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HIV/AIDS Management and The Mobile Workforce: A Case Study of Security Forces in Namibia

Olukemi Asemota
Email: ooasemota@gmail.com

Abstract

The HIV /AIDS pandemic has a peculiarity with persons employed in the security forces, health care delivery chain and students in hostels. Security personnel are especially vulnerable because they operate predominantly away from home for long periods of time and also, away from their regular sexual partners. Despite the many awareness programmes instituted by governments and non-governmental organisations, to fight against the spread of HIV/AIDS in Namibia, the pandemic continues to claim lives on a daily basis. It is against this background that this study was conducted. The study investigated the management of HIV/AIDS at the Namibia Security Forces (NSF) and nature of workforce. Data from a sample of 96 respondents was collected employing questionnaire design through purposive and convenient sampling approaches and consequently analysed using the Statistical Package for Social Sciences (SPSS v. 11. 5).

The results showed that 62 percent of the security forces personnel from the survey conducted had experienced frequent transfers or redeployments from their original work locations to foreign missions or outside duty stations as work duty demands. On the frequency of occurrence of transfer, 39 percent had either been transferred once or twice from their duty stations to outside work stations, while 15 percent had been transferred 3 to 4 times since joining the force. Furthermore, the findings from the study therefore imply that security forces personnel are more vulnerable to exposure to HIV/AIDS due to the nature of their work (data for this assertion is required_ at least from some reading if not from the survey itself). Conclusively, it is recommended that management should henceforth adopt strategic management approach to managing the HIV pandemic in their workplace in addition to the awareness and educational programmes.

Key words: *HIV/AIDS management, mobile workforce, security forces, Namibia.*

Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are the two sides of the HIV/AIDS pandemic. The pandemic has become a persistent problem to sustained national development and the predominant concern of the leadership of every country, especially in Sub Sahara Africa. From available statistics, Sub Sahara Africa seems to be the worst hit region in the world constituting 68 percent (22.5 million) of people living with HIV/AIDS (UNAIDS/WHO 2007), use current statistics released, and has also recorded 85 percent of the estimated deaths associated with HIV/AIDS since the beginning of the epidemic (UNAIDS 2000). The HIV/AIDS epidemic has become a global concern impacting health, socio-economic capacity and quality of life of persons of all races, professions and gender. This impact is becoming more and more pervasive and critical with an estimated 20 percent infection rate in the active population on the African continent. According to UNAIDS (Global Report, 2008, 2002) the disease is also having devastating impact on business not to mention the dislocation, and discontinuities in family structure and livelihoods. It was also reported that in Southern Africa, 20 percent of the economically vibrant population in the age group of 15-45 years old are infected with HIV (UNAIDS, Global Report, 2008, 2002) resulting in social and economic pressures on families, governments, communities and the society as a whole.

Since the outbreak of the pandemic across the globe, nations, countries, organisations, communities have continued to collaborate to find lasting solutions to the many faces of HIV/AIDS. But the solution is still farther away; hence the issue of management to contain and mitigate the impact has come to the fore. Today, the situation continues to worsen, despite several global and national initiatives aimed at HIV/AIDS containment. The spread of this epidemic is escalating and national calls are being made for the declaration of a massive war on the disease.

Namibia is one of the countries that are most significantly affected by the HIV/AIDS pandemic. Sharing boundaries with South Africa, Botswana, Angola and Zambia Namibia with its sparse population of 1.8 million, (The Human Development Report 2002) can hardly

afford any loss in its population as the country currently is rated as one of the least densely populated in the world (SIAPAC, Namibia 2003). Like Botswana, Namibia's estimated two million population figure has some 200,000 adults and 30,000 children living with the virus ((PSI Southern Africa Project Report 2009). It is estimated that of the 61,380 orphans in Namibia, some 62.5 percent are the direct result of parents who died from HIV/AIDS (SIAPAC, Namibia 2003). Taking the above factors into consideration, it is crucial for Namibia to embrace the urgent call of the WHO to strengthen management and public policy support in order to control and reduce the spread and impact of this disease. In 1986, Namibia's Ministry of Health and Social Services reported its first four cases of HIV infection (MOHSS, 2001) and since then, the situation has multiplied exponentially to all regions, sectors, ages, gender and class, due to inadequate management, poor information flow and lack of steady commitment by both sufferers and potential victims. Ten year's later, in 1996, HIV/AIDS has become the leading cause of death in Namibia, making Namibia the country with the fifth highest HIV prevalence rates in the world, after Botswana, Zimbabwe, Swaziland and Lesotho (UNAIDS 2002).

According to the 2000 Sero Prevalence Survey, 22.3% of Namibians within the age range of 15-49 were HIV positive. UNAIDS (2002) reported that over 50,000 Namibians have died of AIDS, and 200,000 adults and 30,000 children are living with HIV/AIDS. As of 2002, there was an estimated 61,380 orphaned children due to loss of their parents to AIDS. This constitutes 62.5% of all orphans in Namibia (SIAPAC, 2003). But if we consider the rate at which the citizens are affected or infected, we can imagine what will become of the "given" land resources within the next 15 years. This poses a threat and challenge to people managers within and outside the country. Since the beginning of the infection, the number of reported HIV infections, hospitalisations and deaths from AIDS continued unabated. In addition, the MOHSS (2003) reported that since 1996, data on deaths and hospitalisations recorded in public hospitals indicated HIV/AIDS to be the leading cause of death in adults. At the end of December 1993 (Otaala, 2000) a cumulative number of 6,562 cases had been reported by National AIDS Co-ordination

Programme (NACOP) including 2,517 detected in September, 2000. That is why government, non-governmental organisations, businesses, educational institutions, private and public parastatals are rising to the challenge of waging a "holistic war" against the disease. (Please do justice to your paper and update the data).

I have missed the important focus of your paper in the introduction, your paper is on the Mobile and uniformed men. The background material you have presented are important but only to spice the focussed data (please refer to http://asci.researchhub.ssrc.org/working-papers/HIV_AIDS,_%20_Security%20_and%20Conflict.pdf for some updates)

Research Objectives

The researcher intends to achieve the following objectives, namely to:

- Examine how HIV/AIDS is being managed at the workplace, especially in the Namibian Security Forces (the military and the Police force).
- Investigate how the nature of work exposes Namibian Security Forces (NSF) to a higher risk of HIV/AIDS infections.
- An objective on the status of the Namibian uniformed personnel could have been stated

The Research Problem

The rising incidence and pervasive influence of HIV/AIDS and its special adverse effect on Namibia's active, professional labour force represents a major concern, not only for governments, employers and international community, but the Namibian society as a whole. From reviewing various reports and studies conducted by (Ekong, 2006, Onwuliri and Jolayemi, 2006, Van Beelen 2003, USAIDS/AIDSCAP 1997, UNAIDS 1998), the spread and impact of HIV seem greatest when persons live, work and play in groups and away from home, and family members. The above scenario is peculiar with employees in the security forces, health care delivery chain and students in hostels. Security personnel are especially vulnerable because they operate predominantly away from their homes for long periods and

also, away from their regular sexual partners. Consequently, they go often in search of sex for recreation to relieve loneliness, boredom, and the stresses associated with their jobs (The Jakarta Post, 2010; Kakujaha, 2010; Obel, 2010; Phamsa, 2010; Global Health Council, 2010; Ekong, 2006; Onwuliri and Jolayemi, 2006; Van Beelen 2003). Similarly, the above occupations tend to encourage risk taking, thereby giving them a higher than normal vulnerability and direct exposure to alcohol, blood contact, drugs use and commercial sex workers. Equally, civil conflicts and large-scale military conscriptions and/or deployments to areas with high HIV prevalence rates represent higher than normal risk situations and could trigger HIV epidemics beyond the normal exposure levels.

It is against this background that this study was conducted, to investigate how HIV/AIDS is managed in the workplace vis -a- vis the nature of work of the security forces. No other crisis has ever presented such an enormity of problems in terms of the threat to human life, social and economic progress as the HIV/AIDS pandemic. In the absence of firm and strategic management of HIV/AIDS the spread and impact will have devastating effects on productive adults' national workforce, individuals, families, communities and the national economy; as a whole.

Methodology

The research was carried out using qualitative and quantitative approaches to examine the phenomena under study. The sample for this study consisted of the Namibian Defence Force (the military) and the Police Force in Khomas Region, Windhoek, Namibia. The sampling technique employed were both purposive and convenient (Leedy and Ormrod, 2005). Data were collected from a sample of ninety-six respondents using questionnaire as a major instrument. The questionnaires were distributed with the assistance of four research assistants, through the drop and collect method. In order to achieve the study objectives, the questionnaire addressed the nature of work of the security force personnel, and the management approaches adopted by these organisations. The questionnaire was divided into three sections, namely; Where is the structure of the questionnaire and why it was structured so? What qualitative and

quantitative methods were used? A description of these methods and why they were chosen adds more value than the already stated.

Results of Data Analysis

The data obtained from the questionnaires administered were analysed using Statistical Package for Social Sciences (SPSS) Version 11.5.

Table 1. Age of participant

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-23	1	1.0	1.2	1.2
	24-29	21	21.9	24.7	25.9
	30-35	32	33.3	37.6	63.5
	36-41	22	22.9	25.9	89.4
	42-47	9	9.4	10.6	100.0
	Total	**85**	**88.5**	**100.0**	
Missing	9.00	10	10.4		
	System	1	1.0		
	Total	11	11.5		
Total		96	100.0		
SD= 2.1	$\overline{X} = 33.7$				

Table 1: Reports the age of the participants used in the study. About thirty seven percent of the respondents were in the 18 to 35 year old brackets while about twenty six percent of the respondents were in the 36-41 year old bracket. More than nine percent of the respondents were in the 42-47 year old bracket. However, more than ten percent of the respondents did not indicate their age groups. (one would be interested in knowing what this data means-significantly it is showing that the majority of the respondents are in their most productive age, follows within the known statistics and what this implies for young and relatively small country-can be devastating).

Table 2 : If respondent has all been transferred since joining services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	55.2	61.6	61.6
	No	33	34.4	38.4	100.0
	Total	**86**	**89.6**	**100.0**	
Missing	9.00	9	9.4		
	System	1	1.0		
	Total	10	10.4		
Total		96	100.0		

Table 2 displays the results on whether the respondents have been transferred since joining the services of NSF. The majority of the respondents (about fifty five percent) indicated that they have been transferred from one location to another, while about thirty four percent of the respondents indicated that they have not been transferred since joining the services of NSF. This particular table shows that transfer of staff from one location to another in NSF was common and equally constitutes one of the hazards of the workers to acquiring HIV/AIDS. It is nonetheless a risk factor.

Table 3. Times transferred since joining services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-2x	37	38.5	67.3	67.3
	3-4x	14	14.6	25.5	92.7
	5-6x	3	3.1	5.5	98.2
	7-8x	1	1.0	1.8	100.0
	Total	**55**	**57.3**	**100.0**	
Missing	9.00	40	41.7		
	System	1	1.0		
	Total	41	42.7		
Total		96	100.0		

Table 3 : Reports the number of times the respondents have been transferred since joining NSF.

A total of sixty seven percent of the respondents indicated that they have been transferred from one location to another at least once since joining the services of NSF. Cumulatively, about ninety two percent of the respondents have indicated of being transferred between one and four times since joining NSF.

I miss important questions on HIV/AIDS and the military. I wonder whether this was a tactical omission in the questionnaire or lack of focus. The objective on the status of the uniformed personnel could have been importanty.

There is no data for objective number one. Why was it stated?

Discussions

From data analysed above, it shows that vulnerable populations such as security personnel, find themselves away from their homes and family members and other significant others (SO) and, who can particularly engage in multiple sexual activities. It can be seen that the nature of work predisposes them to be more vulnerable to HIV/AIDS contamination. The explanations below present the summary on the research findings:

1. Forty six percent of the respondents believe that HIV/AIDS workplace management policy exists in NSF, while thirty seven percent say the workplace HIV/AIDS management policy does not exist in NSF.
2. About eighty percent of the workforce belongs to the age range of between 29 and 49, with the average age of 34 years, which constitutes the most productive and active aspect of work life. The challenge of managing such group of workforce is great considering the needs (emotional, financial, psychological, and physical) and career aspirations in the face of HIV/AIDS pandemic.
3. About sixty one percent of the respondents have been transferred from one location to another, since joining the security work force. The nature of work (redeployments, transfers, missions to war ridden zones) exposes the personnel to risks thus making them more vulnerable to HIV/AIDS pandemic. This is corroborated by the works of Obel, 2010; Phamsa, 2010; Global Health Council, 2010;

Ekong, 2006; Onwuliri, and Jolayemi, 2006; Van Beelen 2003; USAIDS/AIDSCAP 1997; UNAIDS 1998.

4. Over eighty percent of the respondents have been transferred between once and four times since joining NSF; while about eight percent have been transferred between five and eight times in the course of their work (The Jakarta Post, 2010, Kakujaha, 2010; Obel, 2010; Ekong, 2006; Onwuliri and Jolayemi, 2006; Van Beelen, 2003)
5. Fifteen percent of the respondents spent between one and two years in one location before being transferred to another locale. In addition, twenty three percent spent between three and four years; twenty two percent spent between five and seven years; and four percent of the respondents spent between eight and ten years in one location before receiving a transfer.
6. Three percent of the respondents have gone on peace keeping missions before, either once or twice; two percent have gone between three or four times and one percent have gone on peace keeping missions about five or six times, earlier (Phamsa, 2010),
7. The four locations for Peace Keepings were Liberia, Sierra Leone, Angola and Democratic Republic of Congo (DRC). These are regions of Africa that have been ravaged and ridden with wars (Phamsa, 2010; The Jakarta Post, 2010; Kakujaha, 2010; Obel, 2010).
8. Forty percent of the respondents agreed that they engage in risky activities like risky sexual behaviours, combat or war; fifty six percent of the respondents stated otherwise. Incidentally, some respondents stated that they "like sex", as indiscriminate and unprotected sex are risk factors for HIV/AIDS infection (Global Health Council, 2010, Phamsa, 2010, The Jakarta Post, 2010, Kakujaha, 2010, Obel, 2010).
9. Sixty percent of the respondents believe in NSF policy for managing HIV/AIDS disease, while nineteen percent of the respondents do not believe in the NSF policy for managing HIV/AIDS. While seventy seven percent of the respondents opine that the policy of HIV/AIDS in NSF did not favour

them, only ten percent of the respondents agreed that the HIV/AIDS policy considered them in its formulation.

10. Seventy eight percent of the respondents agreed that those NSF employees who were far from their homes were more affected by HV/AIDS disease. But, nine percent of the respondents disagreed with this proposition.
11. Although thirty one percent of the respondents disagreed that sex with multiple sexual partners was a risk factor in contracting HIV/AIDS, another twenty eight percent of the respondents supported the proposition that sex with multiple sexual partners is a risk factor in contracting HIV/AIDS.
12. Eighteen percent each of the respondents believe that the management of HIV/AIDS in NSF focuses on a combination of awareness, prevention, treatment, care and support; were poor and fair, respectively. Fifteen percent of the respondents believe it was satisfactory, while twenty two percent of the respondents believe this management principle was very good. Although another fifteen percent of the respondents believe that this management principle for managing HIV/AIDS disease in NSF was excellent.
13. The bove is simply a presentation of the data, where is the discussion as the subheading to this section claims?

Conclusion and Recommendations

The nature of work (transfers and redeployments) predisposes security personnel to exposure and consequently becoming more vulnerable to the risk of contracting the HIV and AIDS disease Furthermore, various other contributing factors as reported by IOM (2010); Obel (2006); Kakujaha (2010); The Jakarta Post (2010); Van Beelen (2003), include high levels of military sexual activities, high availability of commercial sex around military camps and deployments of security personnel from their homes (environmental risk-behaviour) for some time. This period of severance (may be short or long) tend to predispose the personnel to engage in indiscriminate sexual activities, unprotected sex especially (no use of condoms) with 'sex tourists' and street workers (Farley, 1998).

Undoubtedly, the wars in Africa are a contributing factor in the rapid spread of the virus.

In a bid to reduce HIV/AIDS infections below the epidemic threshold, the Government of Namibia has adopted a multi-sectoral strategic approach in managing the disease (The National Strategic Plan on HIV/AIDS, 2004). According to The National Strategic Plan on HIV/AIDS Medium Term Plan (MTP111: 2004-2009, 2004); the National AIDS Control Programme: 1990-1999, was followed by MTP 11 (1999-2004) because of the continuous spread of the disease. The third MTP was established to consolidate access to treatment with Anti-retroviral medicines and also to ensure the mainstreaming of HIV/AIDS in all sectors. The MTP111 has become the "road map" designed by the Namibian government, to fight the scourge of HIV/AIDS epidemic in the society.

Consequently, the Ministry of Defence (MOD), under the multi-sectoral strategic approach, came up with Military Action Prevention Programme (MAPP), (Nghimtina, 2003). The major objectives are to: prevent HIV and sexually transmitted infections (STI) among service members through the use of male and female condoms, reduce HIV/AIDS infections, strengthen counselling, treatment therapy, care and support services for both infected and affected members (MTP 111: 2004-2009, 2004). It is also to monitor, assess and evaluate the effectiveness of programme activities for future planning.

To date, the management of the Namibian Security Forces has placed more emphasis on the treatment of HIV/AIDS, with less emphasis on prevention and post-infection care. Based on systematic analysis of the HIV/AIDS incidence and the differential approach currently being practiced in the Namibian Security Forces a new management approach has been proposed to reflect both the urgency and the need to balance financial allocations on three levels: personal, institutional and collaborative for both short and long term solutions.

Given the above facts, the study puts forward three recommendations for policy consideration, namely: (1) That HIV/AIDS management in the Security forces be mandated to engage in holistic approach with clear focus, on targeting the problem, through resource prioritisation,

coordination and harmonisation of initiatives, resulting in efficient data collection, processing and sharing results with all stakeholders. (2) That greater effort should be made through conduct of applied research (conduct base line survey, engage in the monitoring and evaluation of HIV/AIDS workplace programmes and other means at the national level to understand and communicate the root causes and effects of the HIV/AIDS pandemic and to keep these findings high on the public consciousness through strategic education and public awareness programmes, and (3) That the Namibia Security Forces should examine the issue of job redesign as part of future policy issues to be considered for implementation to reduce the spread of the disease. What is stated as conclusions, could pass as discussions with some more backing.

The conclusion should be a synthesis of findings backed by facts. This is not achieved.

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