue of HIV/AIDS was so rampant in the country that discussing it was not taboo anymore. The remaining 40 percent revealed that they were aware of the pandemic but were not comfortable discussing its effects especially because they had lost kin to it. They also felt that it was not good to discuss HIV/AIDS because there could be someone in the workplace that has it and these discussions would probably make him/her uncomfortable.

According to the interviewees, marriage seemed to be the way to raise awareness levels and to control the spread of the disease. Eighty percent of the employers and 60 percent of the employees believed that getting married was a solution to curbing the spread of the pandemic. This is so because they believed that in a church marriage, two people take vows to be faithful to each other. It was commented that this could prove difficult where no such church vows have been taken.

One employer commented that 95 percent of her employees were married because she believed that they had seen that being single had many negative consequences. She believed that married people were more responsible than

those who were not. From her discussions with her single employees, she said that they also concurred with her and were considering marriage as a way to change their lifestyles.

On the other hand, the remaining 20 percent of employers and 40 percent of employees were of the opinion that the married people and not the singles were spreading HIV/AIDS. According to them, this was so because generally in our African culture it is difficult to suggest the use of condoms in a marriage setting. It is believed that it may raise questions as to the faithfulness and trustworthiness of the one who suggests. Some interviewees in this current study went on to say that HIV/AIDS testing before intercourse was problematic because their husbands would refuse to be tested. At the same time, the community would frown upon any woman who insisted on having tests for HIV/AIDS. Thus, some women contracted the disease knowingly for fear of confronting their spouse.

The respondents went on to say that those who are single have the leeway to suggest the use of protection with their sexual partners. If this is unacceptable to their partner, there is the freedom to leave the relationship because there is no concrete commitment made yet.

Forty percent of the employers and 80 percent of employees, most of them males, were of the opinion that prostitution was on the rise in Zimbabwe. They said that this rise of prostitution due to rampant poverty has also brought an increase on the spread of HIV/AIDS. They added that more and more women are going into prostitution to make ends meet. They believed that some commercial sex workers use protective methods during intercourse but generally they are paid more if they do not use any. Thus, there is need for the government to curb poverty to decrease the spread of HIV/AIDS. One interviewee commented that in Mozambique, prostitutes who spread the disease are arrested and given long sentences while another was more radical and sought after the banishment of all commercial sex workers.

Table 3 shows perceptions of employers and employees in salons on how HIV is transmitted. The majority of respondents (75 percent) believed that HIV is transmitted by sexual intercourse and direct blood contact, witnessing their high level of awareness.

Table 3. Salon interviewees' perceptions of HIV transmission

Transmission mode	Frequency	Percentage
Sexual intercourse and direct blood contact	15	75
Body contact	1	5
Kissing	1	5

No response	3	15
Total	20	100

SOURCE: Calculations based on data.

5.3.2 Prevention Methods Used in Salons

The employers and employees gave the following comments regarding the ways of prevention of the transmission of HIV/AIDS in their establishment:

- All equipment used on clients such as combs and other utensils are sterilized using ultra-violet sterilizers.
- Hairdressers wear gloves when doing clients' hair.
- Tools are changed regularly including towels.
- Sick clients are given the service they need although they are sometimes asked to bring in their own equipment such as shaving machines.
- There is preaching on pre-marital sex and its consequences especially to the younger workers and on one-partner relationships and faithfulness.
- The use of the condom is advised especially to those who cannot abstain.
- The manager/owner initiates open discussions about the pandemic.
- Proper chemicals are used when treating each individual client to avoid damaging the client's scalp. Damaged scalp can lead to bleeding, which may lead to the spread of HIV/AIDS through contact.
- Employees use antiseptics and disinfectants.
- Eighty percent of the employers mentioned they turn away the extremely sick clients or those who have obvious symptoms.
- Provision of condoms should be free instead of selling them so that everyone can easily access them.
- Putting up posters and billboards that address the pandemic.
- More teaching on abstinence than prevention methods.
- No sharing of razor blades on either clients or employees.

5.3.3 Cafés

There was a relatively high level of awareness amongst employees and employers in the café industry. They generally based their awareness on the fact that the pandemic is so rampant in Zimbabwe that there was rarely anyone who has not lost a relative or friend to the disease. Thus, because the disease was extensive, there was a high awareness of how it is transmitted. In this sector, there was a lot of discussion on the matter, initiated from the top management. Employers took time to talk about the pandemic in the form of discussions and counselling to help especially the younger generation.

Ninety percent of the employers took a bottom-up approach in these discussions because they believed that it was their responsibility to make sure that their workers were aware of the extent to which HIV/AIDS had affected the country. There seemed to be consensus amongst management that the younger generation was the most affected. This category of employers was also aware of how the disease was transmitted, that is through sexual intercourse with an infected partner. The remaining 10 per cent commented that HIV could also be transmitted through sharing unsterilised equipment such as needles or razor blades. All of the employees were aware that HIV was transmitted through sexual intercourse with an infected partner and getting in touch with body fluids, which were contaminated by the virus.

Half of the employers and half of the employees in this sector said that they had a relatively high awareness of the pandemic because it was preached in their churches. Thus, for those who went to church, they heard how the pandemic was spreading at a high rate and they were preached on abstinence and faithfulness. Twenty percent of the employees commented that they were grateful that they attended “ladies meetings” at their respective churches. They found these very educative and practical as far as HIV/AIDS was concerned.

Seventy percent of the employers and 50 percent of the employees believed that it is not only the church that is playing a vital role in educating people about the disease but the media is also coming forth with information pertaining to the disease. They believed that there is widespread coverage of use of protective methods although there is still lack of adequate information on real live cases of individuals living with the disease. This would help those who are not fully aware of the effects of the disease to have a clear picture. The interviewees went on to say that those who are living with HIV/AIDS should teach others on abstinence instead of spreading the disease, as is the case right now. They also believed that although there was a lot of publicity regarding the pandemic, there was need for continuing counselling those who practice immoral behaviour. The local media was trying to broadcast as much as possible on statistics so that people become aware of what is happening.

In as much as people were bombarded with information on the pandemic, the interviewees said that there was need for the government to subsidise the cost of the medicines or better still, pay medical bills for those suffering from the pandemic. This would help those who cannot afford the exorbitant prices charged on the medicines. The respondents also added that condoms were readily available in general hospitals and clinics so that those desiring to use them did not have to purchase.

An interesting view was given by 60 percent of employers. They believed that despite awareness being raised in society, behaviour was an individual decision. Because the disease was so widespread, they believed that individuals should take responsibility over their lives. They believed that there was a lot of exposure regarding the disease and that there was no one in Zimbabwe who had not lost a relative to the pandemic, thus they did not need to put in place any awareness programmes. They believed experience to be the best teacher.

From Table 4 one can see that the majority of respondents (95 per cent) believe that HIV is transmitted by sexual intercourse and direct blood contact. This shows that there is a very high level of awareness on HIV transmission amongst café employers and employees.

Table 4. Café interviewees’ perceptions of HIV transmission

Transmission mode	Frequency	Percentage
Sexual intercourse and blood contact	19	95
Use of un-sterilised equipment	1	5
No response	1	5
Total	20	100

SOURCE: Calculations based on data.

Despite the apparent high level of awareness, cultural barriers play an important role. Women have very little say over their own bodies. As mentioned by married women in the salon sector, it is difficult for a married woman to initiate the use of protection such as condoms lest she is abused physically. This is similar with married women in the food industry. Zimbabwean women generally have little power to control any aspect of sexual relations (Jackson 1992). Even if they know that they are at risk from their husbands, economic necessity may force them to acquiesce in an unsafe sexual relationship. SAFAIDS (1993), in a research they carried out on women and HIV/AIDS in the workplace, found out that in Africa an estimate of about 50-80 percent of married women infected by the virus have no sexual partners other than their husbands. This was an indication that married women have little control over their husbands’ behaviour. It is

important that cultural barriers are broken so that women are able to speak openly about sex and the use of protective methods with their husbands with not fear of stigmatisation.

This study shows that 40 percent of management and 70 percent of employees felt that women have little or no control over their bodies and their husbands' sexual behaviour. Based on these percentages, it seems employees found it harder to negotiate on sex with their spouses than management. The higher percentage for employees may be reflective of their weaker sexual positions, resulting from their lack of financial independence as compared to management.

Loss of colleagues to the pandemic also worked as an awareness valve because those who remain have vivid first hand information of the effects of the disease both on the individual and on the enterprise. Of the café managers, 70 percent had lost at least one worker to the disease. It was not only the loss of workmates that brought about awareness, but also the loss of relatives had lost close relatives or friends to the disease. This made the disease a reality to be taken seriously.

5.3.4 Prevention Methods Used in Cafés

The food industry in Zimbabwe requires employers and employees to get tested after every one and a half years. Sixty percent of the employers interviewed went for the regular check ups with their employees.

Cafés are not as highly exposed to the spread of HIV as salons because in the latter there exists the risk of the virus spreading through blood via contact with contaminated scissors, razors, and machines. Therefore, the preventive methods in this sector are relatively less. Unlike the salons, most of the preventive measures discussed by employers and employees in this sector are not for application in the workplace but outside it:

- Discussions on the spread of the disease and what should be done to curb it;
- Discussions on the necessity of fidelity in marriage; and
- Discussions on the use of different protective methods including abstinence.

5.3.5 Travel Agencies

The level of awareness of the pandemic amongst the interviewees in this category was relatively high; 75 percent of the respondents had a relatively high awareness level of the pandemic. They were aware that the disease

could affect anyone regardless of colour, creed status or nationality. They were also aware that the disease was spread mainly through sexual intercourse with an infected partner.

Although there was a relatively high awareness of the pandemic, 60 percent of the enterprises under discussion did not have any awareness programmes. This is in contrast with the cafés and salons that had some sort of programmes in place to help their workers have a better understanding of the pandemic. The reason for this could be the fact that although they dealt with people directly they did not have contact that carried the risk of passing on the disease.

However, 30 percent of the employers said they have discussions with their employees concerning HIV/AIDS and its transmission and prevention methods. They felt it was their responsibility to speak about the pandemic to their workers, as they felt accountable to them. They also felt this way because they did not want to lose workers to the pandemic and know that they never did anything to help them. They wanted to help boost their employees' awareness of the pandemic.

Sixty percent of the employers and 50 percent of the employees under study commented that there was relatively high advertising on both television and radio regarding the pandemic. They believed that there was need for people to pay close attention to these advertisements and take heed. They went on to say that although there was a lot of information on HIV/AIDS, there was need for the media especially the television to decrease on showing programmes with explicit sex scenes. Other comments were that there was a need for hospital personnel or government officials to visit different workplaces and educate them on the prevention and causes of the pandemic. This would increase awareness levels. Although the government has to play a leading role in educating people about the pandemic, the employers commented that it is also important for enterprises to take initiative at the micro-level. The pandemic is affecting everyone, thus everyone should take an active role in trying to curb it.

Another issue raised by 20 percent of the interviewed employers was that there was need for organisations involved in disseminating information on the pandemic to view it as a national disaster. As such, they should print reading materials in all local languages and distribute them to all groups of people around the country. They commented that some rural folk believed that one got HIV/AIDS by being bewitched.

The death of other workmates can also help raise awareness to some extent. Ten percent of the interviewed enterprises had supposedly lost one or more employees to the pandemic. Other workers became well aware of the disease seeing their workmates slowly succumb to the disease. The 90

percent who had not lost any of their workers or workmates, found it difficult to discuss issues pertaining to the pandemic, because they saw it as a very sensitive subject. Twenty percent of the interviewed employers admitted that they wanted to discuss with their workers about the pandemic but they found it fairly difficult to discuss the topic for fear that one of their workers might have the disease. This would make them feel uncomfortable. However, they believed that the more individuals discussed the pandemic, the fewer stigmas will be placed on it.

Ten percent of the interviewed employers and 40 percent of the employees believed that there was already too much discussion as far as the pandemic was concerned. They believed there was a great need for individuals to start acting on what they say. They said that discussions alone do not help, but a change in behaviour following the discussion would go a long way.

From the interviews, there seemed to be a consensus that married women and men were relatively safer from the pandemic than those who were single. This is according to views and observations of 70 percent of the employers and 80 percent of employers and employees. They went on to say that those who were Christians tried to be faithful to their spouses thus the pandemic hit them less.

5.3.6 Prevention Methods Used in Travel Agencies

Within the travel agencies the prevention methods are given below. The methods are biased towards being applied out of the workplace, and not in the workplace.

- Use of condoms-distributed in the office by the boss (20 percent of the enterprises had this facility);
- Take HIV/AIDS tests;
- Use of condoms between married people;
- Placement of condoms in toilets; and
- Abstinence.

5.3.7 Summary

All of the 3 sectors under study had a relatively high awareness of how the disease was contracted and spread. Over half of the 60 respondents knew that the disease was usually transmitted through sexual intercourse with an infected partner. Generally, awareness was raised through discussions amongst employers and employees. The media also played a vital role in disseminating information on HIV/AIDS, which was helpful to individuals.

Loss of relatives, friends or workmates also served as a means of showing that the pandemic was real and serious.

It was generally observed especially in the salon and café sectors that marriage was an important way to curb the spread of the disease. Being single was shunned because it was believed to lead to prostitution. Christianity was also seen as a method to help increase the awareness of the pandemic because churches taught on abstinence.

From observations made by the researcher, there is need for more awareness programmes in the enterprises such as posters, pamphlets or lectures from individuals in the health profession. These will help boost the level awareness in these enterprises.

6. SUMMARY AND CONCLUSIONS

The study is on perceptions concerning HIV/AIDS amongst MSEs that employ women. It covers employers and employees in selected categories of the services sector. The Conclusions are based on the opinions and views of respondents. The findings should provide useful information for different stakeholders concerning how MSEs that employ a majority of women are affected by the HIV/AIDS pandemic. It is hoped that part of the gap that exists in this important area will be filled by the findings of the study. At the same time, it is hoped that these findings will bring a better understanding to readers of MSE and HIV/AIDS related issues in Zimbabwe in general.

The study set out to find out whether MSEs employing women are affected negatively by the pandemic. To this effect, over 50 percent of the enterprises that were studied employed a majority of women. About 68 percent of the respondents were women. Over half of the respondents held that the frequency of HIV/AIDS in their sector was relatively low and only a small number of workers were suspected of having the HIV/AIDS.

About 60 percent of respondents believed that men were affected the most by the pandemic because of promiscuity and loose morals. Thus, enterprises employing a majority of women are considered as less likely to suffer worker loss. Respondents believed that these enterprises had relatively fewer turnovers due to HIV/AIDS.

Even though it was generally perceived that the incidence of HIV/AIDS in these MSEs was relatively low, 99 percent of the interviewees believed that productivity was negatively affected by the pandemic. Absenteeism was viewed as the main problem negatively affecting productivity. When more ill workers absent themselves from work, less work is done because the able-bodied workers are strained trying to cope with the increased

workload. Thus, companies in the MSE sector need to plan and put in place strategies that will help in decreasing loss of productivity due to absenteeism.

Death was also perceived as having a negative impact on productivity. There are several factors to be considered. Losing a worker means the amount of work that was being done by that worker has to be carried by the other workers. Also, the employer needs to start looking for a replacement, which needs to be trained. The employer herself usually undertakes this task because she needs to make sure that the new employee learns the right skills for her enterprise. This puts a strain on the employer. Furthermore, the knowledge amongst customers that an employee of an enterprise has died from AIDS will cause some customers to stay away from that enterprise. These factors interplay leading to lower productivity.

As far as awareness of the pandemic was concerned, there was a relatively high awareness in all the enterprises interviewed on how the disease is spread. However, there are only few structured awareness programmes being run by the management of these MSEs. Thus, the high level of awareness can be attributed to the media and the fact that almost all of the employees have had a personal experience with HIV/AIDS through the sickness or death of a relative or friend. Most of the interviewees (both employers and employees) believed that HIV/AIDS is spread through sexual intercourse with an infected person and coming into contact with contaminated blood.

The respondents felt that although there was a relatively high level of awareness, it was time that people acted on the information by adopting responsible behaviour. Furthermore, cultural barriers made it difficult for women to put into practice the knowledge they have on HIV/AIDS. The respondents held that women have little say over the conduct of sexual relations with their husbands, even if they suspect them to be infected with the virus. Thus, even though the women in the MSE sector were aware of the disease, practically they could do little to protect themselves.

Employers and employees in the 3 sectors indicated that they did have some form of prevention methods. However, the promotion and use of prevention methods varied within the 3 sectors. Within the salons, the use of prevention methods was very high. It was also relatively high in the cafes. In the case of salons, contact between people presents a relatively high risk of transmission, whereas in cafes contact between people and food presents a relatively lower risk. Travel agencies had the least stringent preventive methods. This is because of the non-contact nature of the industry.

Notes

1. The OSSREA Jury suggested that the study must focus on the services sector.
2. The OSSREA Jury advised the use of an interview guide.

REFERENCES

- Ainsworth, M. 1993. *AIDS and African development*. Washington: World Bank.
- Ballard and King. 2000. *HIV/AIDS impact on South Africa business rises*. Johannesburg: Ballard and King Communications.
- Berer, M., and S. Ray. 1993. *Women and HIV/AIDS: Information, action and resources on women and HIV/AIDS, reproductive health and sexual relationships*. London: Harper Collins Publishers.
- Chingambo, L. J. 1999. *Study on the effects of HIV/AIDS in small businesses in Zambia*. Study commissioned by the International Labour Organization, Lusaka.
- Cuddington, J. T. 1993. Modelling the macroeconomic effects of AIDS, with an application to Tanzania. *The World Bank Economic Review* 7, no. 2: 173-189.
- Cuddington, J. T., and D. Hancock. 1995. The macroeconomic impact of AIDS in Malawi: A dualistic labour surplus economy. *Journal of African Economies* 4, no. 1: 1-23.
- Department for International Development. 2002. *The Malawi National Gemini MSE Baseline Survey*. Final report, Lilongwe.
- Donahue, J. 1995. *Training module: Small business and economic development*. Washington: United States Peace Corps Business Development Sector.
- Government of Zimbabwe. 1999. *National HIV/AIDS policy*. Harare: Government of Zimbabwe.
- International Labour Organization (ILO). 2000. *Overview of agency approaches, mandate, and future services for small enterprise development*. Geneva: International Labour Organization.
- _____. 2001. *The labour market and employment implications of the HIV/AIDS epidemic*. Geneva: Governing Body Committee on Employment and Social Policy.
- _____. 2002. *Decent Work Agenda*. Geneva: International Labour Organization.
- International Labour Organization Eastern Africa Multidisciplinary Advisory Team. 1995 *The impact of HIV/AIDS on the productive labour force in Africa*.

- EAMAT Working Paper, no. 1. Addis Ababa: International Labour Organization.
- Hopolang, P. 2001. *HIV/AIDS: Its ramifications on the economy. Strides* 8, no. 1: 4-6.
- Jackson, H. 1992. *AIDS: Action now: Information, prevention and support in Zimbabwe*. Harare: Jongwe Printing and Publishing Co.
- Kambou, G., S. Devarajan, and M. Over. 1992. The economic impact of AIDS in an African country: Simulations with a computable general equilibrium model of Cameroon. *Journal of African Economies* 1, no. 1:109-129.
- Loewenson, R. 1998. Managing human resource and industrial relations issues in HIV/AIDS. Training and Research Support Centre. ZNCC Workshop, Harare.
- Monitoring the AIDS Pandemic (MAP). 2002. The Status and Trends of the HIV/AIDS Epidemics in the World. Provisional Report, Durban.
- Mbizvo, M. T., et al. 1997. *Zimbabwe further analysis: Knowledge of STIs and AIDS risk awareness and condom use*. Maryland: Macro International Inc.
- Msiska, R. 1990. An intervention study to develop and test the additional benefit of an enabling approach in reducing HIV/STD transmission in a fish trading community in Zambia. Research proposal for the National AIDS Control Programme, Lusaka.
- National AIDS Council. 2002. *AIDS and the workplace*. Harare: National AIDS Council.
- Ray, S., and G. Williams. 1993. *Work against AIDS: Workplace based AIDS initiative in Zimbabwe*. London: Hamlyn House.
- Robert, P. 1999. *The informal sector, small business enterprise and the HIV epidemic*. Dakar: United Nations Development Programme Regional Project on HIV and Development for sub-Saharan Africa.
- SAFAIDS. 1993. *HIV/AIDS concerns of women in the workplace*. SAFAIDS.
- The Southern Africa Tourism Services Association. 2002. *Far-reaching Study on HIV/Aids in the hospitality sector*. Johannesburg: The Southern Africa Tourism Services Association
- UNAIDS. 1999. *The UNAIDS report*. Geneva: UNAIDS.
- _____. 2000. *Report on the global HIV/AIDS epidemic*. Geneva: UNAIDS.
- UNIFEM-SARO. 2001. The UNIFEM-SARO report.
- USAID. 1992. *Confronting AIDS in the developing world. A report to Congress on the USAID Program for Prevention and Control of HIV Infection*, Washington, D. C.

_____. 1998. *Zimbabwe: A third nationwide survey of micro and small enterprise.* Final report, Harare.

Young, S. A. 2000. *Perceptions of employers about HIV/AIDS in the world of work. A brief note on the results of a pilot study of some enterprises in South Africa.* Geneva: International Labour Organization Bureau of Statistics.

