AN INVESTIGATION TO DETERMINE THE READINESS OF
MANAGEMENT AT SELECTED MANUFACTURING
ORGANISATIONS IN THE BUFFALO CITY AREA
TO MANAGE THE HIV/AIDS EPIDEMIC

BY

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Submitted in partial fulfilment in accordance with the requirements of the degree
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at the Port Elizabeth Technikon

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DECLARATION

I Samuel Meintjes, hereby declare that:

The work in this research paper is my own original work.
All sources used and referred to have been documented and recognised.
This research paper has not been previously submitted in full or partial fulfilment of the requirements for and equivalent or higher qualification at any recognised education institution.

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Date
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The following people need to be acknowledged for their support and encouragement throughout this research process.

• My mentor/promoter for her assistance and encouragement that enabled me to complete this thesis

• The respondents of the study who supplied the empirical data

• My parents, family and friends for their support and encouragement
SUMMARY

The present study was conducted to determine the readiness of management at selected manufacturing organisation in the Buffalo City area to manage the HIV/AIDS epidemic. The study was conducted in the Buffalo City area on manufacturing organisations with a workforce greater than 250.

The main aims of the present study were:

- To provide an overview of relevant literature concerning theoretical key issues related to the management of HIV/AIDS in the workplace.
- To assess the readiness of Buffalo City organisations in managing HIV/AIDS in the workplace, and to identify areas of improvement.
- In the light of the findings, make further recommendations to manufacturing organisations to further improve their workplace policy, education and awareness programmes; and the accommodation of HIV-infected employees in the workplace.

Another objective of the study was to provide additional research as a tool to assist organisations in managing HIV/AIDS in the workplace and to assist in fighting the HIV/AIDS epidemic in the Buffalo City area.

The research process entailed: the selection of a test sample of manufacturing organisations in the Buffalo City area, and selecting an appropriate Human Resource manager or representative from these organisations to complete a structured questionnaire. The research tool used in the study was a questionnaire, which was used to extract relevant information on the demographics, policies, education and the accommodation of HIV/AIDS affected and infected employees in the workplace. The results revealed the following:

- 73 percent of the selected manufacturing organisations in the Buffalo City have an HIV/AIDS policy in place;
- 87 percent of the organisation indicated that their management are committed to the development and implementation of a HIV/AIDS policy;
- management and supervisors in these organisations have not been adequately trained to manage the impact of HIV/AIDS in the workplace;
- organisations in the Buffalo City area need to collaborate and share information; and
- that very few organisations benchmark against best practices.
Future research on HIV/AIDS policy can explore the effective implementation of HIV/AIDS policies in these organisations as well as the effective management of HIV/AIDS in the workplace.
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CHAPTER 1
INTRODUCTION

1.1 PROBLEM DEFINITION

The growing Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemics threaten to halt or reverse social and economic gains made throughout the world. HIV/AIDS represents a global challenge, which directly and/or indirectly affects economic growth, democratic governance, the environment, population and health. Recent studies have shown that the life expectancy in many countries have declined over the last few years due to AIDS (Wilson & Gillies, 2000: 13).

South Africa has been slow in responding to HIV/AIDS and has one of the fastest growing HIV epidemics in the world. According to research by two international development bodies, the US Aid agency and the Australian Agency for International Aid (AAIA), the HIV/AIDS scourge is playing havoc with South Africans, both socially and economically. The study shows that the disease severely affects the country’s households, small and medium enterprises and the housing sector. It decreases overall productivity, as workers die of opportunistic infections (Tanziani, 2002: 8).

According to the 19th Annual Report on Employee Benefits and Labour Relations in South Africa, HIV prevalence in the total workforce (age 15 to 59) is now 18 percent, with 190000 deaths between the period 1999 to 2000. The HIV/AIDS epidemic will affect every workplace in South Africa with prolonged staff illness, absenteeism and death. It will impact on productivity and employee benefits as well as occupational health and safety. The negative impact on consumer markets will put pressure on the sustainability of business profits. The projected adverse effects of AIDS on the workforce will give rise to major difficulties for employers (People Dynamics, 2001: 26).
HIV/AIDS is a disease surrounded by ignorance, prejudice, discrimination and stigmatisation. In the workplace, unfair discrimination against people living with HIV/AIDS has been perpetuated through practices such as pre-employment HIV testing, dismissals for being HIV positive and the denial of employee benefits. Companies that respond quickly and effectively to AIDS in the workplace will gain a competitive advantage. By managing AIDS/HIV in the workplace employers are able to meet their business objectives more effectively. An effective strategy requires a holistic approach to managing the impact of AIDS on employee benefits.

An effective response to HIV/AIDS in the workplace is through the implementation of an HIV/AIDS policy and programme. Addressing aspects of HIV/AIDS in the workplace will enable employers, trade unions and government to actively contribute towards local, national and international efforts to prevent and control HIV/AIDS. An HIV/AIDS policy sets out a company’s legal obligations and provides a framework for how management and employees will be expected to deal with AIDS related issues (People Dynamics, 2001: 26).

The Code of Good Practice (www.labour.gov.za/docs/aids.index.htm) adopted by the Department of Labour binds employers in terms of the Labour Relations Act. This was developed with a number of goals in mind. These include:

- The elimination of unfair discrimination in the workplace based on HIV status.
- The promotion of a non-discriminatory working environment in which people living with HIV/AIDS are able to be open about their HIV status without fear of stigmatisation or rejection.
- The promotion of appropriate and effective ways of managing HIV/AIDS in the workplace.
- The creation of a balance between the rights and responsibilities of all parties.

The HIV/AIDS crisis in South Africa tasks private sectors with preparation for appropriate responses to the challenges posed by this unprecedented
pandemic. A workplace HIV/AIDS policy and programme will allow organisations to:

- Acknowledge the impact of HIV/AIDS.
- Deal with employment issues posed by HIV/AIDS.
- Develop strategies to reduce the impact of the epidemic on the workplace.
- Support national efforts.
- Ensure that planning takes place.
- Reduce new infections through prevention programmes.
- Provide for the implementation of prevention and care programmes.

The Code however, does not impose any legal obligation in addition to those in the Employment Equity Act and Labour Relations Act, or in any other legislation referred to in the Code. Failure to observe this does not; by itself render an employer liable in any legal proceedings, except where the Code refers to obligations set out in law.

Many firms lack sufficient awareness and prevention activities, and most firms that have these programmes tend to offer them informally (Tanziani, 2002: 8). The study will determine the readiness of manufacturing organisations in the Buffalo City area to manage the HIV/AIDS epidemic.

HIV/AIDS is the greatest challenge facing South Africa at present (Whiteside and Sunter, 2000: 134). It is most prevalent among economically active people. The loss of skills and experience due to HIV/AIDS in organisations is affecting the economic activity and has a significant impact on the bottom-line profits of organisations. Hence, managing AIDS in the workplace has become a critical skill (Whiteside and Sunter, 2000: 99).

The above discussion leads to the following major problem that was addressed by this research:

**Do organisations in the Buffalo City area have the appropriate strategies in place in the workplace to manage HIV/AIDS effectively?**
1.2 SUB-PROBLEMS

The following sub-problems were identified in solving the main problem:

- What guidelines does literature reveal that will assist organisations in the management of HIV/AIDS in the workplace?
- What strategies do organisations adopt in managing HIV/AIDS in the workplace?
- To what extent do the strategies adopted by organisations compare with the guidelines offered above?

1.3 AIMS OF THE STUDY

The aims of the research study are:

- To provide an overview of relevant literature concerning theoretical key issues related to the management of HIV/AIDS in the workplace.
- To assess the readiness of Buffalo City organisations in managing HIV/AIDS in the workplace and to identify areas of improvement.
- In the light of the findings, make further recommendations on how manufacturing organisations can further improve their workplace policy, education and awareness programmes, and the accommodation of the HIV-infected employees in the workplace.

1.4 SIGNIFICANCE OF THE STUDY

According to Sunter and Whiteside (2000: 69), it was estimated in South Africa, that in 2000, 4,2 million people would be HIV positive, which is higher than the projected amount of 3,6 million. The projected prevalence rates for 2002 is 16,5 percent and for 2010 is just less than 22 percent. This indicates an increase in the infection rate. By 2006 there will be as many deaths from AIDS as from all
other causes of death. It should be remembered that AIDS mainly affects the economically active population.

A healthy and productive workforce is crucial for any country’s success. HIV/AIDS is likely to reduce economic growth through absenteeism, lower productivity and high employment costs (Gibson, 2001: 13).

The statistics indicate that, business people can no longer regard AIDS only as a political and moral issue. AIDS is a workplace issue, a productivity issue, a managerial issue and a training issue, and thus its impact has become a reality. A strategy for dealing with HIV/AIDS in the workplace is necessary to raise the awareness of such issues so that discrimination and under-reporting of HIV/AIDS cases can be prevented (Breuer, 1995: 1). Many organisations in South Africa do have policies and programmes in place. By comparing the literature reviewed and data gained from the sample group, the study indicated the extent to which management in selected manufacturing organisations in the Buffalo City area are ready to address the HIV/AIDS epidemic in the workplace. The results of the study will be significant to all other organisations that do not have appropriate HIV/AIDS strategies.

1.5 DEFINITION OF SELECTED CONCEPTS

1.5.1 Management

According to Hellriegel, Johnson and Slocum (1999: 7) the term ‘management’, which is a function of a manager, refers to the planning, organising, leading and controlling of the people working in the organisation and the ongoing set of tasks they perform.

Managers are accountable for a diverse group of employees. The needs of each group must be considered and balanced to reach their goals. Managers should therefore perform their function responsibly. They should manage HIV/AIDS in the workplace by planning ahead, setting up policies that comply with legislation and educating employees with accurate information about the risks of AIDS.
1.5.2 Human Immunodeficiency Virus (HIV) And Acquired Immunodeficiency Syndrome (AIDS)

HIV is the acronym for “Human Immunodeficiency Virus”. HIV is a virus, which attacks and may ultimately destroy the body’s natural immune system. The HIV disease causes situational, developmental, social, and complex crises. People with HIV may experience episodic trauma over the course of the illness and consequently move in and out of equilibrium (Code of Good Practice, 2002: 89).

AIDS is the acronym for “Acquired Immune Deficiency Syndrome”. AIDS is the clinical definition given to the onset of certain life-threatening infections in persons whose immune systems have ceased to function properly as a result of infection with HIV. Masci (1992: 10) maintains that AIDS is the most serious manifestation of infection with the Human Immunodeficiency Virus. A diagnosis of AIDS is made when any number of infections or malignancies usually associated with impaired cellular immunity occurs in an individual who has no known immune-compromising disease, and who is not receiving immune-depressing medications.

The immune system of a person with AIDS is unable to protect itself from certain diseases because its defence system against infections is weakened. It is these diseases from which people with AIDS die, not from AIDS itself (Arendse, 1991: 219).

For the purpose of this study AIDS is regarded as a reliably diagnosed disease characterised by of an underlying cellular immune-deficiency in a person who has had no known underlying cause of cellular immune-deficiency, nor any other cause of reduced resistance. Ultimately, AIDS-afflicted persons suffer loss of the natural immunity that enables the human body to fight off certain infections and cancers.
1.5.3 “Readiness”

Management need to take preventative and proactive action with regard to the development and implementation of an appropriate AIDS strategy which will help to develop a workplace environment that supports and encourages the empowerment of employees in the AIDS spectrum (Slack, 1995: 368).

Organisations having effective active policies, procedures and programmes in place that addresses the issues pertaining to HIV/AIDS in the workplace can be said to be at the appropriate level of “readiness”.

1.5.4 Strategy

A strategy is the direction and scope of an organisation over the long term, which achieves advantage for the organisation through its configuration of resources within a changing environment, to meet the needs of markets and to fulfil stakeholder expectations (Johnson & Scholes, 1999: 963).

1.5.5 Policy

The Longman Dictionary of Contemporary English defines ‘policy’ as a plan or course of action in directing affairs as chosen by a business company or government. Policy is a document setting out an organisation’s position on a particular issue. Organisations should develop a plan or course of action to deal with HIV/AIDS in the workplace.

1.6 DELIMITATION

Delimiting the research is a means of making the research topic manageable from a research point of view. The exclusion of certain topics, however, does not mean that there is no need for them to be researched.
1.6.1 Management

The study was focused on key people in organisations responsible for developing and implementing strategies for the management of HIV/AIDS in the workplace. All other levels of management such as senior management were excluded.

1.6.2 Geographical demarcation

The empirical component of the study was limited to manufacturing organisations within the Buffalo City area employing more than 250 employees. The empirical survey was conducted by means of structured personal interviews. All conclusions or findings of the research project were drawn in the context of the Buffalo City area only.

1.6.3 The Organisation

The study was limited to the manufacturing industry in the Buffalo City area. Not all large manufacturing organisations with formal HIV/AIDS policies in place were targeted in the study.

1.6.4 Scope of study

The study did not deal with the biological development of the HIV virus itself, but rather the implications on work performance in the workplace. Various stages of the illness will be mentioned and the progressive stages of AIDS were highlighted in order to identify appropriate strategies to deal with infected and affected employees.
1.6.5 Subject of evaluation

The study focused on the following key issues with regards to the management of HIV/AIDS in the workplace:
- Legal implications
- Policy and procedures
- Education and training
- Accommodation of HIV/AIDS employees in the workplace

1.7 ASSUMPTIONS

- Manufacturing organisations in the Buffalo City area are aware of the HIV/AIDS epidemic and its potential impact on the workplace.
- Large organisations have been chosen because they have HIV/AIDS policies in place.
- Management has taken proactive steps in combating the spread and discrimination of HIV/AIDS infected people in the workplace.

1.8 RESEARCH DESIGN

1.8.1 Research Methodology

The following procedure was adopted to solve the main and sub-problems.

1.8.2 Literature study

Secondary data consists of published literature addressing the topic of management of AIDS in organisations. The literature study included published articles, journal articles, newspaper articles, books and Internet references.
1.8.3 Empirical study

The empirical study consisted of:

- **Structured questionnaires**
  The key people in the sample of the manufacturing organisations were selected. The information was obtained from the structured questionnaires done by the responsible people. According to Leedy (1997: 199) a structured questionnaire includes a series of closed-form questions. The questionnaire was carefully planned and accurately worded by the researcher. The key people in the organisation responsible for policy development and implementation were targeted for the study.

- **Measuring instrument**
  As outlined above, the researcher developed one comprehensive questionnaire, which was sent to the appropriate people at the selected organisations. The results obtained from these questionnaires were used to conclude whether manufacturing organisations are prepared for the impact of HIV/AIDS in the workplace. Structured questionnaires are useful as they have a reasonably high reliability aspect, and assisted the researcher to compare all the results.

- **Sample**
  The Chamber of Commerce’s data bank was used to identify manufacturing companies in the Buffalo City area. Manufacturing companies with a workforce greater than 250 employees were included in the study. One key person per company, who is directly responsible and involved in the development of a HIV/AIDS strategy and implementation thereof, was interviewed.

- **Statistical analysis of data**
  The statistical procedures that were used to analyse and interpret the data were done in consultation with the PE Technikon statistician at the time the questionnaire was drawn up.
1.8.4 Integration of the study

The results of the empirical survey were analysed and integrated with the literature findings in order to determine the extent to which manufacturing organisations in the Buffalo City area follow the theoretical model in managing HIV/AIDS in the workplace.

1.9 ORGANISATION OF THE REMAINDER OF THE STUDY

In chapter one the problem definition, the significance of the study, the definition of selected concepts, delimitations and research design were discussed. Chapter two deals with the overview of the related literature of the impact of HIV/AIDS in the workplace and how it is presently managed. Chapter three focuses on the research method and the design and the results of the empirical study. In chapter four the research provided findings of the integration of the analysed literature study and the results of the empirical study. Chapter five concludes the study and provides recommendations.
CHAPTER TWO
THE IMPACT OF HIV/AIDS

2.1 INTRODUCTION

AIDS was first identified in 1981. Since then the syndrome has been seen in most countries, and it is increasing at a rapid rate in some countries. The number of HIV/AIDS infections is increasing daily in South Africa and there is no doubt that it has and will continue to impact on the workplace (Gillies, 2000: 2).

At the start of the new century, South Africa had the largest number of HIV/AIDS infected people of any country in the world, with India being the only other country that comes close (Whiteside & Sunter, 2000: 1). Whiteside and Sunter, (2000: 134) maintain that there is no “quick fix” to the problem. The hope of a vaccine or cure is no sound strategy for organisations. Sitting back and waiting for a breakthrough is therefore not a realistic option, as it will take time, which can be ill afforded (Whiteside & Sunter, 2000: 134).

Everyone has a role to play in conquering the epidemic. The population as a whole has to be mobilised against it. Sound leadership is required to turn the epidemic around, as was achieved by countries such as Thailand and Uganda, where highly visible political leadership played a significant role. South Africa requires high calibre leaders in both public and private sectors to lead the campaign (Whiteside & Sunter, 2000: 135).

2.2 THE DEVELOPMENT OF HIV/AIDS

The clinical course of a HIV/AIDS-infected person according to Evians (1991: 16), usually follows the following three phases, with each phase gradually developing and merging into the next.
2.2.1 Asymptomatic Phase

Three to six weeks after the encounter that leads to HIV infection, 50 to 70 percent of individuals develop the acute HIV syndrome. The infected person develops flu-like or mild glandular fever like illness. It is usually of short duration and recovery is complete. This is then followed by the asymptomatic stage during which the virus continues to replicate, infect and destroy CD4 lymphocytes. The infected person is likely to remain well for a period of approximately seven years. The employee would normally continue to work with minimal disruption during this phase even if it is a physically demanding job. It is not certain whether everyone with HIV will develop AIDS, but most infected people will eventually develop AIDS (Evians, 1991:16).

2.2.2 The phase of HIV/AIDS related conditions

The phase of HIV/AIDS-related conditions follows the initial asymptomatic phase. After about seven to ten years the immune system becomes so weak that the body can no longer defend itself against a number of different diseases, which one is exposed to on a daily basis (Gillies, 2000: 3). The HIV-infected person commonly starts experiencing various medical problems, including skin rashes, fungal mouth infections (thrush), fatigue and tiredness, swelling of the lymph glands in the neck and armpits, mild weight loss and occasional fevers. During this stage there should not be a significant absentee rate from work nor a need for major medical care. The employees will be able to continue with their normal work unless the job becomes extremely physically demanding (Evians, 1991: 16).

2.2.3 The AIDS Phase

The AIDS phase develops as the body's defence becomes more depleted. The person develops more serious illnesses such as rare forms of cancer (Kaposi sarcoma) and pneumonia. It is only at this stage that the person is said to have AIDS. Before this stage the person is HIV positive (Gillies, 2000: 3). The person will require ongoing and regular medical consultations and care with occasional
hospital admissions, and will progressively become less able to remain at work (Evians, 1991: 17).

2.3 THE PREVALENCE OF HIV/AIDS IN SOUTH AFRICA

In order to understand and plan for the impact of HIV/AIDS, it is crucial to know how many people are and will be infected, when they will be infected, when they will fall ill, what care they will need and when they will die. Available data that is valuable for planning purposes is inadequate because it is confidential and obtaining it will infringe on individual rights.

2.3.1 Estimates of those infected

Whiteside and Sunter (2000: 69) despite these drawbacks set out a table giving possible estimates of the position, and project the future of the epidemic (table 2.1).

<table>
<thead>
<tr>
<th>Table 2.1: HIV/AIDS Projections</th>
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The estimate for the year 2000 was about 4.2 million HIV-positive adults compared to that indicated in table 1 of 3.6 million, indicating that we were ahead of the projected figures. According to Karim and Karim (2001: 63), Sub-Saharan Africa has 70 percent of all HIV/AIDS infected people, even though it only has 10 percent of the world’s total population. South Africa not only has the
largest number of HIV/AIDS infected people in this region (4.2 million in July 2000), but also has the fastest growing HIV/AIDS epidemic in the world. It is estimated that by the year 2005, six million people will be infected with HIV/AIDS. Of the entire world’s people living with HIV/AIDS, six out of every ten men, eight out of every ten women and nine out of every ten children are located in sub-Saharan Africa. These countries are the least financially equipped to deal with the disease and its impact (Government Digest, 2000: 17).

2.3.2 Age Distribution of AIDS

Whiteside and Sunter (2000: 58) maintain that the South African nation is highly susceptible to the spread of HIV and vulnerable to the impact of AIDS. The highest rates of infection in South Africa are amongst people between the ages of 15 and 44 years, as can be seen in Figure 2.1.

Figure 2.1: Rates of infection in South Africa

Source: Love life 12 May 2001(7)
A sizeable percentage of South Africa’s population falls within this age group and therefore HIV/AIDS has the potential to have a devastating effect in areas of social, economic and human development. Statistics vary, depending on the source. This is due to the fact that different researchers use different sampling methods and models in their studies.

According to Gary Taylor, managing director of Medscheme’s group services division, 11 percent of the work force was HIV positive in the year 2000 and the figure estimated for the year 2010 is 21 percent (Taylor, 2001: 42).

2.3.3 Rate of infection of the working community

Christoph Kopke, chairman and Chief Executive Officer of Daimler-Chrysler South Africa, at the launch of their HIV/AIDS workplace strategy explained that there are currently 1700 new HIV infections per day in South Africa. In the year 2000, 13 percent of South Africa’s workforce was HIV positive and by the year 2006 this figure can increase to 25 percent (Hi-lite, 2001: 4)

Wilson and Gillies’ (2000: 13) research, however, shows that there are currently approximately four million people in the sexually/economically active age groups who are infected and 50 000 to 60 000 people being infected per month. This amounts to 1600 to 2000 new infections per day. It can thus be said that AIDS is a disease of economically active people, and will have a profound impact on the working community (Evians, 1991: 37).

Gary Taylor, Managing director of Medscheme’s group services division suggests that companies should not extrapolate the antenatal HIV figures into their own workplace, but should carefully identify the source of all statistics. He states that the infection rate is increasing at about 750 per day but as with any epidemic, there is an S-curve, which will prevent global wipeout as the pool of “infectable” decreases. Findings show that even though it may be politically incorrect but sociologically explainable, the infection rate is highest among blacks and lowest among whites and higher among females in comparison to males (Management Today, 2001: 42). The higher levels of infection in the black population, is a concern peculiar to South Africa owing to its impact on affirmative action. The national policy of affirmative action is likely to be
hindered by the AIDS mortality (Whiteside & Sunter, 2000: 108). The potential spread of the disease in South Africa is associated with a high rate of indiscriminate sexual behaviour or multiple-partner sexual activity in communities that are socio-economically deprived (Evians, 1991: 10).

2.4 ECONOMIC AND SOCIAL IMPACT

According to Love Life (2001:12), the macro-economic consequences of the HIV/AIDS epidemic is that it restricts economic growth through:

- the reduction in the number of workers available in the economy (human capital) and increased production costs which may reduce international competitiveness;
- a decrease in public sector, corporate and personal savings due to health care and related HIV/AIDS expenses, which in turn may reduce investment and increase the costs of capital; and
- reduction in direct government investment, in areas such as infrastructure, as expenditure on HIV/AIDS increases.

South Africa has been experiencing negative or low economic growth rates for many years now. Attempts have been made to model the macro-economic impact of HIV/AIDS (Whiteside & Sunter, 2000:85). These models suggest that the mechanisms through which the epidemic may affect economies include:

- the illness and death of productive people and the consequent fall in productivity; and
- the diversion of resources from savings to care. As the disease progresses and financial resources are used up, people will begin cashing in insurance policies and selling capital items.

NMG projections of the overall impact of HIV/AIDS on the economy are sombre (People Dynamics, 2002: 26). Their study reveals the following:

- a reduction in GDP of 1,5 percent a year;
- in 10 years, HIV prevalence among mid-income consumers will rise 1,5 times to 16 percent;
• HIV prevalence in the total workforce (age 15 to 59) is now 18 percent, with 190 000 deaths in 1999 to 2000;
• in five years, total workforce prevalence will rise to 26 percent (with a threefold increase in deaths);
• manpower costs (costs of retraining) will rise tenfold by 2005;
• group life costs will double by 2005 and quadruple by 2010;
• medical scheme hospital costs will rise 7 percent a year or 300 percent in 20 years; and
• medical schemes claims/rate increases due to AIDS will rise 100 percent in 20 years.

Stein (2001:5) however, lists the following economic impacts on operating profits:
• increased expenditure for health care, burial fees and for the training and recruitment of replacement employees;
• decrease of revenue because of absenteeism due to illness of employees and/or their family members, attendance at funerals and time spent on training;
• turnover of employees leading to a less experienced and less productive workforce (loss of skills, and tacit knowledge);
• declining morale and in consequence, lowered productivity; and
• increased demands for benefits and the rising costs of employee benefits in South Africa, unless they are restructured, will reduce operating profits.

Businesses are already grappling to cope with the challenges imposed on them by international competition. Coupled with domestic challenges, they now have to cope with the economic impact of HIV/AIDS, which is recognised in those areas such as absenteeism and loss of productivity. It also impacts on businesses in many “hidden” areas such as recruitment, training, leave for staff funerals, loss of intellectual capital, quality of products and services and labour litigation (Cronson, 2002: 4).
2.4.1 Impact on National Growth

The degree to which these factors will impact on national growth, will depend on the people who are infected. If the majority of those who are infected are unemployed, then the impact on the national economy will be less. However, if those infected are skilled and highly productive members of society then the impact will be great. Similarly, if the resources spent on care are considerable and come out of savings then this will have a vast effect on the economy (Whiteside & Sunter, 2000: 85).

2.4.2 Impact on Government

The impact of HIV/AIDS is gradual, subtle and incremental. The true impact on government and on the private sector will only be known when one looks back in the future at what actually happened (Whiteside & Sunter, 2000: 87). Prominent business figures have been critical of the impression created by the government’s handling of the HIV/AIDS issue. Christoph Kopke, chairman of Daimler-Chrysler and chairman of the South African Chamber of Business, argues that potential foreign investors, are deterred by four things, “crime, trade unions, cost of capital and Aids” (Christianson, 2001: 42).

2.4.3 Impact on Population Growth

The epidemic will impact directly on the population through deaths of infected people. Birth rates are expected to decline due to deaths among people in the relatively high fertility age group, as well as the reduced fertility of HIV/AIDS infected women. This will reduce the population growth rate and in the worst case scenario, result in a slightly negative growth rate (Love Life, 2001: 15).

2.4.4 Effect on Gross Domestic Profit (GDP)

A recent macroeconomic sensitivity analysis by the Stellenbosch University Bureau for Economic research (BER) concludes that when the impact of HIV/AIDS is factored in, South Africa’s projected GDP will be 1,5 percent lower by 2010 and 5,7 percent lower by 2015 than without the presence of the disease. The BER’s main findings are that the GDP growth rate could fall by 0,5
percent a year between 2002 and 2010. The total real and final household consumption expenditure will be reduced by 0.3 percent a year and the producer price inflation will be 2.3 percent higher for the same period. Experts however, are cautious about exercises based on models. Brian Brink, senior vice-president, medical officer, at Anglo American, points out that in his own company’s experience, the HIV/AIDS phenomenon has generated “assumptions and assumptions”. He agrees that the impact of HIV/AIDS will be severe, but nevertheless managed (Christianson, 2001: 42).

Manufacturing is the largest contributor to the Gross Domestic Profit (GDP) in South Africa, followed by community, social and personal services. The largest percentages of workers are employed in these sectors. According to Evians (1991: 10), sexually active people are in the 16-65 year age group and they constitute the economically active workforce in society. The HIV/AIDS epidemic primarily disables the most productive category of society – the 35 - 40 age group, and far exceeds any other threat to the health and well-being of South African employees. Strategic consultant, Ian Harebottle, according to Christianson (2001: 42), explains that far too many companies still “hide their heads in the sand and hope”.

Projected AIDS deaths among employees in some South African companies can in the next decade equal 40 to 50 percent of the current workforce (Love-life, June 2001: 12).

Local markets selling their products are directly affected by increased illnesses of potential consumers. Exporters to overseas markets may not have a similar problem. Companies should assess the composition of its customers, their vulnerability to contracting the disease and how they react in terms of changing their expenditure patterns (Whiteside & Sunter, 2000: 114).

HIV/AIDS will affect the growth of many markets for goods and services by reducing the absolute number of potential customers. Markets that are relatively saturated and which depend critically on population growth, could be become vulnerable. The impact of the epidemic on specific markets will depend on the demographic and risk profile of consumers. Certain markets will expand most
notably, as in the case of health care and funeral services because affected households will divert expenditure to HIV/AIDS-related needs (Love life, 2001: 14).

A major concern according to Whiteside and Sunter, (2000: 105) for the retail sector in South Africa, is the provision of credit. The risk of default on credit payments will increase as affected households will need to draw on their savings for more immediate needs, thus reducing savings levels and credit supply.

2.4.5 Business concerns

The socio-economic impact of this epidemic is a serious concern and will incur great costs if it is not addressed in the workplace. Besides a moral obligation, the cost of ignoring HIV/AIDS far outweighs the costs of doing something about it (Wilson & Gillies, 2000: 13). As the AIDS epidemic expands, the potential of this disease to disrupt the conduct of business, increases and creates problems at the interface between employee and customer and the employees themselves (Evians, 1991: 45). Business therefore cannot afford the cost of ignoring HIV/AIDS in the workplace. Costs include human costs, productivity costs, medical costs and benefit costs. Organisations therefore need to have a proactive, constructive, and effective strategy in place to address these issues (Wilson & Gillies, 2000: 13).

The impact of HIV/AIDS also introduces a new dimension in the working environment. Issues such as testing, privacy and discrimination in the hiring and firing of individuals with HIV/AIDS have emerged. Management faces questions such as employee reluctance to work with HIV/AIDS infected co-employees and the occupational precautions required in such situations (Arendse, 1991: 219).

Statistics that speculate on the impact of HIV/AIDS on South Africa, indicate panic and withdrawal by the individual within the broad community. The person who suffers from HIV/AIDS contends with the medical aspect as well as the psychological aspects of the disease inflicted by the community and colleagues in the work environment (Erasmus, 1995: 7).
South Africa has moved into the symptomatic phase of the epidemic, and many issues abound. From the employee perspective it will range from the stigmatisation associated with working with HIV infected employees and those who are ill, to poor employee morale as a result of having to cope with losing friends and relatives who have died (Wilson and Gillies, 2000: 13).

Employees already infected, although physically fit and healthy, will find it difficult and stressful at work. The impact on them will range from experiencing an unsupportive work environment characterised by discrimination and rejection by management and colleagues, to confidentiality breaches. The disease is still surrounded by ignorance, prejudice, discrimination, and stigmatisation. Managing the resultant discrimination and rejection that occur, becomes a management challenge (Wilson and Gillies, 2000:13).

2.4.6 Effects of HIV/AIDS on Business Costs

Policy debates, political wrangling and discussions on theoretical scenarios often overshadow the direct impact of HIV/AIDS on business in South Africa. AIDS is starting to have a significant effect on company profits. The effect is so great that recent projections from the Bureau for Economic Research as discussed before, predict a decline annually over the next 10 years of a GDP of between 1.5 percent and 6 percent (Cronson, 2002: 4).

The bottom line is that HIV/AIDS will make it costly for an organisation to produce a given quantity of its product unless it can reduce costs in other ways. Possible strategies for organisations can include price increases, the marketing of its product more aggressively or alternately accepting a reduction in profits. Statistics have shown that it is possible for far-sighted companies to cushion the impact on the 10-year corporate bottom-line by up to 30 percent (Vinassa, 2001: 28). In a study in various organisations on the impact of AIDS by NMG consultants and Actuaries, it was found that by identifying the exposure to loss, and suggesting responses by caring, it not only helps sufferers, but also delivers significant savings. Comprehensive timeous management programmes are significant moves in the right direction (Vinassa, 2001: 28).
Organisations may experience increasing pressure to provide support and care for sick and terminal employees. It is clear that the government will not be able to provide for this without private-sector assistance. Government may in future legislate and compel employers to provide support, which may include HIV/AIDS education. This will result in organisations being faced with an increased burden on an already strained occupational health service. Organisations will carry the burden of having to provide support services such as counselling to address the psychological impact of sick and dying employees in the organisation (Wilson & Gillies, 2000: 13).

According to Koch (2001: 30), Lifework’s statistics indicate that absenteeism costs companies as much as 17,5 percent of payroll, disability as much as 10 percent and HIV an average of 15 percent per year. It is estimated that South African companies will need to set aside a rapidly increasing proportion of their annual payroll to meet the costs associated with HIV/AIDS. Emerging research released at the Durban AIDS conference indicates that an HIV positive employee could cost an employer up to eight times his/her annual salary (Koch, 2001: 30).

While the exact financial costs of HIV/AIDS are open to debate, it is certain that comprehensive workplace programmes and appropriate HIV/AIDS policies can be established for a fraction of the cost than the cost incurred due to AIDS-related sickness and death (Stein, 2001: 5).

HIV/AIDS among managers, employees and their families imposes significant costs. Research conducted by the Harvard Centre for International Health in two South African companies, indicates that HIV infections may cost companies between two and six percent of salaries per year (Love life 2001: 13). The costs can be divided into direct, indirect and systemic costs.
2.4.6.1 Direct Costs

Direct costs to companies refer to impacts that involve increased financial outlays by the company (Whiteside & Sunter, 2000: 109). It incorporates costs of health care and other employee benefits. HIV/AIDS is elevating the costs of employee benefits in South Africa. The cost of an average set of risk benefits is expected to double over the next five to ten years unless they are restructured. Projected cost increases for specific benefits are illustrated in table 2.3 below (Love life, 2001: 11):

Table 2.2: Projected Costs of Risk Benefits as A Percentage of Salary in South Africa

<table>
<thead>
<tr>
<th></th>
<th>1997</th>
<th>2002</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lump sum death or disability benefit</td>
<td>1.5</td>
<td>2.9</td>
<td>4.5</td>
</tr>
<tr>
<td>Spouse’s pension</td>
<td>4.0</td>
<td>5.9</td>
<td>7.5</td>
</tr>
<tr>
<td>Disability pension</td>
<td>1.5</td>
<td>2.1</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Source: Love life 22 June 2001

2.4.6.2 Indirect Costs

These are the most significant for most companies, and include costs of absenteeism due to illness or funeral attendance, lost skills, training and recruitment costs and reduced work performance, and lower workforce productivity. These costs are more striking for loss of skilled workers, where instant substitution is more difficult. It is estimated that by 2010, 15 percent of the highly skilled employees will have contracted HIV (Love Life, 2001: 12). Indirect costs according to Wilson and Gillies (Hi-lite, 2001: 13), are currently estimated at one percent of the remuneration budget and is expected to increase by 10 percent by 2005 and by 15 percent in 2010.

The vulnerability of business to HIV/AIDS varies and the determining factors include:
- the type of business;
• the production processes;
• the skill levels of the employees;
• replaceability of employees;
• the sector in which it operates; and
• the benefits it provides (Whiteside & Sunter, 2000: 103).

Labour intensive firms may appear to be at higher risk of production losses, but the actual impact will depend on the ease at which employees can be substituted. For high-skill, labour-intensive industries it will be very costly to train replacement staff, whereas for low-skill industries it will be easier to find replacement staff (Love life, 2001: 13).

Capital-intensive industries can be more vulnerable to HIV/AIDS than labour intensive ones. In gold mining there is little task specialisation and therefore production is not seriously affected. However, coal mining small numbers of machine operators each performing specialised tasks and loss of a few operators can lead to substantial production decline (Love life, 2001: 13).

Metropolitan Life estimates, that for every 1000 employees, companies should invest R125 000 up front and R25 000 per annum thereafter. The resultant savings would be ten million Rands in the first decade in indirect costs (Hi-lite, 2000: 13).

2.4.6.3 Systemic Costs

Systemic costs refer to costs that result from the cumulative impact of multiple HIV/AIDS cases. These costs are the most difficult to measure especially in the short term. They include the toll that illness and death of employees take on co-workers’ morale and motivation, the increases in occurrences of slacking and the overall loss of experience and skills in the workforce. Over the long term these costs can pose a serious threat to companies’ profitability (Whiteside & Sunter, 2000: 113).
2.4.6.4 Aggregate Costs

In estimating aggregate costs in the three above categories the following critical information is required (Whiteside & Sunter, 2000: 113):

- HIV/AIDS prevalence;
- morbidity and mortality which must either be measured or modelled;
- HIV/AIDS infection rates tend to vary with age, sex, race, geographic location within South Africa; and
- job level.

A detailed demographic profile of the current and future workforce is critical to the analysis.

At a breakfast in August 2000, where Lifework’s Aids Impact Calculator was launched, Clem Sunter made an urgent appeal to business to count the cost of not treating AIDS. He ensured business that it costs a lot less to keep people alive and well than to allow them to become ill and die (Koch, 2001: 30).

Over time the costs of HIV/AIDS for most businesses will be substantial and could affect international competitiveness (Love-life, 2001: 14). The benefits of investing in HIV/AIDS interventions therefore far outweigh those of ignoring the issue (Hi-lite 2000: 13).

2.4.7 Impact On Productivity And Profitability

Organisations are reporting growing numbers of AIDS-related deaths and permanent disablement of employees, as well as rising levels of absenteeism directly attributable to the HIV virus (http://www.fsacontact.co.za/article391.htm).

2.4.7.1 Reduced productivity due to Absenteeism

For management, the impact of HIV/AIDS on productivity and profitability will be significant. This includes amongst others, productivity losses owing to decreased levels of productivity and efficiency in infected employees. As much as 20 percent of the workforce may be infected with HIV/AIDS and
approximately three to four percent of the workforce could be ill as a result of HIV infection. Indications are, that up to 27 percent of the workforce will be symptomatic and ill in the near future. This sharp increase in employees projected to be ill, is due to the large number of infected people who are currently asymptomatic and because the epidemic is increasing exponentially (Wilson & Gillies, 2000: 13).

AIDS employees are estimated to be 20 to 40 percent productive in their last year with significant increases in absenteeism and unscheduled leave such as sick and compassionate leave. The largest element of HIV/AIDS-related costs is absenteeism. Attendance of funerals, both for work colleagues, spouses and extended family members is starting to take “huge chunks” out of the capacity of manufacturing organisations. Organisations which, do not have a well-constructed compassionate leave or funeral attendance policy, stand to bear the cost of a substantial number of man-years of production (Cronson, 2002: 4).

The human rights HIV/AIDS crusaders believe, that the company must pay all sick leave if it is for HIV/AIDS. Gary Taylor of Medscheme suggests that HIV/AIDS will impact on sick leave but the illness can be managed within most work categories. He reasons that if HIV/AIDS is to be destigmatised then it should be treated like any other life-threatening illness for sick leave purposes (Management Today, 2001: 44).

2.4.7.2 Loss of Skilled Workers

To ensure that the production process is not vulnerable to staff losses, responses may include multiskilling, recruiting and training additional labour, contracting out and capital intensification. In addition, the company should seek to prevent its workers from becoming infected through education and training, through provision of condoms and health services and through examining the root causes of HIV transmission, and addressing them. Organisations need to recognise that their employees are members of the broader community and this is where transmission occurs and where interventions should primarily take place (Whiteside & Sunter, 2000: 113).
South Africa is more dependent on skilled labour than any other country in the region and its skill base is small. Loss of skilled and professional staff owing to HIV/AIDS could hamper business and government operations, exacerbate the shortage and raise remuneration and replacement costs for companies (Whiteside & Sunter, 2000: 67). There will be a smaller labour force with lower productivity and income and at the same time the demand for services such as health and welfare will expand (Whiteside & Sunter, 2000: 89).

2.4.7.3 Impact on Operating Costs

The loss of skilled and trained manpower and the inability of infected employees to carry out physical work results in projected increases in operating costs (Wilson & Gillies, 2000: 13). One of the strategic impacts of HIV/AIDS is the loss of experience. Organisational learning is often tied up with the long-serving or highly trained employee base. When these employees are taken out of the workforce, accumulated experience and company capabilities are lost as well (Cronson, 2002: 4). Organisations cannot simply replace these skills overnight. They will require time for new employees to achieve productivity levels (Wilson & Gillies, 2000: 13). For this reason it is important that South African businesses address the HIV/AIDS problem as part of daily management (Cronson, 2002: 4).

2.4.7.4 Psycho-social effects

Diagnosis and disclosure of HIV/AIDS status in itself results in major stress for the individual involved. The prospect of death is very traumatic for all household members. Stress and depression can compromise functioning and well-being in all areas of family life. Stigmatisation of HIV/AIDS often causes social rejection and alienation and can compromise employment. Psychosocial consequences are exacerbated as the disease progresses (Love-life, 2001: 9).

Feelings of despair and alienation compound the already difficult problem of coping with the disease. Workers may reject their infected colleagues and even refuse to work side by side. The life of the person affected by HIV/AIDS may deteriorate into profound misery and depression. People with HIV/AIDS usually
feel a need to keep their disease a secret. Confidentiality of the HIV status of anyone in the workplace is crucially important. The many harmful attitudes regarding to HIV/AIDS will take a long time to fade. They are as prevalent in the workplace as anywhere, therefore educational programmes dealing with HIV/AIDS must be implemented to address these issues before they become entrenched in the working community (Evians, 1991: 34).

The impact on a non-infected employee will range from fear and stigmatisation associated with working with HIV infected colleagues and those who are sick, to poor employee morale as a result of having to cope with losing friends and relatives to death. For those employees already infected, the effects will include experiencing an unsupportive work environment resulting in discrimination and rejection by management and employees, to confidentiality breaches (Wilson & Gillies, 2000: 13).

2.4.7.5 Affirmative Action

The Employment Equity Act provides for the establishment and submission of an Equity Plan by all organisations employing more than fifty employees and also those organisations employing more than fifty employees but whose annual turnover exceeds a certain amount. The aim of affirmative action is to ensure that suitably qualified people from all designated groups (black people, women and people with disabilities) have equal employment opportunities and are equally represented in all occupational categories and levels (Bendix, 2000: 93).

Whiteside and Sunter (2000: 108) express concern for the impact of HIV/AIDS on affirmative action. For historical reasons, the levels of infection are higher in the black population than the white. This is likely to hinder the national policy of affirmative action because there is already an inadequate supply of skilled people from these designated groups.
2.5 IMPACT OF HIV/AIDS ON EMPLOYEE BENEFITS

In South Africa, a significant area for additional HIV/AIDS costs relates to employee benefits. For individual companies this will depend on the conditions of employment, as well as the level of staff and which benefits are provided. Benefits typically include group insurance, pensions, funeral benefits and medical aid (Whiteside & Sunter, 2000: 102).

HIV/AIDS has already affected the benefit schemes in terms of contributions required and benefits offered and will affect them more in the future, as the full impact of HIV/AIDS becomes apparent. Group life and disability premiums and medical aid contributions could increase by up to five times their pre-AIDS level (Naidoo, 2001: 26). This will be due to a number of factors:

- it is predicted that more employees will die in service at a younger age;
- these employees will have younger dependants that will require support, which is available to the employees living with HIV/AIDS under their present benefit structure; and
- it is possible that some group life schemes may exclude people with HIV or limit pay-outs to employees with AIDS, or may have a waiting period before paying out.

2.5.1 Medical Aid Schemes

According to the Deloitte and Touche human capital survey (People Dynamics, 2001: 24), on how the employer interprets the problem of AIDS in the workplace, it was found that 40 percent of organisations have changed medical aid schemes in the past three years. This is mainly due to increased costs and lack of service. The findings showed that 91 percent of the organisations have not yet noticed a direct impact of HIV/AIDS on benefit funds.

Gary Taylor, managing director of Medscheme’s group services division explains that already, subject to the above-named inflation pressures, medical aid schemes are not relishing the prospects of HIV/AIDS costs, particularly the cocktail medication. The new act has stymied the actuarial options of premium loading or exclusions, so risk avoidance has to now become risk management.
A fully managed care programme is therefore essential to ensure that:

- only clinically necessary treatment is authorised; and
- available benefits are allocated cost effectively (Management Today, 2001: 42).

The moral problem is that blue-collar employees cannot always afford the generous benefits of a 100 percent medical aid scheme. This means a different health prognosis for different earning categories of HIV/AIDS positive employees. There is no law that forces employers to provide for these expensive drugs even if through medical aid (Management Today, 2001: 42).

### 2.5.2 Pensions and Provident Funds

Gary Taylor, managing director of Medscheme’s group services division, reports that neither pension nor provident funds should be a cause of concern for business people. According to him HIV/AIDS will place relatively little financial strain if managed well on disability benefits.

### 2.5.3 Group Life Assurance

The number of deaths in service will, however, increase the cost of present group life assurance. His reasoning behind this is, that medical science can keep an HIV positive employee working and functional in society and co-contributing to his benefit package. The terminal stage of AIDS before death is therefore likely to be short (Management Today, 2001: 42). Wilson and Gillies (2000: 13) differ in this regard. They suggest that the impact of HIV/AIDS on company benefits and conditions of service will result in significant increases in contributions and reduction in benefits to employees. This increase in employee benefit costs will result in business being unable to sustain certain benefits and will demand that continual adjustment be made.
2.6 THE IMPACT OF HIV/AIDS ON THE EASTERN CAPE

During a HIV/AIDS awareness campaign rally address given by Dr Goqwana on 14 January 2000, at Flagstaff in the Eastern Cape, he revealed statistics, which show that there has been an increase in HIV/AIDS cases from 15.9 percent to 17.9 percent at provincial level (http://www.ecprov.gov.za/speeches/health/2000/flagstaff.htm). The following percentages were recorded for the different age groups:

- Less than 20 years: 15.10 percent
- 20-24 years: 19.8 percent
- 25-29 years: 19.7 percent
- 30-34 years: 11.8 percent
- 35-39 years: 8.3 percent

According to Region the following percentages were recorded:

- Region A: Port Elizabeth Metropole, 21.9 percent
- Region B: Queenstown, 13.0 percent
- Region C: Mdantsane, 15.8 percent
- Region D: Umtata, 16.0 percent
- Region E: Umzimkhulu and Bizana, 21.5 percent

Recent studies reveal that 35 percent of all HIV positive patients would develop full-blown AIDS within five years time. Mathematically this means that in the Eastern Cape alone there will be 121250 patients suffering from AIDS. According to Doctor Goqwana, in considering the most affected age group, those between 18–33 years, the following becomes important:

- reduction in the life expectancy;
- a possibility of a loss of a generation;
- the impact this will have on human resources; and
- the amount of resources that will be required to sustain life.
He highlights the fact that as most people become infected it will have an impact on sustainable economic growth. The most contributing factors according to him will be:

- the hours lost in the workplace owing to increasing number of sick leave;
- an increased expenditure on health services, thereby putting a lot of pressure on the limited budget;
- the high premiums to be paid by the affected age group on insurance policies, as companies will try to cover for the risks; and
- the resources that will be used to care for the affected.

2.7 CONCLUSION

This chapter has outlined the impact of HIV/AIDS in South Africa and in the Eastern Cape. Unless organisations pro-actively address the impact of HIV/AIDS on their workplaces as a matter of urgency, the costs may become unmanageable in the future. This will seriously impede the organisation's ability to remain competitive. The only solution to this epidemic is to place HIV/AIDS urgently on the agenda at strategic level. It should be integrated into all business strategies with clear goals and objectives to deal with the issues raised (Wilson & Gillies, 2000: 13). The next chapter will deal with the management of HIV/AIDS in the workplace.
CHAPTER THREE
THE MANAGEMENT OF HIV/AIDS
IN THE WORKPLACE

3.1 INTRODUCTION

In South Africa, organisations and their management are already grappling to cope with the challenges imposed on them by international competition, coupled with domestic challenges (Wilson & Gillies, 2000: 13). According to Whiteside and Sunter (2000: 99), the impact of HIV/AIDS on the workplace will result in management having to deal with a number of challenges. These include:

- decreased levels of productivity in infected employees owing to increases in absenteeism;
- low morale;
- unscheduled leave such as sick and compassionate leave;
- loss of skilled and trained manpower;
- employees having to be replaced;
- scarcity of skilled workers;
- increased healthcare costs;
- increased accidents in the workplace; and
- the inability of infected employees to carry out physical work, which can result in, projected operating costs and unit costs increasing.

No organisation will be exempted from these issues regardless of size, and their consequences should be considered within their organisations as well as in their value chain (Whiteside & Sunter, 2000: 99).
3.2 A CONCEPTUAL MODEL FOR DEALING WITH THE HIV/AIDS CRISIS: ADAPTABILITY AND RESOURCEFULNESS

In addressing the South African Institute of Race Relations recently, Anglo American chairman’s fund director, Clem Sunter, said that the private sector in South Africa as a whole is complacent about the extent of AIDS, partly because the country is still on an “HIV curve” (Pereira, 2001: 55). In addressing a recent Fasset breakfast on HIV/AIDS in Johannesburg, Clem Sunter stated that the battle against HIV/AIDS in South Africa could only be won if one has a mind of a fox. A fox has two vital characteristics – adaptability and resourcefulness. According to Sunter business in South Africa has not adapted to the problem of HIV/AIDS, and we are not resourceful enough in our strategy to combat the epidemic. He outlines a possible approach that can be followed by using a matrix to illustrate his argument, as shown in figure 3.1 below:

**Figure 3.1: Matrix**

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<table>
<thead>
<tr>
<th>control</th>
<th>uncertain</th>
<th>no control</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. options</td>
<td>1. Rules of game</td>
<td></td>
</tr>
<tr>
<td>2. key uncertainties</td>
<td>4. Decisions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Management Today, 2002:28
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According to Sunter, the approach to any crisis is based on four dimensions – that of being in control, not being in control, and being certain and not being certain. The first step is to look at the rules of the game. In South Africa, unlike in the rest of the world AIDS is mainly transmitted through sex. The first rule
therefore is to change people’s sexual habits. Small initiatives should be pursued as widely as possible to overcome the epidemic and soften the impact.

When dealing with AIDS one has certain key uncertainties – how many people are infected and affected, the future rate of infection and how people will react to the epidemic over the next 20 years. The next step is to determine the options available to organisations in dealing with HIV/AIDS. On the one hand you can have organisations in total denial. They hope that the problem will disappear, and on the other hand they may engage in a total onslaught using all the resources at their disposal to combat the problem. The final step in the campaign against HIV/AIDS will be to decide what to do, by examining available options and use the best one given the circumstances of the situation, and to act decisively. Each organisation therefore has to decide what is best for itself and its employees, bearing in mind that no action is more costly than being proactive (Management Today, 2002: 28).

3.2.1 The Importance Of Strategic Management In HIV/Aids

The responsibility of AIDS prevention has become everybody’s problem. South Africa’s corporate sector is being challenged to play a more proactive role in the fight against HIV/AIDS (Ho, 2001: 30). Many organisations believe that the impact of HIV/AIDS can be managed. They believe that the direct cost of the disease can be alleviated with strategic management by up to 60 percent (Christianson, 2001: 42). In formulating a response to the challenge of the epidemic two broad priorities exist namely:

- prevention of HIV/AIDS infection; and

Changes in the scope of the epidemic have resulted in the managing of AIDS becoming a critical business skill (Breuer, 1995: 2). The socio-economic consequences for the economy could be severe unless adequate measures are implemented (S.A builder, 2001: 38).
3.3 A HOLISTIC APPROACH TO HIV/AIDS

An effective strategy requires a holistic approach to managing the impact of AIDS on employee benefits (People Dynamics, 2001: 26). Deane Moore, an actuary with Metropolitan Life wrote in AIDS Analysis Africa Vol 9, N0 6 (Vincent, 2002: 269), that a holistic solution to the HIV/AIDS problem should include:

- projection of the impact on staff, employee benefits and consumer markets;
- customisation of employee benefits to meet specific needs;
- ongoing presentation of HIV/AIDS education programmes;
- counselling for HIV positive employees;
- in-depth human resource planning to manage the impact of HIV/AIDS on recruitment, training and productivity;
- strict adherence to legal /confidentiality requirements; and
- effective treatment of sexually transmitted diseases.

She re-iterates that it is essential for management and labour to collaborate so as to find a proactive, holistic solution. Business must put HIV/AIDS on the “balance sheet” because a strategic response is required. Prevention programmes are best for companies with a low level of infection. Those with high prevalence rates will need to take steps to extend the healthy life of HIV-positive employees and plan for the impact on productivity (Vincent, 2002: 269). A holistic approach includes comprehending the laws pertaining to HIV/AIDS, developing a strategic programme to deal with HIV/AIDS, formulating an HIV/AIDS policy, awareness programmes, treatment and support.

3.3.1 Policy and Programmes

Evians (1991: 44) recognises that through development and the implementation of an appropriate AIDS policy and programme in the workplace, the impact of HIV/AIDS can be effectively managed, and significantly improve the national AIDS problem. Such a policy should include inter alia, labour relations, education of employees, healthcare and employee benefits (S.A. builder, 2001: 38).
Slack (1995: 368) perceives the following as important aspects to be addressed in the HIV/AIDS policy and programme:

- Management should establish a plan of action for dealing with HIV/AIDS in the workplace.
- The education and training component of the plan must go beyond topics pertaining to modes of transmission and strategies for prevention. Focus must also be on increasing the level of understanding about retrovirus that have direct bearing on the productivity, morale and health of the workforce as well as processes and practices that are designed to address HIV/AIDS in a more proactive, supportive and effective way.
- Workplace managers must devise reasonable accommodations that are job-specific and meet the needs of each individual in each stage of the disease. This is a difficult task but one that is essential to prolonging the health of the employee as well as maintaining high levels of morale and productivity.

In developing policies there should be a partnership between workers, employers and their organisations in formulating and implementing policy and it should be consistent with those of other enterprises (Evians, 1991: 44).

Organisations and managers should use the Code of Good Practice as a guide to address aspects of HIV/AIDS in the workplace and to formulate a workplace policy. Unless organisations pro-actively address the impact of HIV/AIDS on their workplaces as a matter of urgency, their ability to remain competitive will be seriously impeded (Vincent, 2002: 89).

To enable them to achieve their goals, managers need to be equipped with the necessary competencies to deal with the issues arising from HIV/AIDS in the workplace (Kopke, 2002: 4).

### 3.3.2 Increased Awareness

Management and worker organisations have a vital role and responsibility for informing and educating the working community about HIV/AIDS. All categories of personnel in the workforce must be informed of the essential facts about
HIV/AIDS (Evians, 1991: 37). According to Christoph Kopke (Hi-lite, 2001: 4), the workplace strategy should include continuous education and awareness programmes, comprehensive healthcare services and employee benefits. This would also include antiretroviral drugs and the monitoring of antiviral treatment of secondary infections such as tuberculosis. Healthcare education campaigns should be extended to the local community, including health centres, the involvement of traditional leaders as peer educators, the training of medical doctors and health workers on standardised treatment, and monitoring schemes, legislative compliance, risk assessments and research and evaluation.

3.3.2.1 Treatment

Changes in high-risk behaviour can have a positive effect on new infections. Increased awareness leads to the treatment of other sexually transmitted diseases, which reduces the probability of infections significantly (S.A. builder, 2001: 38).

Attention to fairly mundane matters such as diet and the treatment of opportunistic infections also has a positive effect on the life expectancy and quality of life of infected people. The recent drop in the price of anti-retroviral drugs makes treatment with these drugs more affordable and thereby extends the working lifespan of infected people (S.A. builder, 2001: 38).

Whilst employers attempt to minimise the impact of HIV/AIDS on their operations by initiating interventions, thereby reducing the number of infections among their workforce, they simultaneously need to manage various key issues as well as the health of their infected employees (S.A. builder, 2001: 38).

3.3.3 Key Issues in Workplace Management

Organisations such as Daimler-Chrysler South Africa works closely with trade unions and service providers to develop strategy that will effectively manage the impact of HIV/AIDS and reduce further spread of HIV infection among its
workforce. The rapid spread of the epidemic and the resulting threat to business necessitates policy and its regular review (Kopke, 2002: 4).

Literature reveals that the following are key issues which management of HIV/AIDS in the workplace must deal with:

- legal issues;
- workplace policy on HIV/AIDS;
- education and awareness; and
- the accommodation of HIV infected employees in the workplace.

### 3.4 THE LEGAL ISSUES

In the face of this epidemic, a central responsibility of management is to develop an in-depth understanding of the legislation’s applicability to HIV-challenged job applicants and employees (Slack, 1995: 366). They need to develop a workplace environment that supports and encourages the Employment Equity Act-based rights of employees and the empowerment of employees in the HIV spectrum.

According to Paul and Townsend (1997: 3), an AIDS-infected employee can present a perplexing dilemma for an employer. The employer’s first approach should entail the acquiring of a thorough knowledge of the laws applicable to HIV/AIDS in the workplace. A working knowledge of these laws and good legal counsel is imperative for employers, since failure to comply can lead to costly lawsuits.

Legislation has been passed to prevent discrimination against HIV/AIDS infected people in the workplace. This is because it has been recognised that discrimination against HIV/AIDS positive individuals retards preventative efforts and exacerbates the epidemic (Stein, 2001: 7). Recently the Constitutional Court has given guidelines as to the interpretation of the legislation. This is an area of the law where tensions are high between:

- commercial efficiency and or rationality and human rights;
- generalised assumptions, discrimination and ignorance; and
• operational requirements, freedom of choice and protective labour legislation (Smit, 2001: 319).

Erasmus (1995: 8) is of the opinion that every individual employer has the right to handle all aspects of manpower management within the context of the organisations own culture, value system and code of conduct, as regulated by legislation. Whiteside and Sunter (2000: 17) maintain that the Bill of rights within the South African constitution (Act 108 of 1996) sets out a number of rights, which protect employees. There are seven pieces of legislation, which applies to the manufacturing industry.

### 3.4.1 HIV/AIDS and the law

#### 3.4.1.1 Employment Equity Act

The Employment Equity Act expressly refers to HIV/AIDS and prohibits unfair discrimination against the employee on the grounds of HIV status. Employees cannot be denied employment in any employment policy or practice, on the basis of their HIV status (Gillies, 2000: 8). In any legal proceedings in which it is alleged that an employee has been discriminated against unfairly, the employer must prove that any discrimination or differentiation was fair (Smit, 2001: 319).

It is one of the HIV/AIDS sufferer’s human rights to seek employment and once in employment to enjoy the same rights, privileges and benefits applicable to other employees. The trade unions have a vested interest in monitoring and actively rooting out unfair and discriminating practices (Arendse, 1991: 221). It also bars medical testing, except under certain circumstances (Whiteside & Sunter, 2000: 17). Employers cannot test prospective employees for HIV. Testing an employee against his/her will for HIV is considered an unfair labour practice. Some legal practitioners and trade unions will support testing a total employee population for epidemiological purposes, as long as results are confidential and there is no patient-specific testing (Gillies, 2000: 8).

In some workplaces, a pre-employment medical experiment is conducted to ensure that the potential applicant is fit to perform the designated tasks of the job.
at the time of his/her employment. Sometimes this examination includes a compulsory HIV test. The inclusion of an HIV test into a routine pre-employment medical examination is not useful for the following reasons:

- If the applicant has HIV without any symptoms of AIDS, the infection will have no effect on his/her ability to work.
- There is no risk of HIV transmission through casual contact in the workplace.
- If the applicant has developed AIDS he/she will have the symptoms of AIDS that can be easily observed during a medical examination.
- Pre-employment testing will not prevent HIV/AIDS from having an impact in the workplace. Employees can still become infected after they have been employed.

There are clear guidelines nationally and internationally outlawing discrimination against people who have HIV (Naidoo, 2001: 24).

3.4.1.2 Promotion of Equity and Prevention of Unfair Dismissal Act No.4 of 2000

This act according to Whiteside and Sunter (2000: 161) will apply if the form of unfair discrimination is excluded from the scope of the E.E.A.

3.4.1.3 The Labour Relations Act No.66 of 1995 (LRA)

The LRA regulates the relationship between employers and employees. It prohibits unfair discrimination in promoting, demoting, providing training opportunities and benefits and protects employees against arbitrary dismissals. A dismissal exclusively because an employee is HIV positive or has AIDS, is automatically regarded as being unfair. It is only fair if it is related to an employee’s conduct or capacity or is based on the employer operational requirements (Whiteside & Sunter, 2000: 162).

If an employee is dismissed owing to incapacity, the employer must make attempts to adapt the employee’s duties to accommodate the employee’s disability and to find alternate employment for the employee. Under the residual unfair labour practice regulation of the Act, the unfair conduct of an employer
regarding the provision of benefits to his/her employees is included and therefore such a dispute can be rightly referred to conciliation and ultimately arbitration. Although there is doubt regarding the meaning of the term “benefits”, it is said that such a prohibition could considerably aid affected HIV/AIDS persons in the workplace (Smit, 2001: 320).


According to Smit (2001: 321), in terms of section 8(1) of the occupational Health and Safety Act and sections 2(1) and 5(1) of the Mine Health and Safety Act, it is management’s duty to ensure that:

- steps are taken to reduce the risk of occupational HIV infection;
- appropriate first aid equipment is readily available to deal with spilt blood and body fluids; and
- that staff training is done on safety procedures.

It is the employer’s duty to provide, as far as is reasonably practical, a safe working environment for all employees (Whiteside & Sunter, 2000: 3). This duty could easily be understood to include an obligation to ensure that the risk to occupational exposure to HIV is minimised. The draft Code of Good Practice on HIV and employment submits that the risk of HIV transmission within most workplaces is minimal. It is acknowledged that occupational accidents involving bodily fluids may occur, particularly in the healthcare profession. The Code lists all aspects regarding promoting a safe working environment that should be dealt with in every workplace policy.

3.4.1.5 Compensation for Occupational Injuries and Diseases Act No.130 of 1993

The act according to Whiteside and Sunter (2000: 63) provides compensation for employers who are injured in the course and scope of their employment, provided that such injury causes disablement or death. If there is a possibility that an employee has been exposed to HIV during an occupational accident then:
• an accident report should be completed and forwarded to the Workmen’s Compensation Commissioner;
• the employee should be tested for HIV to determine their base line status;
• any other person who has been involved in the accident should be re-tested at three and six months after the accident; and
• if they zero-convert during this period an application for compensation may be made.

Employers should ensure that they comply with the provisions of the Act and any procedures and guideline issued in terms thereof (Business Blue Book of South Africa, 2002: 91).

3.4.1.6 Basic Conditions of the Employment Act no. 75 of 1997 (BCEA)

This act accords every employee the right to a minimum number of days paid sick leave, and makes provision to negotiate further extension of sick leave at reduced rates. This provision is of importance to employees with advanced HIV/AIDS (Whiteside & Sunter, 2000: 163). An employer will only be able to dismiss such an employee due to incapacity if and when absence of the employee becomes reasonably long. It has been held that an employee may be dismissed for incapacity even though his/her sick leave entitlement is not exhausted. Dismissal should be reserved for cases in which an element of abuse of sick leave is present or when the employee’s illness will clearly exceed the statutory or contractual entitlement (Smit, 2001: 321).

3.4.1.7 The Medical Aids Schemes Act no. 131 of 1998

This act regulates medical schemes not employers. PBM/Medscheme (2000: ii) research indicates that a significant number of medical scheme beneficiaries are infected with HIV. In section 24(2)(e) the act provides that a medical scheme may not unfairly discriminate against any person on the basis of his or her ‘state of health’. It gives the Minister of Health power to draft regulations stipulating minimum levels of benefits that medical aid schemes must offer (Whiteside & Sunter, 2000: 163). Medical Aids must at the very least provide hospitalisation benefit to people with HIV/AIDS. If an HIV positive patient goes
to hospital with HIV complications or an HIV related illness the scheme has to provide cover. The law however does not compel medical aids to cover the actual treatment of HIV/AIDS. Organisations should therefore provide their workers with a medical scheme product that offers a managed programme for out of hospital treatments and which covers the cost of anti retroviral drugs (Vincent, 2002: 269).

Aid for AIDS is a programme that is run by Pharmaceutical Benefit Management Services (PBM) and is an independent management healthcare company that provides part of a solution for organisations. Its aim is to facilitate the clinical and financial management of each patient by the responsible medical practitioner, by providing comprehensive and confidential benefit management programmes with access to reasonable benefits within the budget of the medical scheme concerned (Vincent, 2002: 269).

### 3.4.1.8 The Code of Good Conduct

The Code of Good Conduct according to Vincent (2002: 89), has been developed as a guide to employers, trade unions, and employees to assist with the attainment of the goals of:

- eliminating unfair discrimination in the workplace based on HIV status;
- promoting a non-discriminatory workplace in which HIV/AIDS positive people are able to be open about their status without fear of stigmatisation or rejection;
- promoting appropriate and effective ways of managing HIV/AIDS in the workplace;
- creating a balance between the rights and responsibilities of all parties; and
- giving effect to the regional obligations of the Republic as a member of the Southern African Development Community.

The primary objective of the Code is to give guidelines ensuring that HIV/AIDS infected individuals are not unfairly discriminated against in the workplace. This includes:

- creating a non-discriminatory work environment;
- dealing with HIV testing, confidentiality and disclosure;
provide equitable employee benefits;
dealing with dismissals; and
managing grievance procedures.

The Code’s secondary objective is to provide guidelines on how to manage HIV/AIDS within the workplace. It sets out the following principles:
• providing and creating a safe working environment for all employees;
• setting out procedures to manage occupational incidents and claims for compensation;
• introducing measures to prevent the spread of HIV/AIDS;
• developing strategies to assess and reduce the impact of the epidemic upon the workplace; and
• supporting individuals infected or affected by HIV/AIDS so that they may continue to work for as long as possible.

In addition the Code promotes the establishment of mechanisms to foster cooperation at the following levels:
• between employers, employees and trade unions in the workplace; and
• between the workplace and other stakeholders at a sectoral, local, provincial and national level.

Employers and employees and their organisations are encouraged to use the Code of Good practice to develop, implement, and refine HIV/AIDS policies and programmes to suit their workplaces’ requirements. The Code should be read in conjunction with the Constitution of South Africa and all relevant legislation (Business Blue Book of South Africa, 2002: 89).

3.4.1.9 Other legal issues

Every employee has a common law right to privacy. This means that an employee does not have a legal duty to inform his/her employer of his/her HIV status, nor may a healthcare worker reveal his/her status to his/her employer without consent. It is also imperative that should an employee disclose his/her status voluntarily to the manager/supervisor, this must be kept confidential (Naidoo, 2001: 21).
The constitution and the LRA protect people with disabilities from unfair discrimination. The international trend is to classify HIV/AIDS as a disability. Although our courts have not had to decide whether HIV is a disability, legal experts argue that South Africa will follow the international precedents and this will further protect people living with HIV/AIDS against unfair discrimination (Naidoo, 2001: 21).

Arendse (1991: 219) maintains that according to the best available medical evidence, the HIV/AIDS infected employee does not in the performance of his/her normal workplace activities, constitute a risk to other employees. There appears to be no valid employment related reason or commercial rationale to discharge such an employee.

### 3.5 WHO IS RESPONSIBLE FOR THE MANAGEMENT OF HIV/AIDS IN THE WORKPLACE

According to Gillies (2000: 5), HIV/AIDS is everyone’s responsibility. Within the workplace management, unions and individual employees all have a role to play in minimising the risk of infection, supporting and assisting those who have become infected and making themselves available for HIV/AIDS education.

#### 3.5.1 Task Team

It is recommended that an AIDS ‘Task Force’ be established where possible (Gillies, 2000: 10). To co-ordinate and implement the HIV/AIDS policy and program, organisations such as Daimler-Chrysler, have employed an HIV/AIDS programme co-ordinator. As the major decision making body on HIV/AIDS related issues, an AIDS Task Force was created. The Task Force consists of employees representing all constituents of the company namely the representative trade union, staff committee, Medical services and Management. Included in its Task Force Daimler-Chrysler has also included representatives of
the Deutsche Gesellschaft fur Technische Zu-sammenarbeit (GTZ), which is a
development agency with worldwide operations (Archimedes, 2001: 6).

3.5.2 Health Officer

In the Deloitte and Touche Human Capital Corporation survey (Burton, 2001: 22) it was found that the most popular resource for conducting training in HIV/AIDS in organisations, is health-care personnel. Management of HIV/AIDS takes the form of education, prevention, identification of cases, several forms of treatment including boosting of the immune system, personnel and family counselling and care. In all the above instances, health care professionals play a vital and leading role (Addison, 2001: 14).

3.5.3 The Role of Human Resource Management

According to Burton (2001: 23), Human Resource directors and managers are best placed to tackle HIV/AIDS in the workplace. They are in an ideal position because they are responsible for employee benefit design and implementation. They are familiar with legislation and with dealing collectively with employees and unions. This expertise and ability of multi-disciplinary thinking allows Human Resource experts to deal with the majority of HIV/AIDS issues. These experts are best equipped to implement effective AIDS strategies, as long as they are aligned with the business principles of the organisation.

3.5.4 Equity Officer

Employees living with HIV/AIDS have the same rights and obligations as other staff members and they will be protected against all forms of unfair discrimination based on their HIV status. As a minority group, HIV/AIDS employees deserve sympathy and support from the employer community. The equity officer plays a role in helping to implement policy and to ensure that employees’ interests are protected (Erasmus, 1995: 8).
3.5.5 Networking with other Organisations

At the launch of the Daimler-Chrysler blueprint HIV/AIDS workplace policy (Hi-lite, 2001: 4), Kopke urged business to collaborate on HIV/AIDS interventions. He suggested that a minimum standard of employee assistance should be established and finalised in a corporate charter. Daimler-Chrysler is willing to share their knowledge, research and strategies with other multinational and smaller industries.

In an interview, AIDS educator Tasha Govender, (Gravitsky, 2002: 73) says employers need to be educated. They could maximise efforts if they pooled their resources. An example of this would be that industrial clinics could be effectively used to reduce absenteeism by opening these clinics to other workers instead of only their own employees.

3.5.6 Networking with Community Organisations

According to Starflash (2001: 3), the HIV/AIDS programme does not stop at the organisation gate. It extends into the communities where the employees, their families and friends live. If HIV/AIDS interventions are successful in the workplace, it could be a positive advantage in the wider communities. Employees could take the information home to their families and also share it with the people with whom they have contact at home, such as domestic workers and gardeners.

Organisations, such as Daimler-Chrysler, consider community involvement and partnerships with other stakeholders and institutions an integral part of its HIV/AIDS strategy. They believe that organisations should be committed to create and foster partnerships with governmental and non-governmental organisations for the implementation of their own programmes (Draft DCSA HIV/AIDS policy: 5). Local community involvement is being extended to training and support of home-based care providers, peer educators in schools and general practitioners (http://www.sundaytimes.co.za/2002/12/01/business/surveys/survey35.asp).
3.5.7 A supportive Organisational Culture

According to Kopke (Hi-lite, 2001: 4), the long-term goal is to prevent new infections among employees, their families and the communities. To achieve this it is important to create a non-discriminatory and compassionate environment and provide the best care for employees and their dependants living with HIV/AIDS.

3.6 PREVALENCE STUDY

3.6.1 HIV/AIDS not a communicable disease

In South Africa at present, HIV/AIDS is not a notifiable disease in terms of s32 of the Health Act 63 of 1977. The reason given for not making it a notifiable disease is that such a step might be counter productive as sufferers will be more reluctant to come forward. In terms of the regulations under the Health Act HIV/AIDS is classified as a communicable disease (Gillies, 2000: 7).

3.6.2 Testing

The HIV blood test determines whether an individual has been exposed to or infected with the HIV virus. Owing to the long silent phase of the infection, the HIV blood test is the only method of determining whether or not an individual is infected with HIV (Evians, 1991: 21).

Informed consent must be given by an individual to have the test done. No one should be forced to take a test. Assurance of absolute confidentiality surrounding the test and the results should be given to the individual. Adequate counselling should be done before and after testing by trained counsellors or health workers, preparing them for the results (Evians, 1991: 25).
According to Evians, (1991: 25) it should be noted that there are no legal provisions for employers to compel employees to submit to random medical examinations unless a case can be brought within the ambit of the regulations. Where the employer considers testing desirable, and he/she wishes to conduct testing, it is necessary to obtain the employee’s informed consent prior to testing for HIV/AIDS. Informed consent implies that the patient understands the following:

- the reasons or purpose for which the test is being performed;
- the potential advantages and disadvantages to the client of having his/her HIV status determined;
- the influence the result of the HIV test may have on the client’s treatment; and
- the possible psychosocial impact of a positive test result.

### 3.6.3 Benchmarking

Kopke (Hi-lite, 2001: 4) urges organisations to collaborate and share their knowledge, research and strategies with other organisations and other industries and suggests that minimum standards of employee assistance should be established.

### 3.7 WORKPLACE POLICY ON HIV/AIDS

An effective response to HIV/AIDS in the workplace must include the development of a company policy on HIV/AIDS. This policy should set out the organisation’s legal obligations and provide a framework for management and employees to deal with AIDS-related issues in the future. Every employer needs to develop an HIV/AIDS policy to ensure that employees affected by HIV/AIDS are not unfairly discriminated against in employment policies and practices (People Dynamics, 2001: 26).
3.7.1 Policy considerations

Gillies (2000: 10) however, suggests that when considering a policy there are two critical choices:

- whether to develop a policy or not; and
- if one decides on a policy, whether it should be an HIV/AIDS-specific policy or a more general life-threatening disease policy.

The process for drafting an HIV/AIDS policy is important for the organisation because:

- issues need to be addressed sensitively, taking into account the availability of information and circumstances. It allows the organisation to be proactive and will contribute by limiting emotional hysteria at some point in the future;
- it enables management to examine and evaluate the possible impact on the organisation and structure a strategy that attempts to address the needs of the organisation;
- it forces the organisation to consider the implications of having several terminally ill employees and providing for future care; and
- it forces the organisation to link up with experts and to keep abreast of the latest developments in the field.

3.7.2 Policy Content

According to Stein (2001: 38), a policy should cover:

- the organisation’s position on HIV/AIDS;
- an outline of the HIV/AIDS programme;
- details of employment policies which include the organisation’s position regarding HIV testing, performance management and procedures that have to be followed to determine medical incapacity and dismissal, labour relations, education of employees, healthcare and employee benefits (Stein, 2001: 38). A number of innovative ideas have been put forward regarding death and disability benefits that form part of the retirement fund package (S.A. builder, 2001 : 38);
• standards of behaviour expected of employers and employees and appropriate measures to deal with deviations from these standards;
• grievance procedures in line with the Code;
• the means of communication within the organisation on HIV/AIDS issues;
• details of employee assistance available to persons affected by HIV/AIDS;
• details of implementation and co-ordination responsibilities; and
• monitoring and evaluation mechanisms.

Evians (1991: 54) gives a guideline on what he regards as being important, and relevant in HIV/AIDS workplace policies:
• policy for employing HIV infected people;
• policy on pre-employment testing;
• disclosing ones medical diagnosis;
• conditions of service for HIV infected employees;
• policy on the prevention of discrimination towards HIV infected employees and policy on how to deal with it;
• assistance and support for HIV infected employees and their families;
• provision of HIV/AIDS education programmes in the workplace;
• prevention of HIV spread in the workplace through policies relating to the management of injuries, education of employees and the provision of condoms in the workplace;
• establishment of AIDS committees or task forces; and
• information for employees on the HIV/Aids policies and the rights of HIV infected employees in the workplace.

3.7.3 Policy Compliance

Evians (1991: 55) states that the workforce is exposed to AIDS-preventative education, and active steps to ensure that active steps must be taken by management to ensure the workforce is sufficiently informed to prevent the negative impact of the AIDS epidemic on the lives of affected individuals. Humane and rational policies will contribute to minimise the harmful affects of the epidemic on the lives of affected individuals. According to Gibson (2001: 25)
the policy has to comply with existing South African HIV/AIDS laws, and include issues of equity, confidentiality, and rights of HIV positive people.

The AIDS epidemic is continually evolving. Various aspects of the epidemic may change with time. The policy may need to be reviewed annually and necessary adjustments need to be made (Evians, 1991: 53).

According to Key and DeNoon (1996: 18), in a survey done by the United States Centre for Disease Control and Prevention, it was found that although businesses are establishing AIDS policies, management at certain organisations have until now not implemented AIDS education programmes. In this research paper it was established whether organisations in the Buffalo City area have policies in place to manage HIV/AIDS in the workplace and whether management has effectively implemented those policies.

3.7.4 Management commitment to policy

Arendse (1991: 226) proposes that for organisations to deal with the above-mentioned workplace issues, a policy should be formulated to ensure that employees with HIV/AIDS do not experience discrimination in the workplace. It should also offer a framework within which organisations can work. Laverack (2001: 11) confirms that an HIV/AIDS policy is central to developing and implementing an effective HIV/AIDS programme. It provides a framework for action and defines the company’s position and practices with regard to managing HIV/AIDS and demonstrates the company's concern and commitment in taking active steps. For all these HIV/AIDS issues to be successful, Laverack (2001: 11) stresses the need for commitment from top management all the way down.

3.7.5 Policy Review

In 2000, Daimler-Chrysler South Africa realised the need to extensively review its HIV/AIDS policy and related employee benefits because of the rapidly developing epidemic, and of developments in HIV/AIDS prevention and care. In November 2000 they reviewed and upgraded their policy and associated
services, employee benefits and business arrangements. The organisation has implemented a HIV/AIDS task force conducts which conducts a review in the first quarter of each year (Starflash, 2001: 1).

3.8 HIV/AIDS AWARENESS AND TRAINING

It is recommended that HIV/AIDS policies should commit organisations to the education of employees as an effective means of combating the spread of HIV/AIDS. Education should cover the facts about the disease, signs and symptoms of AIDS, the transmission of the virus and the company’s approach to dealing with HIV/AIDS at the workplace. Education should be designed to enable people to change their attitude to people with HIV/AIDS and to change their behaviour in regard to sexual practices (Gillies, 2000: 16).

Workplace education can help reduce the spread of infection and the myths surrounding HIV. Showing compassion for employees who are suffering the debilitating effects of AIDS can improve the morale of all workers and reduce the likelihood of discrimination lawsuits (Van Warner, 1995: 33). Lack of comprehensive training or ‘closeted’ corporate culture leaves companies vulnerable to lawsuits (Kapner, 1995: 2). HIV will not be eradicated through silence. According to the 19th Annual Report on Employee Benefits and Labour Relations in South Africa, People Dynamics (2001: 26), effective training programmes are two-fold.

3.8.1 Who should be trained?

All employees, including management, should take part in a programme designed to prevent infection, teach people living with HIV/AIDS on how to stay healthy or caring for someone with HIV/AIDS, and teach them about the issues that arise when co-workers are living with HIV/AIDS. The second part of the training programme is designed to educate management on the business impact of HIV/AIDS, and to ensure that they are prepared to deal with these issues in accordance with company policy and legislation.
Organisations should provide programmes to educate people about prevention, and create an HIV/AIDS capacity in the workplace. The management should provide workplaces with an adequate AIDS resource database. All levels of personnel in the workforce must be informed of the essential facts about the disease (Evians, 1991: 37).

3.8.2 Who should conduct training?

Gillies (2000: 23) stresses that it is imperative that the educator should have credibility with the employees, and sensitivity and expertise to facilitate such credibility. The correct terminology must be used and employees’ fears and prejudices correctly handled.

According to a survey done by Deloitte and Touche (2001: 24), the most popular resource for conducting HIV/AIDS training is health care personnel (79 percent), outsource trainers (36 percent) and Human Resource practitioners (13 percent).

The first step in managing HIV/AIDS in the workplace according to Laverack (2001: 11) would be to set up a HIV/AIDS committee. Representatives can be drawn from the shop floor, supervisors, management, an occupational health nurse or doctor and other interested or skilled individuals.

3.8.2.1 Human Resource

According to Burton (2001: 22), the AIDS challenge could propel the Human Resource role back into the heart of business strategy as it presents a powerful opportunity for human resource to add value. The human resource person is most able to implement effective AIDS strategies as long they are aligned with the business principles. Human Resource directors need to be empowered to deal with HIV/AIDS. Senior management should treat them as business equals. In return they have to act responsibly and focus on business issues such as absenteeism, declining productivity, rising medical costs, industrial unrest, legal action and time wasted. They also need to offer practical policies and interventions to minimise the risk.
3.8.2.2 Healthcare personnel

Franklin and Gresham (2001: 9) explain that it is important that organisations should firstly train AIDS resource specialists. Deloitte and Touché Human Capital Corporation People Dynamics (2001: 24) found in a survey that the most popular resource for conducting HIV/AIDS training is healthcare personnel. The trained personnel will serve as presenters and become a regular employee communications vehicle.

3.8.2.3 Peer Helpers

Gillies (2000: 22) maintains that an individual is far more likely to be influenced by a respected member of his/her peer group who involves him/her in an active debate over matters relating to sexual behaviour, condoms and HIV/AIDS than he/she is to a video or lecture delivered by someone perceived to be in authority. Peer educators understand the culture of their particular group, and can therefore convey messages in an appropriate manner and language. Peer educators are a credible, existing resource within the company and can bring about a more cost-effective programme. They are able to serve as role models to their peers in bringing about the desired behaviour change.

3.8.2.4 External Sources from the Community

Not every organisation has access to in-house resources, and outside assistance may be sought. There are various options that can be taken and it is recommended that the local branch of the AIDS Training and Information Centre be approached for suggestions. It is important that the educator has credibility with employees, who should be facilitated with sensitivity and expertise (Gillies, 2000: 23).
3.8.3 What should the training involve?

Taylor (2001: 43), however, suggests that employers should try more than sporadic educational efforts. They should use peer educators to make impact with credibility. He suggests that shop stewards could play this role effectively.

Managers and supervisors should be trained to focus on medical, social, legal and production issues because employees rely on them for guidance and information. Managers should have separate training to enable them to deal with the “what to do” and “what to expect” questions (O’Neal, 1994: 2). The general workforce must be educated in the form of an easy-to-follow programme. The programmes should be regularly evaluated to determine effectiveness (Franklin and Gresham, 2001: 9). Hayes (1995: 1) suggests that management should address all employee concerns, and counter speculation with education. It is important that a term like “victim” should be avoided and the term “living with HIV/AIDS” is used.

According to Land (1992: 30) employee needs are diverse. Effective educational programmes must target group-specific needs (Stein, 1998: 129). Employees need to be informed of new information as it becomes available. Aids education should be provided in the workplace during work time (Evians, 1991: 52).

Workers, employers, their organisations and where appropriate, government and non-governmental organisations (Evians, 1991: 37), should develop educational strategies. Evians (1991: 38) sets out guidelines that may be used by management in developing appropriate AIDS educational programmes in the workplace:

- consultation with representatives of the workforce;
- all levels and categories of employees must be included in the education programme;
- programmes need to be targeted appropriately. Specific programmes may be required for specific target groups, for example, for men or women;
- education programmes need to be sustained and ongoing; and
• corporate commitment and the establishment of AIDS education committees.

According to Laverack (2001: 11), for HIV/AIDS education programmes to be successful they need to contain the following components:

• Involve sharing of information and understanding beliefs, attitudes and feelings of those involved. Ongoing education allows for the monitoring of the effectiveness of the programmes implemented and encourages people to think and talk about HIV/AIDS. The programmes should be integrated into the present education and training programmes, such as Industrial Relations issues, first aid, induction and supervisory courses.

• Education should be done in small groups and in an informal workshop setting. This will allow employees to ask questions and discuss feelings comfortably.

The contents of a successful HIV/AIDS education and awareness programme need to be decided in consultation with the HIV/AIDS committee, and or outside agencies, which specialise in workplace, HIV/AIDS programmes. It is critical to involve a variety of employees in the development of an HIV/AIDS education programme. In this way it is perceived as a joint effort between employees and management and increases the probability of a successful outcome.

3.8.3.1 The transmission of HIV

The workforce must be informed of the basic and essential facts about AIDS. This includes how the disease is spread and how to prevent it (Evians, 1991: 40). Clarity should be given through training that no one contracts HIV/AIDS from either saliva of tears and that all proven cases of the disease have been caused by the transmission of semen or blood. Once a person has been infected with the virus, the virus can be transmitted to others even though there may be no apparent symptoms (Vincent 2002: 270).
3.8.3.2 Prevention

According to Evians (1991:41), the single most important contribution that commerce and industry can make in preventing the effects of the HIV/AIDS epidemic, is the provision of sustained and ongoing HIV/AIDS awareness and education in the workplace. Corporate responsibility and commitment should be instituted before the virus has firmly seeded itself in the working community.

Availability of condoms and disposable gloves will encourage safer sexual practices and prevent personal infections. Providing condoms, promoting their use and making them readily accessible in the workplace promote their acceptance and use.

3.8.3.3 Symptoms

According to Sanders (2001:18), symptoms surface a few weeks after the initial infection. The HIV-positive person develops a flu-like illness with fever, swollen glands and muscular pains. These symptoms will disappear after a while and the patient will feel normal.

During this period a laboratory test will not show the person to be HIV-positive. This is called the “window period” and can last for up to six months. The virus remains active, however, and continues to destroy the CD 4 lymphocytes, which are the white blood cells that usually protect one against infection.

Owing to the virus destroying the CD 4 cells, the body becomes vulnerable to all kinds of attacks, both from without and within, and this is when the change occurs from being HIV infected, to progressing to full-blown AIDS, which is ultimately fatal.

3.8.3.4 Myths

There are many misconceptions about AIDS owing to ignorance and lack of understanding of the disease. One of the major misconceptions is that AIDS affects gay men and other “high risk” people (Evians, 1991: 34).
There are many rumours and stories about HIV/AIDS that have contributed to its spread. The most prevalent and most pernicious, is that having sex with a virgin can cure AIDS. Another school of thinking believes that AIDS is not inextricably linked to HIV, and that other factors could result in person developing AIDS (Piot, 2001: 4).

Brink (2001: 8) emphasises that knowledge is power. With education one can change the way boys and men behave. Ignorance about AIDS has promoted fear and panic, which promotes the discrimination against people with HIV/AIDS. Adequate education and information about AIDS is the only way to avoid these problems (Evians, 1991: 35).

3.8.3.5 Impact On Organisation

Paul and Townsend (1997: 3) maintain that working with an infected person can be a new and frightening experience for employees, hence the importance of education and open communication. To prevent work disruption and rejection of an HIV/AIDS infected employee by co-workers, employers and unions should undertake to educate all employees before such an incident occurs. Paul and Townsend (1997: 7), and Breuer (1995: 2), mention that organisations should be training employees about transmission, prevention and handling HIV/AIDS in the workplace, as well as educating about the direct and indirect costs relating to its impact.

3.8.3.6 Your Organisation’s Approach

Company policies should specify all the aims and objectives of educational initiatives so that this is not limited to the provision of basic information regarding the prevention of HIV transmission. An essential aspect of HIV/AIDS education in the workplace should include an outline of the organisation’s approach to HIV/AIDS and its policies regarding HIV infected employees (Stein, 2001: 27).
3.8.3.7 Managers role in managing HIV/AIDS

HIV/AIDS training programmes should be two-fold. All employees, including management, should take part in a programme designed to prevent infection, teach people living with HIV/AIDS how to stay healthy or caring for someone with HIV, and to teach them about the issues that arise when co-workers are living with HIV. The second part of the training programme is designed to educate management on the business impact of AIDS and to ensure that they are prepared to deal with these issues in accordance with company policy and legislation (People Dynamics, 2001: 26).

3.8.3.8 Disease Management

According to Stein (2001: 38) training should include long and short-term measures to deal with and reduce the impact of HIV/AIDS. HIV/AIDS training should incorporate an on-going sustained prevention of the spread of the disease among employees. Management of employees with the disease should occur in such a way that they are able to work productively as long as possible.

3.9 WELLNESS PROGRAMMES

It is in the employers’ best interest to keep employees healthy and productive for as long as possible, whether they are living with HIV/AIDS or not. Many organisations have found that providing some level of care to HIV positive employees can create significant long-term savings for the company. Investing in the health of employees can provide significant long term returns, such as reducing absenteeism, increasing productivity, reducing employee benefit costs, and ensuring competitive advantages over companies that do not manage the HIV/AIDS epidemic effectively (People Dynamics, 2001: 26).

The idea of wellness is not new and is not only linked to HIV campaigns. It implies a holistic approach to health and fitness, adding value to the lives of people who may be at risk from a range of chronic illnesses. It is a
comprehensive strategy presently being adopted by industry leaders. It focuses primarily on the preventative goal for employees to remain well rather than contract HIV, and to remain reasonably well in spite of contracting the HIV. This policy implies that organisations accept the responsibility and costs that go with diagnosing, treating, monitoring and counselling members of the workforce whose life chances have been drastically reduced (Addison, 2001: 14).

3.10 ACCOMMODATION AND THE MANAGEMENT OF HIV/AIDS IN THE WORKPLACE

Hayes (1995: 1) suggests that managers should examine their own feelings about AIDS and assess if they can effectively manage the employees. It is critical that they comply with the law and make the workplace comfortable for all workers. Managing HIV/AIDS at the workplace is not a clear-cut issue. Managers are faced with a number of choices that in practice are not straightforward and easy. They often have to make difficult and unavoidable decisions while trying to achieve an acceptable balance between the legitimate needs of the organisation and the needs of the terminally ill employee. This can add additional stress to an already overloaded manager. Organisations must address this as part of the organisation’s strategy to manage HIV/AIDS in the workplace (Gillies, 2000: 18).

Preventing new infections is critical, while at the same time finding caring, cost-effective and practical ways to care for and support those already infected (http://careers.iafrica.com/902718.htm). The law requires employers to make reasonable accommodation for workers with known disabilities, if it enables these employees to perform the essential functions of their jobs satisfactorily. HIV/AIDS infected employees often fatigue more easily than other employees do.

3.10.1 Dealing with discrimination

The association of the disease with homosexuality, promiscuous sexual behaviour, and the use of intravenous drugs have laid the foundation for
discrimination and blame placed on the people and groups affected by HIV/AIDS. It has become clear that AIDS is not only associated with these “high risk” groups. In Africa it is predominantly a disease of heterosexually orientated people (Evians, 1991: 32).

Fear and panic fuel discrimination and blame. Ignorance and misunderstanding are the root causes of this fear and panic. Colleagues and friends, frequently reject HIV positive people. These issues can have devastating effects on people with HIV/AIDS. They experience despair and alienation. Jobs have been lost, relationships have disintegrated and the lives of the affected people may deteriorate into misery and depression. These people usually feel a need to hide their disease (Evians, 1991: 33).

The HIV virus, which causes AIDS, is not transmitted through casual personal contact. A risk to the health of co-workers is usually not present under normal working conditions. Therefore in an organisation according to Naidoo (2001: 8):

- the co-workers of persons living with HIV/AIDS are expected to continue normal working relationships with such persons;
- employees living with HIV/AIDS has the same rights and obligations as all other staff;
- employees living with HIV/AIDS are protected against unfair discrimination as far as possible as with all employees;
- employees living with HIV/AIDS will be governed by the agreed existing leave procedures set out by the company;
- a employee with HIV/AIDS is expected to meet the same performance requirements that apply to other employees, with reasonable accommodation where necessary;
- when an employee with HIV/AIDS is certified no longer being able to continue to perform according to reasonable standards, the company’s rules governing retirement due to incapacity and ill health will apply;
- should an employee disclose his/her status to the promoter, access to counselling facilities and any other reasonable assistance, in accordance with the company HIV/AIDS strategy, must be made available to that employee. Confidentiality must be maintained by the promoter so as not to
inappropriately circulate information to discriminate against the employee; and
• employees living with HIV/AIDS will be encouraged to declare their status in
  support of the HIV/AIDS strategy and objectives of dispelling myths, increasing
  knowledge and awareness.

In instances where employees are already infected, issues can range from
experiencing an unsupportive work environment, discrimination and rejection by
management and employees, to confidentiality breaches (Wilson & Gillies,
2000: 13). HIV/AIDS should be regarded as any other illness and people who
are HIV/AIDS positive need to be treated with empathy, warmth and caring. The
many harmful attitudes described above will take time to fade. They are
prevalent in the workplace and educational programmes dealing with HIV/AIDS
must address these issues before they become entrenched in the working
community. These prejudices can lead to unpleasant and unfortunate incidents
in the workplace (Evians, 1991: 33).

Managing the resultant discrimination and rejection which often occurs,
becomes a management challenge (Wilson & Gillies, 2000: 13).

3.10.2 Accommodation of the infected employee

Reasonable accommodation may therefore mean (Starr, 1994: 2):
• permitting more frequent break times or an altered work schedule;
• permitting additional leave time for those workers requiring special medical
treatments and counselling;
• transferring the employee to lighter or less stressful duties;
• when employees are no longer able to work they should be offered early
retirement with the benefits generally due to those who retire owing to ill-
health; and
• facilitating the employee’s access to health services outside the workplace if
these are not available in the workplace.

Mostert (2002: 6) maintains that management has a duty to ensure that
productivity and morale is not disrupted, and includes, in addition to reasonable
accommodation by Starr, above, that the salary and benefits of the affected employee should be adjusted in accordance with the alternate function offered to him/her.

The law recognises the employer’s legitimate need to have work performed up to its standards (Starr, 1994: 2). It is, however, critical for managers to comply with the law and make the workplace comfortable for all workers (Hayes, 1995: 1).

Managers, has to deal with a number of issues and problems involving both victims and co-workers with respect to HIV/AIDS in the workplace (Paul & Townsend, 1997: 02). With changes in the scope of the epidemic, with medical knowledge and in legal environment, managing HIV/AIDS has become a critical business skill. Human Resource professionals who understand these changes can better educate their workforce, forestall legal challenges and costly management errors and manage HIV/AIDS infected employees compassionately and effectively. Managers must know how to manage the fear and rumours about HIV/AIDS because they can have a devastating effect on productivity (Breur, 1995: 2). Management of HIV/AIDS must be seen and dealt with from both management perspectives, as well as from an employee’s perspective (Wilson & Gillies, 2000: 13).

3.11 SPECIFIC MANAGEMENT ISSUES TO CONSIDER

Managers should attempt to minimise the impact of HIV/AIDS on their operations by initiating interventions to reduce the number of infections amongst the workforce as well as manage the health of the infected employee (S.A. Builder, 2001: 38). Managers believe that the impact of HIV/AIDS on the workplace can be managed and therefore many large businesses are taking steps to minimise the threat (People Dynamics, 2001: 26).

It is suggested by People Dynamics (2001: 26), that companies who wish to protect themselves from the financial impact of HIV/AIDS, should begin to conduct a thorough analysis regarding how much HIV/AIDS will affect their
particular business. Organisations should begin with an actuarial impact analysis that addresses issues such as:

- HIV prevalence across different sectors of business;
- corporate strategic issues;
- cost implications for retirement benefits;
- cost implication for medical benefits;
- impact on manpower and productivity; and
- evaluation of Human Resource and Industrial Relations policy and procedure.

Based on the analysis, they should develop a tailored strategic response designed to save the organisation money. An effective response to HIV/AIDS in the workplace must include the development of a company policy on HIV/AIDS. Following policy development, a training programme should be developed and implemented. Effective HIV/AIDS training programmes are two-folded:

- All employees including management should take part in a programme designed to prevent infection, teach people living with HIV/AIDS or caring for someone with HIV/AIDS how to stay healthy. They need to be taught about issues that arise when co-workers are living with HIV/AIDS.
- The second part of the training programme should be designed to educate management on the business impact of HIV/AIDS and to ensure that they are prepared to deal with these issues in accordance with company policy and legislation.

According to the Code of Good practice (Stein, 2001:37), the effective management of HIV/AIDS in the workplace requires an integrated strategy that includes the following elements:

- an understanding as well as the assessment of the impact of HIV/AIDS on the workplace; and
- long and short term measures to deal with and reduce this impact. This can be achieved by having an HIV/AIDS policy for the workplace. These should incorporate: ongoing sustained prevention of the spread of HIV/AIDS among employees and their communities; management of employees with HIV so
that they are able to work productively for as long as possible; and strategies to deal with the direct and indirect costs of HIV/AIDS in the workplace.

The measures to deal with HIV/AIDS within the workplace according to the Code of Good Conduct (Stein, 2001:37) include:

- A workplace policy – every workplace should develop an HIV/AIDS policy. The policy should: cover the organisation’s position on HIV/AIDS, an outline of the HIV/AIDS programme, details on employment policies, standards and behaviour expected of employers and employees and appropriate measures to deal with deviations from these standards, grievance procedures, means of communication within the organisation on HIV/AIDS issues; details of employment assistance available to those affected; details of implementation and co-ordination responsibilities and monitoring and evaluation mechanisms. All policies should be developed in consultation with key stakeholders within the workplace. The policy should reflect the nature and need of the particular workplace. The development and implementation of policy is dynamic and should be communicated to all concerned. It should be routinely reviewed and monitored for its successful implementation, and evaluated for its effectiveness.

- Workplace HIV/AIDS programmes - It is recommended that every workplace strives towards the development and implementation of a workplace HIV/AIDS programme. This is aimed at preventing new infections, providing care and support for those employees that are affected by the disease, and assist with the managing of the epidemic in the organisation. The needs and capacity of each individual workplace should guide the nature and extent of a workplace programme. Employers should take all the necessary steps to assist employees with referrals to appropriate health, welfare and psychosocial facilities within the community, if such services are not provided at the workplace.

- Information and education - The Code should be made available and accessible to all by the Department of Labour. Employers and employer organisations should include the Code in their orientation, education and training programmes of employees. It is essential that the trade unions
include the Code in the education and training programmes of shop stewards and employees.

In assessing the impact of HIV/AIDS on the workplace, employers and trade unions should develop appropriate strategies to understand, assess and respond to the impact of HIV/AIDS in their particular workplace and sector. This should be done in consultation and in co-operation with local, provincial and national initiatives by government and non-governmental organisations. Impact assessments should include risk profiles and the assessment of direct and indirect costs. Organisations should also measure as part of the impact assessment the cost effectiveness of any HIV/AIDS interventions.

3.11.1 Absenteeism

According to Starr (1994: 2), it is generally accepted that regular, dependable attendance is essential for any employment position. The largest element of HIV/AIDS related costs, is absenteeism (Whiteside & Sunter, 2000: 100).

Employers should accommodate scheduled time off for treatment of affected employees. It is difficult for an employer or an employee to predict how many days the infected person will be absent from work. AIDS patients tend to experience periods when they can function normally, called remission periods, and periods when they are too ill to function at all (Paul & Townsend, 1997: 2). An infected employee will reach a point where he/she is unable to perform an assigned job adequately. Productivity levels of an infected employee decreases, as he/she be comes ill. The decrease in productivity levels is estimated to be 20 to 40 percent in the last year of employment. Absenteeism and unscheduled leave such as sick and compassionate leave increases significantly (Wilson & Gillies, 2000: 13). The inability of the infected employee to carry out physical work also dampens productivity and results in increased operation costs (Wilson & Gillies, 2000: 13). The employer must be prepared to assess an employee’s performance and in the scope of the law, decide when the employee should terminate employment.
Absenteeism increases not only because of ill health experienced by employees, but also because workers take time off to care for their families and for funerals (Whiteside & Sunter, 2000: 99).

### 3.11.2 Skills shortages

South Africa is more dependent on skilled labour than any other country in the region and the skill base is extremely small. Losses of skilled and professional staff could hamper business and government operations, and possibly slow economic growth.

According to Whiteside and Sunter (2000: 88), one of the key areas where HIV/AIDS will impact on organisations, is that AIDS will exacerbate the skills shortages experienced in South Africa, and will raise remuneration and replacement costs.

HIV infection rates tend to vary with age, sex, race, geographic location within South Africa, and at job level. A detailed demographic profile of the current and future workforce is critical to the analysis. Certain positions and skills are vital to a company’s core processes. If such positions are vacant, the ability to provide the product or service will be severely or completely impaired. These critical positions and skills have to be identified upfront, and the people filling them carefully monitored for illness.

Denis Cronson (2002: 4) stresses that the loss of experience is one of the strategic impacts of HIV/AIDS. Organisational learning is often tied up with the long serving or highly trained employee base. Accumulated experience and company capability is lost when these employees are taken out of the workforce. Organisations cannot replace these skills overnight and therefore need to address the HIV/AIDS problem not only from a policy perspective, but also as part of daily management.
3.11.3 Cost

According to Taylor (2001: 42), medical costs are a problem even if they have the positive payback of keeping skilled people productive. The problem is that blue-collar employees cannot afford the benefits of a 100 percent medical aid scheme. The costs of health care, medical aid and hospitalisation are rising (Whiteside & Sunter, 2000: 100). Whiteside and Sunter (2000: 88) are of the opinion that the largest element of HIV/AIDS-related costs is absenteeism due to HIV/AIDS illness and funerals. Increased recruiting costs can be regarded as indirect costs (Paul & Townsend, 1997: 9).

As there is no cure for AIDS, some employees will quit rather than associate with a HIV/AIDS-infected co-worker. Replacements may be difficult to recruit because of potential employees withdrawing when they learn that the organisation employs HIV/AIDS-infected persons. In such situations organisations will have to use wage and benefit premiums to attract recruits. Costs of reasonable accommodation will have to be accepted by such organisations since AIDS is considered a disability (Paul & Townsend, 1997: 3).

3.11.4 Internal resistance

According to Erasmus (1995: 7), employees are already insisting on separate facilities for people with AIDS. Management should ensure that if there are employees with AIDS in the workplace, necessary education is given to all employees to avoid such prejudices. Fears can be allayed and working environments normalised if information about how the virus is transmitted is provided. It is important that peer educators and members of the AIDS Committee lead the way in demonstrating support for their colleagues living with HIV. In instances where employees still refuse to work with an infected colleague, the employer should respond by trying to solve the problem through the normal negotiation channels. Only if this is insufficient to resolve the dispute, should normal disciplinary procedures be followed (Naidoo, 2001: 23).
3.11.5 Psychological problems/ counselling

A person diagnosed with HIV/AIDS faces severe psychological stress. Management should be able to deal with the fact that the work of AIDS-infected persons may suffer as they struggle to deal with their fate (Paul & Townsend, 1997: 9). Organisations should endeavour to support and assist employees and attempt to prolong their productive lives by providing counselling services to those employees who are directly or indirectly affected by HIV/AIDS. Voluntary Testing and Counselling (VTC) must be offered to employees and confidentiality maintained (Naidoo, 2001: 8). Employers should accept that employees are going to require time off for psychological help (Paul & Townsend, 1997: 2).

3.11.6 AIDS and dismissal

According to the Employment Equity Act, an employee with a chronic and debilitating disease may not be dismissed solely on the basis of their health status. Erasmus (1995: 8) states that the fact that an employee is an AIDS sufferer is not sufficient reason for dismissal. The Code of Good Practice clearly states that only when an employee becomes too ill to perform his/her current work, the employer is obliged to follow accepted guidelines regarding dismissal for incapacity before terminating an employee’s services as set out in schedule 8 of the Labour Relations Act. The employer should ensure that as far as possible, the employee’s right to confidentiality regarding his/her status is maintained during the incapacity proceedings (http://www.labour.org.za). An employee cannot be compelled to undergo an HIV test or disclose to his/her status as part of such proceedings unless the Labour Court authorises such a test (Mostert, 2002: 6).

3.11.7 First Aid in the workplace

According to Evians, (1991: 51), the potential risk of spreading HIV by means of injuries is possible. The first aid attendant could contract HIV if some of the injured person’s blood gains entry into the attendant’s body. Even though this type of spread is rare, essential precautions need to be taken in the workplace.
The following policy should be considered:

- Precautions should be taken whether or not the individual injured is known to be HIV positive.
- Disposable gloves and plastic aprons must be worn when attending bleeding injuries and for handling tools, which are bloodstained. This equipment must be made readily available and accessible in the workplace.
- Bloodstained tools and clothing should be sterilised against HIV.
- First aid attendants should wash their hands and any exposed skin with disinfectant after attending injured co-workers.
- All employees should be informed about these procedures.

Section 8(1) of the Occupational Health and Safety Act stipulates that the employer must provide a safe a work environment and ensure that the risk of occupational exposure to HIV is minimised (Mostert, 2002: 6).

### 3.11.8 Provision of condoms at work

Condoms could be made available, where possible, in the workplace. Canteens, tuck shops, health clinics and vending machines can be used strategically to distribute condoms. If use is made of vending machines, it should be placed in areas frequented by all workers, management and all other highly skilled staff. It may be cost-effective in the long term to provide condoms freely or at minimal cost to the employees (Evans, 1991: 54).

### 3.12 CONCLUSION

Managing HIV/AIDS requires aggressive monitoring and explicit analysis on a regular basis. A holistic approach must be taken and a partnership between manager, employer, employee, unions, the health care providers and all support people in the employee’s life is essential. AIDS should therefore be treated as any other life threatening disease and employees may continue to work for as long as their condition allows. Management should be aware of its responsibility and be accommodating with the effects of the disease in the workplace. Chapter four will outline the research method followed in this study.
CHAPTER FOUR
RESEARCH DESIGN AND METHODOLOGY

4.1 AIMS OF THE RESEARCH STUDY

The aims of the study were:

- To provide an overview of relevant literature concerning theoretical key issues relating to the managing of HIV/AIDS in the workplace.
- To determine the readiness of Buffalo City organisations in managing HIV/AIDS in the workplace and to identify areas where improvement can be brought about.
- In the light of the findings, make further recommendations on how manufacturing organisations can further improve their workplace policy, education and awareness programmes and the accommodation of the HIV-infected employees in the workplace.

4.2 INTRODUCTION

The research design employed in this study can be classified as quantitative-descriptive and exploratory. Quantitative-descriptive studies are defined as ‘empirical research investigations, which have as their major purpose the delineation or assessment of characteristics of phenomena, programme evaluation, or the isolation of variables’. Creswell (1994) defines a quantitative study as “an inquiry into a social or human problem” (Leedy, 1997: 104).

Although Leedy (1997) believes that many research studies are enhanced by combining quantitative and qualitative methods of research, and he also realises that novice researchers may not have the time or expertise to effectively combine the two. He advises that one of the two approaches be chosen for the overall design of ones first research study (Leedy, 1997: 109).
According to Bless and Higson-Smith (1995: 42), the purpose of exploratory research is to gain insight into a situation or phenomenon. The need for such a study is usually due to a lack of basic information on a specific area of interest. Questionnaires are normally one of the particular forms of data collection on which it relies for precision in the data.

Exploratory research is effective if the researcher is seeking an explanation for a relationship between certain variables. By using this form of research method, further new knowledge is acquired or obtained by making use of descriptive studies (Bless & Higson-Smith, 1995: 45).

The aims of the study were to determine how competently the organisations in the study are managing HIV/AIDS in the workplace, and to identify areas of improvement.

The study explores the extent to which Buffalo City manufacturing organisations with a staff of 250 and more have thus far, developed proactive responses to managing the epidemic through the introduction of workplace policies and programmes. It investigates the extent to which these contribute to the prevention of HIV/AIDS as well as to upholding the rights of employees living with HIV/AIDS. The study sets out to establish whether management in organisations recognises HIV/AIDS as a threat to business, which impacts directly on productivity, costs and markets.

4.3 EMPIRICAL STUDY

The purpose of research is to extend knowledge. Research may involve venturing into areas about which very little is known or may involve gaps in existing knowledge. Research has a self-correcting function (Behr, 1988: 4)

The quantitative research method was used since it provides basic information on proportions of manufacturing organisations with workplace policies and interventions. However, a quantitative study would not readily provide a clear understanding of the nature and extent of such policies and interventions but
give adequate information needed for this study (Stein, 2001: 10). The meaning extracted from the resultant data was then synthesised with existing literature on the topic in order to suggest recommendations.

The group of companies under review is a representative sample of manufacturing organisations in the Buffalo City area with a workforce of 250 and more, and therefore generalisations can be made of them as a whole. It provides sufficient insight into current approaches and allows for the identification and description of key areas of intervention. Individual organisations will need to assess the applicability of the emerging recommendations according to their specific circumstances.

4.4 DESCRIPTION OF THE SAMPLE

Nachmias and Nachmias (1987: 180) define a sample as a relatively small number of units used to make generalisations on the whole. Its main objective is to provide accurate estimates of an unknown parameter. It is made-up of single members or units. It usually has numerous attributes, one or more of which is relevant to the research problem. It is not necessarily an individual, but it can be an event, a notion or illness.

Samples are drawn to adequately represent a population. The actual procedures involved according to Nachmias and Nachmias (1987: 182) are a selection of a sample from a complete list of sampling units. In practice, a physical list rarely exists, and therefore an equivalent list is substituted.

In addition, sampling is a practical way to collect data when the population is extremely large, thus making a study of all its elements impossible. It may be the only practical method of data collection. Its main advantage is that it is less costly and less time-consuming (Bless & Higson-Smith, 1995: 87).
4.4.1 Type of sampling used in this study

In the Buffalo City area there are 34 manufacturing organisations employing a workforce of 250 and more workers. The researcher chose the above target audience because it is more likely that the larger manufacturing organisations in the Buffalo City area would have HIV/AIDS policies in place.

The questionnaires were sent out to the manufacturing organisations in December 2002. By the time the questionnaires were sent out some of the manufacturing organisations had already shut down for the December vacation. This resulted in only 20 manufacturing organisations being selected in the sample (N=20). The names of the organisations were drawn from the computerised data bank of the Buffalo City Chamber of Commerce. A questionnaire was distributed to each of these manufacturing organisations’ Human Resource Departments personally and then collected from them a week later. Personal delivery and collection of the questionnaires ensured that a maximum amount of them were returned. Fifteen of the 20 (N=15) organisations approached, responded to the questionnaire, hence a response rate of 75 percent was achieved.

This type of sampling is known as non-probability sampling. The sampling method is called accidental sampling. Researchers in the human sciences often have to contend with samples that are neither random nor stratified. The researcher has to make do with the sample offered to him. In the above study this was the case owing to the fact that a few of the manufacturing organisations had already closed for vacation.

4.5 THE DESIGN OF THE QUESTIONNAIRE

Behr (1988: 156) defines a questionnaire as a document normally distributed through the post to be filled out by a respondent. It is a common technique used for gathering data in more than half of the total research studies in education.
The completion of a questionnaire is a favour asked of persons by a researcher, and hence it should be constructed in such a manner that the data required is to be obtained with the minimum of the respondent’s time.

**4.5.1 Closed-ended questions**

According to Behr (1988: 56), questionnaires are classified according to the kind of questions set or according to who would be answering the questions. Questions are therefore said to either be in open or closed form. A questionnaire making use of a closed form of questions would require the respondent to place a tick, make a mark, or draw a line alongside one of several provided possible answers. It facilitates answering and makes it easier for the researcher to code and classify the responses.

In the study the researcher made use of closed-ended questions. The reasoning behind this was to obtain specific responses, which would facilitate processing.

According to Bless and Higson-Smith (1995: 110), mailing questionnaires is a technique that can be used by a researcher. Its most important advantage is that a large coverage of a population can be realised with little time and cost, and researchers require very little training.

Respondents are asked to mail back the filled-out questionnaires without indicating their names, assuring anonymity. This helps them to answer the questions with honesty. It is easily standardised and allows a geographically spread sample to be researched. In this study the questionnaire was physically distributed and then collected to ensure maximum return. The anonymity and confidentiality of the respondents were ensured.

**4.5.2 Structure of the questionnaire**

The questionnaire for the above study was designed to fulfil the specific research objective. It was possible to complete the thirty-one-item questionnaire in ten minutes. A structured questionnaire with mainly YES/NO response
options was used to ensure consistency and reliability of the measuring instrument. A pilot study was conducted on two people to ensure the questions were easy to understand and that the questionnaire could be completed within the suggested time frame of ten minutes.

The questions were carefully planned and accurately worded and directed at the following people:

- the Human Resource Manager;
- Equity Managers;
- the Health officials/ consultants; and
- in the absence of a Human Resource Manager or Health consultants, management was asked to fill in the questionnaire.

Human Resource Manager, Equity Managers, Health officials/ consultants and management are directly involved in the policy making of HIV/AIDS in organisations and have a good understanding of its present status in organisations. This allows for consistency and increased accuracy of the information being collected.

The questionnaire was divided in a logical sequence into five sections. Each of these sections covers a specific area of content; namely:

- Demographics
- HIV policy and practice
- Awareness, education and training
- Accommodation and managing of HIV/AIDS in the workplace
- Testing

The questionnaire was structured in such a way so that information of the above topics could be extracted. Demographics give us a background of the location and size of the organisations under study while the other areas cover important issues relating to HIV/AIDS management in the workplace.

The purpose of the questionnaire was to obtain data for the provision of information on the above areas of the study. The study hopes to reveal areas of
inadequacies in present models where further improvement can be brought about. A copy of the questionnaire is attached as annexure 4.1.

The researcher purposefully did not use a structured interview because it is time consuming and expensive and requires the training of assistants. It may introduce interview bias and bias due to social desirability (Bless & Higson-Smith, 1995: 114).

4.5.3 Anonymity

According to Bless and Higson-Smith (1995: 103), many people, for the sake of scientific progress, are prepared to divulge information of a very private nature on condition that their name is not mentioned. In the above study anonymity was of great importance. For this reason the names of participants were omitted altogether. Since many respondents regarded anonymity as essential they had to be convinced that it would be respected.

4.5.4 Confidentiality

In the above study respondents were assured that the information given would be treated with confidentiality (Bless & Higson-Smith, 1995: 103). They were assured that the data would only be used for the stated purpose of the research, and that no other person would have access, to review the data.

4.6 DATA

A questionnaire approach method was used in the study. The questionnaires received were coded and the data collected entered into a Microsoft Excel program. Various tabulations were made and appropriate graphs extracted from the data which was then used in the making various deductions.
4.7 PROBLEMS EXPERIENCED

The problems experienced during the study were that some of the manufacturing organisations with a workplace greater than 250 had already closed for the vacation. The research therefore had to make use of accidental sampling.

4.8 LIMITATIONS OF THE STUDY

The researcher targeted the Human Resource or Equity Managers to fill in the questionnaires. Not all organisations had Human Resource people available to fill in the questionnaires. The researcher assumed, when constructing the questionnaire, that all respondents would have been trained in HIV/AIDS and the organisation policy. Having the appropriate person filling in the questionnaire was important to the credibility and the validity of the results.

Even though companies indicate that they have policies in place, it is unknown how well these policies are implemented.

4.9 CONCLUSION

From the above planning of research and design, the researcher is confident that the research will yield acceptable conclusive results. With the understanding of the limitations and problems experienced, the researcher is able to make the necessary recommendations.
CHAPTER FIVE
RESEARCH FINDINGS

5.1 INTRODUCTION

Chapter five introduces the research findings of the study in a systematic way, exactly as it is appears in the questionnaire. This chapter further explores pertinent information extracted from data, which provides a meaningful contribution to the objectives of the study.

The research findings presented in this section are drawn from the findings of quantitative questionnaires with Human Resource personnel, Equity Managers, Healthcare personnel and Managers (Addendum 4.2).

5.2 DEMOGRAPHICS

5.2.1 Location of Respondents

The questionnaires revealed that 47 percent of the manufacturing organisations in the sample were from the Wilsonia Industrial area in Buffalo City and 33 percent was from the Westbank Industrial area (figure 5.1).
Source: Results of analysis of organisational divisions

Table 5.1: Distribution of Respondents

<table>
<thead>
<tr>
<th>Industrial Area</th>
<th>Percentage of Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buffalo City</td>
<td>7%</td>
</tr>
<tr>
<td>Wilsonia</td>
<td>47%</td>
</tr>
<tr>
<td>Westbank</td>
<td>33%</td>
</tr>
<tr>
<td>Other</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: Results of analysis of organisational divisions

Referring to Table 5.1, it can be deduced that 80 percent of the responses to the questionnaire emanated from manufacturing organisations in the Wilsonia and Westbank Industrial areas. It was found that of the 15 (N) organisations that responded to the questionnaire, 47 percent have an employee population greater than 400 and 53 percent have an employee population between 250 and 300 workers. None of the organisations that responded have a workforce of between 300 and 400 workers.
5.2.2 Capacity of Correspondent in Organisations

All the questionnaires were directed to the Human Resource departments of the various manufacturing organisations. It was found however, that not all organisations have a well-structured Human Resource Department. In manufacturing organisations where the Human Resource Departments lacked information with respect to the organisations HIV/AIDS policy or programme, the questionnaires were completed by either the health officer dealing with the programme, the equity manager, an HIV/AIDS officer or the manager in charge of the HIV/AIDS programme.

Table 5.2: Correspondent Capacity

<table>
<thead>
<tr>
<th>Capacity in Organisation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resource Officer</td>
<td>47%</td>
</tr>
<tr>
<td>Equity Manager</td>
<td>7%</td>
</tr>
<tr>
<td>HIV/AIDS Officer</td>
<td>13%</td>
</tr>
<tr>
<td>Health Officer</td>
<td>7%</td>
</tr>
<tr>
<td>Other Management</td>
<td>27%</td>
</tr>
</tbody>
</table>

**Source: Results of analysis of organisational divisions**

Table 5.2 indicates that seven percent of the responses were filled in by a health officer, seven percent by the equity manager, 13 percent of the organisations had a HIV/AIDS health officer while 27 percent was filled in by a manager.

It was found that 60 percent of the manufacturing organisations in the Buffalo City area had a designated person to manage the organisation’s HIV/AIDS programme. Literature, however, reveals that some organisations outsource this to consultants, while large organisations such as Daimler-Chrysler South Africa has appointed a co-ordinator Dr Clifford Panter, to manage their HIV/AIDS project.
Having the appropriate person filling in the questionnaire was important to the study as it gives the results more credibility and validity. Those directly involved in HIV/AIDS policy-making and implementation would be more accurate in the interpretation of the questions in the questionnaire. Literature reveals that the Human Resource Department in most organisations is responsible for the HIV/AIDS policy and the implementation thereof. It was for this specific reason that the Human Resource Departments were specially targeted to fill in the questionnaire.

### 5.3 HIV/AIDS Policy and Procedure

**Figure 5.2: HIV Policy in Organisation**

![HIV Policy in Organisation](image)

Source: Results of analysis of organisational divisions

Of the 15 (N) manufacturing organisations under study, 11 (n) (73 percent) had HIV/AIDS policies in place (Figure 5.2). Of the four organisations having no policy, two have a workforce of 400 and more. Employee numbers indicate that these are fairly large manufacturing organisations. The literature in chapter two reveals that smaller organisations are more likely not to have an HIV/AIDS
policy in place owing to cost implications. This study reveals that it is not only the smaller organisations that have been slow to respond to the HIV/AIDS impact, but also the larger organisations.

Addison (2001: 13) reported that the bigger the company, the more attention it paid to AIDS, but the smaller it was, the more likely it was to feel the effect of the epidemic.

According to Stein (2001: 6), in spite of the economic significance of the HIV/AIDS impact, it seems that HIV/AIDS is understood by many organisations as a health problem rather than a bottom-line profitability concern. It is partly because the impact of the HIV epidemic is slow and gradual that organisations fail to consider it as a proper threat to their profitability. By the time it impacts, the problem may be too advanced and severe to prevent the effects.

The study shows that 60 percent of the respondents agree that the impact of HIV/AIDS on the organisation was the reason for having a policy in place, while 27 percent responded that it is due to Government requirements. None of the respondents felt that it was because of pressure from their employees, whilst 27 percent felt that it was due to their social responsibility. This is a positive indication that organisations are setting up HIV/AIDS policies for the right reasons.

5.3.1 Policy Review

Organisations such as Daimler-Chrysler South Africa, have found that it is essential to review and update their policy every year. Of the organisations participating, 67 percent has had their policy reviewed in the last 12 months. The knowledge of HIV/AIDS is constantly changing and the rapid spread of the epidemic and its threat to business necessitates regular policy reviews.
5.3.2 Policy Contents and Implementation in the Manufacturing Organisations

Data analysed on policy content (figure 5.3) reveal the following:

- 73 percent of all policies include prevention of discrimination towards HIV/AIDS infected people;
- 60 percent of policies contain grievance procedures;
- 53 percent preventing the spread of HIV/AIDS;
- 53 percent details of assistance and support for HIV/AIDS infected families; and
- 67 percent the means of communication within the organisation HIV/AIDS issues.

Figure 5.3: HIV Policy Content

Source: Results of analysis of organisational divisions
5.3.3 Discrimination

Literature reveals that in accordance with South African law with reference to the Department of Labour Employment Equity Act, the Code of Good Practice and Key Aspects of HIV/AIDS and employment, there should be no discrimination against HIV/AIDS infected people in the workplace. People with HIV/AIDS infection are entitled to the same rights and opportunities as people with other serious or life threatening illnesses (Paul & Townsend, 1997: 6).

5.3.4 Prevention of Spread of HIV/AIDS

The study illustrates that only 53 percent of the organisations have measures in place to prevent the spread of HIV/AIDS. Organisations should provide education, training and special equipment to reinforce and maintain infection-control procedures (Paul & Townsend, 1997: 6). The Code of Good Conduct, provide guidelines for employers, employees and trade unions on how to manage HIV/AIDS within the workplace. These include:

• creating a safe working environment for all employers and employees;
• developing procedure to manage occupational incidents and claim for compensation;
• introducing measures to prevent the spread of HIV;
• developing strategies to assess and reduce the impact of the epidemic upon the workplace; and
• supporting those individuals who are infected or affected by HIV/AIDS so that they may continue to work productively for as long as possible.

Manufacturing Organisations in the Buffalo City area should realise the importance of having infection-control measures in place, and comply with the Code of Good Conduct.

5.3.5 Grievance Procedure

Grievance procedures in line with the Code of Good Conduct form an important entity of the policy. It is a concerning factor that only 60 percent of the
organisations with a policy include grievance procedures in their HIV/AIDS policies. Employees need to be aware and understand the organisational grievance procedures so that they have knowledge of the remedies available to them and how to utilise them in the event of a breach of their rights.

5.3.6 Communication

Sixty percent of organisations reported that a means of communication is available within the organisation relating to HIV/AIDS issues. Employers should include the code in their orientation, education and training programmes of employees.

5.3.7 Prevalence Studies

Thirty three percent of the manufacturing organisations had conducted prevalence studies with respect to HIV/AIDS to ascertain the potential effect of the HIV epidemic on their individual businesses. According to the research done by Stein (2001: 13), some Human Resource managers argue that impact assessments with specific organisations were not required to make an informed assessment of the impact of HIV/AIDS on the workplace. Stein (2001: 13) reiterates that most industries do not understand the impact because it is subtle and it happens over time.

Fifty three percent of the organisations in the study have compared the financial implications of an HIV/AIDS strategy with the cost of retrenchment, recruitment and retraining. From this it can be deduced that the management of 47 percent of the organisations do not believe that the financial impact will be significant enough for them to budget for HIV/AIDS.

5.3.8 Benchmarking

Sixty seven percent of the organisations under study (figure 5.4) stated that they benchmark their HIV/AIDS strategy against other similar organisations. Large multinational organisations such as Daimler-Chrysler South Africa have taken an international leading role with respect to the management of
HIV/AIDS. Kopke, Managing Director of Daimler-Chrysler urges businesses to collaborate on HIV/AIDS interventions and suggests that minimum standards of employee assistance be established. Benchmarking against other similar organisations will facilitate collaboration and networking among organisations in the Buffalo City area. The study shows that 53 percent of the manufacturing organisations network with other organisations to formulate a best practice HIV/AIDS strategy.

**Figure 5.4: Benchmarking**

![Benchmarking](image)

**Source: Results of analysis of organisational divisions**

### 5.3.9 Medical Aid

It has been estimated that an AIDS patient could cost his or her medical aid 55 thousand Rand during the eighteen months prior to death (Gillies, 2000: 15). The new Medical Aid Schemes Act (Vincent, 2002: 269) prescribes that all medical aid schemes should provide a minimum set of HIV/AIDS benefits. They must at least provide hospitalisation benefit to people with HIV/AIDS. According to the study, 53 percent of the manufacturing organisations in question, have held detailed discussions with medical aid schemes to cater for the HIV/AIDS crisis. Literature reveals that it is more economical for companies to manage the
health costs of those living with HIV than it is to allow them to develop full-blown AIDS, Addison (2001: 14). All HIV/AIDS policies state that employee benefits are non-discriminating and therefore all employees should have access to medical aid benefits pertaining to HIV/AIDS. People with expertise in the area of medical aid benefits feel that organisational policies should ideally specify the exact nature of available HIV/AIDS treatment (Stein, 2001: 20).

5.4 AWARENESS, EDUCATION AND TRAINING

5.4.1 Responsibility for HIV/AIDS education and awareness programme

Gillies (2000: 5) maintains that HIV/AIDS is everyone’s responsibility. Most organisations have people responsible for education and awareness. The study reveals that most organisations have more than one person responsible for education and awareness.

Table 5.3: Person responsible for education

<table>
<thead>
<tr>
<th>Person Responsible for Education and Awareness</th>
<th>Yes Percentage</th>
<th>No Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Consultants</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>Human Resource Manager</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Cross-functional task team</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>No designated person</td>
<td>20%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Source: Results of analysis of organisational divisions

It can be deduced from table 5.3 that Human Resource Managers, Health consultants and Cross-functional task teams are the most widely utilised people in education and awareness programmes. Past literature indicates that peer education presents the most effective model for workplace education (Stein, 2001: 22). Organisations such as Daimler-Chrysler South Africa that have moved towards training 98 peer educators, have found it to be an effective...
method for education and awareness. Peer educator selection is based on peer nominations, to ensure that the educators command the respect of the target audience. Peer educators undergo refresher training annually and submit regular activity reports (World Economic Forum, 2002: 3).

5.4.2 Provision For Training Managers

Table 5.4: Managers trained

<table>
<thead>
<tr>
<th>Percentage of managers that have been educated in organisations</th>
<th>Percentage Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-25%</td>
<td>40%</td>
</tr>
<tr>
<td>26-50%</td>
<td>27%</td>
</tr>
<tr>
<td>51-75%</td>
<td>7%</td>
</tr>
<tr>
<td>76-100%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Source: Results of analysis of organisational divisions

Table 5.4 indicates that only four (27 percent) of the manufacturing organisations in the study have between (76 to 100 percent) of their managers educated about HIV/AIDS. Forty percent responded that only between (0-25%) of their managers are educated on HIV/AIDS.

Of the fifteen organisations under review, the following percentages refer to the areas in which managers have been trained (table 5.5).

Table 5.5: Management Training
<table>
<thead>
<tr>
<th>Content</th>
<th>Percentage of Managers Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>The transmission of HIV/AIDS</td>
<td>67%</td>
</tr>
<tr>
<td>Prevention</td>
<td>53%</td>
</tr>
<tr>
<td>Symptoms</td>
<td>53%</td>
</tr>
<tr>
<td>Myths</td>
<td>47%</td>
</tr>
<tr>
<td>Impact on organisation</td>
<td>60%</td>
</tr>
<tr>
<td>Your organisations approach</td>
<td>53%</td>
</tr>
<tr>
<td>His or her role in managing HIV/AIDS</td>
<td>40%</td>
</tr>
<tr>
<td>Disease Management</td>
<td>27%</td>
</tr>
</tbody>
</table>

**Source: Results of analysis of organisational divisions**

The organisations targeted are reasonably large and may be involved in exporting. One would therefore expect that they all have their management trained on HIV/AIDS. The interpretation of the data indicates that Management of the manufacturing organisations in the study has not taken the impact of HIV/AIDS seriously.

Most training of managers includes the transmission of HIV/AIDS, organisational impact, prevention, symptoms and organisational approach. Very little training focuses on the role of managing HIV/AIDS and disease management.

Stein (2001: 22) pointed out that management still labours under the assumption that HIV/AIDS education involves the provision of basic information regarding transmission and prevention. From the 19th Annual Report on employees benefits and labour relations in South Africa 2000-2001 (People Dynamics, 2001: 26), effective AIDS training programmes should include:

- prevention of HIV/AIDS;
- teach people living with HIV or caring for someone with HIV how to stay healthy;
- issues arising when co-workers are living with HIV;
- the business impact of AIDS; and
• dealing with issues resulting from HIV/AIDS in the workplace in accordance with company policy and legislation.

Figure 5.5: Areas of Training

Source: Results of analysis of organisational divisions

Supervisors in the organisations under review are mainly trained in the areas of HIV transmission, prevention, symptoms and myths, while the manager’s role, disease management and organisational approach are neglected (figure 5.5).

Managerial and supervisory employees play an important role in every organisation and therefore they should be educated first. Employees rely on managers and supervisors for guidance and information. Additional areas in which managers and supervisors’ education should focus, are medical; social and legal issues involved with the disease. They should also be adequately prepared to deal with confidential information.
5.4.3 Education of Workers

The responses indicate that 52 percent of the organisations in the study have had 76-100% of their workers educated on HIV/AIDS. Only 27 percent of the respondents had between only 0-25 percent of their workers educated on HIV/AIDS.

Even though 27 percent of the organisations in the study do not have an official HIV/AIDS policy in place, most organisations have been presenting HIV/AIDS awareness and education to their employees. Most organisations in the study indicated that the following content is focused on their education and awareness programmes (figure 5.6):

- Impact of HIV/AIDS
- Symptoms
- Myths
- Company approach
- Disease Management - only 20 percent of the organisations in the study indicated that employees are educated in disease management.

It is in the employers' best interest to keep employees healthy and productive for as long as possible. Many organisations have found that through responsible analysis and by providing the level of care to HIV positive employees often beyond that offered by medical schemes, can create significant long-term savings for the organisations. Investing in the health of employees provides returns, by reducing absenteeism, increasing productivity and reducing employee benefit costs. Employees need to be informed on the advantages of disease management and the resources available to them (People Dynamics, 2001: 26).
Of the 15 organisations in the study, only 27 percent are actively involved in HIV/AIDS awareness and education in the local community. Kopke (Hi-lite, 2001: 4) urges organisations to extend HIV/AIDS education campaigning to the community. Employees could take information to their communities and their families and share it with them (Ho, 2001: 30). Organisations can reach communities in which many of its employees live, by working with community based HIV/AIDS initiatives and advocacy programmes. Local community involvement can be extended to training and support of home-based care providers, peer educators in schools and general practitioners (http://www.sundaytimes.co.za/2002/12/01/business/surveys/survey35.asp).

The study reveals that 73 percent of the organisations supply their employees with condoms on a regular basis. A condom is a highly effective barrier, which
prevents the transmission of most sexually transmitted infections, including HIV (Gallaway, 2001: 43) and forms part of the prevention strategy.

Of the 15 organisations under review, 93 percent participate in the national HIV/AIDS promotion awareness campaigns. This indicates that there is a high awareness present in the organisations under study.

### 5.5 ACCOMMODATING AND MANAGING HIV/AIDS IN THE WORKPLACE

**Table 5.6: Accommodation of HIV/AIDS in the workplace**

<table>
<thead>
<tr>
<th>Accommodation of HIV/AIDS in the workplace</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Programme</td>
<td>40%</td>
</tr>
<tr>
<td>Supportive Organisation Culture</td>
<td>87%</td>
</tr>
<tr>
<td>Support HIV/AIDS – infected patient</td>
<td>87%</td>
</tr>
<tr>
<td>Union Involvement</td>
<td>60%</td>
</tr>
<tr>
<td>Voluntary testing</td>
<td>60%</td>
</tr>
<tr>
<td>Management Commitment</td>
<td>87%</td>
</tr>
</tbody>
</table>

*Source: Results of analysis of organisational divisions*

The results of the study with respect to (table 5.6) the organisations in question indicate that most (87 percent) manufacturing organisations in the Buffalo City area show management commitment to HIV/AIDS. This, however, is contradictory owing to the fact that only 73 percent of the organisations have an HIV/AIDS policy in place.

The study also indicates that 87 percent of manufacturing organisations in the Buffalo City area have an HIV/AIDS supportive culture and that HIV/AIDS infected workers are supported by their organisations. Employers have to establish policies on non-discrimination for persons with life-threatening
illnesses, of which HIV/AIDS is one. These policies should include those employees with illnesses such as cancer and HIV/AIDS, who may wish to and be able to work a regular or modified work schedule (http://www.hivpositive.com/f-HIVyou/laborAIDS/aids.html).

If the HIV-positive employee eventually becomes unable to perform essential functions, the employer should consider whether reasonable accommodation would permit him or her to do so. These include:

- Flexi-time to allow for medical appointments, treatment and counselling.
- Auxiliary aids and services – large print for someone with vision impairment due to HIV/AIDS.
- Additional unpaid leave

5.5.1 Wellness Programme

Forty percent of the respondents indicated that their organisation has a wellness programme in place. The comprehensive strategy now being adopted by industry leaders is called “wellness”. The intention of this idea is for employees to remain well. Prevention of contracting HIV is the primary goal to remain well, while in those who are already infected with HIV the aim is for them to remain reasonably well in spite of their having contracted HIV. This policy is designed to help those who have already contracted the virus, and implies that organisations should accept responsibilities and costs that go with diagnosing, treating, monitoring and counselling members of the workforce (Addison, 2001: 14)

The idea of wellness is not new and is not only linked to HIV campaigns. It is a holistic approach to health and fitness, adding value to the lives of those at risk to a range of chronic illnesses (Addison, 2001: 15).

5.5.2 Union Involvement

According to the literature study, many shop stewards feel that there has been an inadequate response from trade unions with respect to HIV/AIDS in the workplace. Many trade unions, as employers, do not have an HIV/AIDS policy in
place. The perception is that the fight against HIV/AIDS is not as vigorous as it is with other campaigns that directly affect workers (Gravitzky, 2002: 72).

The study of the 15 organisations in question, however, reveals that 60 percent of the organisations agree that unions are involved in the fight against HIV/AIDS. Simphiwe Mabhele, however, mentions that unions should be pooling their resources in the fight against HIV/AIDS. They should share information and expenses (Gravitzky, 2002: 72).

5.6 TESTING

5.6.1 Voluntary Testing

The greatest challenge in managing the impact of HIV/AIDS is getting employees to take the necessary tests and to register with the programme. Stigmatisation and discrimination attached to the disease make employees reluctant to go for tests. Education plays an important role in “getting rid of the stigma” according to Brian Brink (Christianson, 2001: 43).

Sixty percent of the test sample has testing as an option for their employees. Sixty percent of the organisations in the study provide voluntary testing and counselling. Many people are too scared to have a test because they fear that they may be HIV positive, and therefore fear discrimination.

5.6.2 Pre-test and Post-test Counselling

The study also accentuates the fact that only 27 percent of the organisations in this study offer pre-test counselling while 33 percent offer post- test counselling (table 5.7).
Table 5.7: Testing and counselling

<table>
<thead>
<tr>
<th>Offer Testing</th>
<th>Offer Pre Test Counselling</th>
<th>Offer Post Test Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>67% of the study sample</td>
<td>27% of the study sample</td>
<td>33% of the study sample</td>
</tr>
</tbody>
</table>

Source: Results of analysis of organisational divisions

According to the Code of Good Conduct, all testing, both authorised and permissible testing, should be conducted in accordance with the Department of Health National Policy on testing for HIV. The Department of Health National Policy on testing requires both pre-test and post-test counselling as a rule, and strict procedures relating to the confidentiality of an employee’s HIV status. It was found that a large proportion of the organisations in the study are in violation of the Department of Labour’s Code of Good Practice (Stein, 2001: 35).

The Daimler-Chrysler South Africa HIV/AIDS programme provides every person who wants to have an HIV test with counselling by a qualified medical professional, which they trust. The results are then kept absolutely confidential (http://www.sundaytimes.co.za/2002/12/01/business/surveys/survey35.asp).

5.6.3 Pre-employment Testing

Pre-employment testing for HIV is discriminatory because it stigmatises prospective employees and infringes on their rights. Organisations with HIV/AIDS policies in place reject HIV-testing as a pre-requisite for recruitment, and access to training as a possible means for promotion.
5.6.4 Sampling to Determine the Level of HIV/AIDS in the Workplace

As part of being proactive, organisations such as Daimler-Chrysler South Africa carry out sampling to determine the level of HIV/AIDS and related infections in the workplace. Sixty seven percent of the test sample acknowledges that their organisations carry out sampling of this nature.

5.7 CONCLUSION

In chapter five the results from the data collected was processed and tabulated. An analysis of the data was presented, and from this the recommendations and conclusions in chapter six have resulted.
CHAPTER SIX
RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

The first section of this chapter focuses on the important factors that emerged from the study and highlights the conclusions drawn. The second section offers recommendations for future research and improvement in this field of study. The conclusions made in this study are based on information provided by the various organisations in the questionnaires they completed.

The aims of the research were as follows:

• To provide an overview of relevant literature concerning theoretical key issues relating to the managing of HIV/AIDS in the workplace.
• To assess the readiness of Buffalo City organisations in managing HIV/AIDS in the workplace and to identify areas where improvement can be brought about.
• In the light of the findings, make further recommendations on how manufacturing organisations can further improve their workplace policy, education and awareness programmes and the accommodation of the HIV-infected employees in the workplace.

6.2 AREAS REQUIRING IMPROVEMENT IN MANAGING HIV/AIDS IN THE WORKPLACE

6.2.1 Prevalence Studies

Literature revealed that there are two schools of thought with respect to prevalence studies. From the 19th Annual Report on employee benefits and Labour Relations in South Africa 2000-2001 (People Dynamics 2001: 26), it is suggested that any effective strategy requires a holistic approach to managing the impact of HIV/AIDS. Companies wishing to protect themselves from the
financial impact of Aids need to conduct a thorough analysis on how HIV/AIDS will impact on their particular business. Such an analysis should include addressing issues such as:

- HIV prevalence across different sectors of the business;
- corporate strategic issues;
- cost implications for retirement benefits;
- cost implications for medical benefits;
- impact on manpower and productivity; and
- evaluation of Human Resource and Industrial Relations policies and procedures.

Stein (2001: 13) found in his study in the media sector that one large organisation uses contracted consultants to do seroprevalence studies. However, other organisations argued that impact assessments within in their specific organisations were not required, as there is sufficient information already available to make informed assessment of the impact of HIV/AIDS in the workplace.

Research however, indicates that there is a greater tendency towards prevalence studies, and manufacturing organisations in the Buffalo City area should take cognisance of this fact. Only 33 percent of the organisations have done prevalence studies with respect to HIV/AIDS.

### 6.2.2 Strategic Management

According to literature, many organisations believe that the impact of HIV/AIDS on organisation workforces can be managed. Strategic management can alleviate direct costs of the disease. Education alone has not succeeded in preventing the spread of the epidemic, although education forms an integral part of management.

In the study of these 15 manufacturing organisations it was found that insufficient focus has been placed on education and training of managers and supervisors on the managing of HIV/AIDS and related issues in the workplace. The study indicated that only forty percent of managers had training in
managing HIV/AIDS in the workplace, while only 27 percent had training in disease management. Similarly, 33 percent of supervisors had training in managing HIV/AIDS in the workplace and 27 percent on disease management. Manufacturing organisations in the Buffalo City area should therefore add the following to their manager and supervisor education programme content:

- management of HIV/AIDS issues in the workplace;
- disease management; and
- strategic Management with respect to HIV/AIDS.

### 6.2.3 Employee Education

A large amount of education has taken place amongst employees in the manufacturing organisations included in the study. Only 27 percent of the organisations that have responded have stipulated that only 0-25 percent of their employees had been educated on HIV/AIDS. The study revealed however, that only 20 percent of the employees had training in disease management.

Manufacturing Organisations in the Buffalo City area should therefore increase their focus on Disease Management.

Large Organisations such as Daimler-Chrysler South Africa, which is competing in the global arena, has placed increased attention on Disease Management over the past year. More emphasis is being placed on employee well being. It has been found through responsible analysis that by providing the same level of care to HIV employees, a significant long-term saving for the company can be achieved (People Dynamics, 2001: 26). This information should be communicated to managers, supervisors and employees through education and training.

Only 40 percent of the organisations in the study have a wellness programme in place. Daimler-Chrysler South Africa is one of the first organisations to implement a wellness programme. Such a programme can be facilitated if organisations, as suggested by Kopke (Hi-lite, 2001: 4) can collaborate and set minimum standards of employee assistance. The idea is to manage HIV/AIDS in the workplace as a holistic package. The package should take the form of
education, prevention, identification of cases, several forms of treatment including boosting the immune system, personal and family counselling and care (Addison, 2001: 14). Manufacturing organisations in the Buffalo City area can improve long-term savings by implementing wellness programmes in their organisations.

**6.2.4 Networking**

The study reveals that organisations' networking can improve in the area. Only 53 percent of the organisations in the study networked with other organisations. Networking can be improved by:

- improving Inter-organisational communication;
- improving information sharing;
- setting minimum standards for education and employee assistance;
- facility sharing for example in the form of clinics and counselling;
- sharing of community programmes;
- sharing of best practices; and
- benchmarking to international and global standards.

This will have serious cost implications, especially for the smaller manufacturing organisations in the short term. However, it will improve long-term savings in all organisations.

**6.2.5 Benchmarking**

According to Bennett

http://www.sundaytimes.co.za/2002/12/01/business/surveys/survey35.asp, it is no exaggeration to say that Daimler-Chrysler South Africa is the backbone of Buffalo City and its surrounding rural areas. This organisation’s impact on the local economy is mirrored by its initiatives to tackle HIV/AIDS. Their action influences what other organisations in the area do and it has a direct effect on the surrounding communities.
Daimler-Chrysler South Africa first adopted a HIV/AIDS policy in 1996 and owing to it operating in the International Global Market, it has become a model organisation not only for the surrounding companies in the Buffalo City area but also for the other companies in the broader South Africa.

Another 3000 staff working for suppliers and contractors are linked to Daimler-Chrysler South Africa. Those working on a Daimler-Chrysler site have access to its wellness and on-site treatment services. The company also encourages smaller companies to draw up HIV/AIDS policies and establish partnerships with government, non-governmental organisations and other businesses (http://www.sundaytimes.co.za/2002/12/01/business/surveys/survey35.asp).

Other manufacturing organisations in the Buffalo City area can collaborate with Daimler Chrysler South Africa as well as benchmark themselves with this organisation. As a global leader in management principles, other organisations in the area can measure themselves against international standards.

### 6.2.6 Community Outreach

To reach communities, in which many of the employees live, organisations have to work closely with community-based HIV/AIDS initiatives and programmes. Education and training and providing home based care, support and counselling has to be extended to the community. Employees can take the information home or this can be achieved by making use of peer educators, peer counsellors and home nursing of infected workers (Ho, 2001: 31).

### 6.2.7 Union Involvement

There is a general feeling that there has been inadequate response from trade unions with respect to HIV/AIDS. As explained above, unions should pool resources in the fight against HIV/AIDS, by sharing information and experience. Union commitments to the fight against HIV/AIDS will benefit the organisations because of their influence on their members. Unions should assist in attempting to influence and change the attitudes and perceptions of the workforce whom they represent. The literature study found that many trade unions do not have
HIV/AIDS policies in place. Manufacturing organisations in the Buffalo City should work towards improving this situation (Gravitzky, 2002: 72).

The overall results of the questionnaires indicate that 73 percent of the manufacturing organisations in the study do have an HIV/AIDS policy in place. The organisations have people responsible for education, training and awareness. Eighty seven percent of the organisations indicate that their management is committed to the development and implementation of an HIV/AIDS policy and 67 percent of the organisations offer voluntary testing as an option.

Literature concerning the theoretical aspects related to the HIV epidemic was reviewed. The researcher hopes that the conclusions and recommendations that will follow will be used to further research on this topic.

6.3 RECOMMENDATIONS

- To the researcher’s knowledge, similar research has not been conducted in the Buffalo City area. This study will therefore serve as a prototype on which to compare studies of a similar nature. Studies conducted in other regions within the country would aid in verifying the validity of the study.
- Efficient and effective training of managers and supervisors can enhance awareness and reduce the impact of HIV/AIDS. Managers should not only be trained on the transmission and prevention of HIV/AIDS but also on the organisation, management roles and disease management. The researcher suggests that tertiary institutions should include HIV/AIDS management in their curriculum. The study showed that there is a lack of prevalence studies done by organisations.
- Organisations should do prevalence studies and assess the impact of HIV/AIDS on their businesses.
- Effective inter-organisational communication, which can improve networking and information sharing, should be encouraged. The researcher suggests that a study is conducted on methods to improve communication between organisations.
• Other manufacturing organisations in the Buffalo City area can use Daimler-Chrysler as the benchmark standard to measure themselves against international standards.

• Facility sharing (sharing of clinics) between various organisations can be cost effective. The researcher suggests that a study be conducted on evaluating this possibility.

• The study revealed that 73 percent of the organisations have a policy in place, but it was not the researcher’s aim to explore how well they have been implemented. It was found that there is a lack of networking and benchmarking between organisations. The researcher is therefore uncertain about how effectively their policies have been implemented. The researcher therefore suggests that a further study be conducted to determine how effective the manufacturing organisations have been in implementing their HIV/AIDS policies.

6.4 CONCLUSION

Comprehensive policy documents exist in many organisations but it is the first step to the implementation of an HIV/AIDS programme. It is insufficient when organisations simply present a written HIV/AIDS policy document. Implementation thereof is vital.

HIV/AIDS in the workplace requires planning and managing. Organisations should include the HIV/AIDS impact as part of their strategic planning, and as with all other strategies they should ensure that it is implemented effectively. Core management principles should be used in the planning and monitoring of HIV/AIDS programmes. Managers and supervisors require regular and efficient training on how to manage the HIV/AIDS impact in the workplace, as they are the first members of management with whom the employee has contact in the workplace.

It is vital that organisations, which wish to protect themselves from the financial constraints, conduct their own analysis and address issues such as prevalence,
benefits, productivity and Industrial Relations. The fact that 60 percent of the organisations have trained their managers on the impact of HIV/AIDS, is a clear indication that organisations recognise HIV/AIDS as a threat to business.

A holistic approach to managing HIV/AIDS in the workplace is essential. It should involve not only the organisation, but should extend to the family and communities. Organisations need to collaborate, share information, share facilities, and benchmark themselves against international standards.

The researcher believes that all the intended objectives have been met in the study. The findings of the study reveal that 67 percent of the manufacturing organisations in the Buffalo City area, with a staff compliment of greater than 250 employees are partially ready to deal with the impact of HIV/AIDS in the workplace.

The study conducted can be used by future researchers as a tool to assist organisations and management to improve their management skills in dealing with the impact of HIV/AIDS in the workplace. The researcher also aims to increase management awareness and accountability in the fight against the HIV/AIDS epidemic.
REFERENCES


Kapner, S. 1995. Aids In the Workplace: Cutting Edge Companies Taking


Leaders take the test. 31 May 2002. Starfish. 1-4.


The impact of AIDS- without the hype. 2001. Management Today. 17(5), 42.


QUESTIONNAIRE SURVEY ON HIV/AIDS MANAGEMENT IN THE WORKPLACE
Objective of this study: Is to examine how ready manufacturing organizations are to manage the HIV/AIDS epidemic in the workplace. The study intends to reveal areas where improvement can be brought about in managing the HIV/AIDS in the workplace.

Target Audience: Human resource Managers and members of the Equity Team from manufacturing organizations with a workforce of 250 employees.

Rationale of target group selection: Human Resource management and the Equity Team are the people that are directly involved in policy making. Two people from each organization will be targeted, addressing both salary and wage staff so as to obtain differing views and to see if there is consistency in results.

In designing the questionnaire it is important that we understand the definition of readiness and the context in which it is going to be used throughout the study.

Definition: The design, development and implementation of an appropriate HIV/AIDS strategy in the workplace in the form of policy, procedures and programmes, that will help to develop a workplace environment that supports and encourages the empowerment of employees in the AIDS spectrum.
1. Where is your organization situated?
   - Buffalo City Central
   - Wilsonia
   - West Bank
   - Other

2. How many employees are employed by your organization?
   - 250-300
   - 300-350
   - 350-400
   - 400 and more

3. What is your capacity in the organization?

<table>
<thead>
<tr>
<th>Human Resources</th>
<th>Equity management</th>
<th>HIV/AIDS officer</th>
<th>Health officer</th>
<th>Other</th>
</tr>
</thead>
</table>

4. Does your organization have a formal documented HIV/AIDS policy in place?
   - YES
   - NO

5. What motivated your organization to formulate an HIV/AIDS policy?

<table>
<thead>
<tr>
<th>Government requirements</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The impact of HIV/AIDS on your organisation</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Pressure from employees</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>To be perceived as socially responsible</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
6. Has your policy been reviewed in the last twelve months?

   YES  NO

7. Does your organisation’s HIV/AIDS policy include:

   | Prevention of discrimination towards HIV infected people | YES | NO |
   | Measures to prevent the spread of HIV/AIDS               | YES | NO |
   | Grievance procedures, in line with the Code of Good Conduct | YES | NO |
   | Details of assistance and support for HIV infected families | YES | NO |
   | The means of communication within the organization on HIV/AIDS issues. | YES | NO |

8. Does your organisation do prevalence studies with respect to HIV/AIDS?

   YES  NO

9. Does your organization benchmark your HIV/AIDS strategy with other similar organisations?

   YES  NO

10. Does your organisation network with other organizations to formulate a best practice HIV/AIDS strategy?

    YES  NO

11. Does your organisation have designated people to manage the organisation’s HIV/AIDS programme?

    YES  NO

12. Has your organisation compared the financial implications of an HIV/AIDS strategy with the cost of retrenchment, recruitment and retraining?

    YES  NO

13. Has your organisation held detailed discussions with medical aid schemes to cater for the HIV/AIDS crisis?

    YES  NO
14. Who is responsible for your HIV/AIDS education and awareness programme?

<table>
<thead>
<tr>
<th>Health Consultants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resource Management</td>
<td></td>
</tr>
<tr>
<td>A cross-functional task team</td>
<td></td>
</tr>
<tr>
<td>No designated person or group</td>
<td></td>
</tr>
</tbody>
</table>

15. Have managers in your organization been trained in:

<table>
<thead>
<tr>
<th>The transmission of HIV</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td></td>
</tr>
<tr>
<td>Myths</td>
<td></td>
</tr>
<tr>
<td>Impact on organization</td>
<td></td>
</tr>
<tr>
<td>Your organisation’s approach</td>
<td></td>
</tr>
<tr>
<td>His/her role in managing HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Disease management</td>
<td></td>
</tr>
</tbody>
</table>

16. Have supervisors in your organization been trained in:

<table>
<thead>
<tr>
<th>The transmission of HIV</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td></td>
</tr>
<tr>
<td>Myths</td>
<td></td>
</tr>
<tr>
<td>Impact on organization</td>
<td></td>
</tr>
<tr>
<td>Your organisation’s approach</td>
<td></td>
</tr>
<tr>
<td>His/her role in managing HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Disease management</td>
<td></td>
</tr>
</tbody>
</table>
17. Does your organisation participate in the National HIV/AIDS promotions awareness campaigns (for example wearing Red Ribbons on AIDS day)?

YES  NO

18. What percentage of your workers has been educated on HIV/AIDS?

0 – 25 %
26 – 50%
51 – 75%
76 – 100%

19. What percentage of your managers has been educated on HIV/AIDS?

0 - 25%
26 – 50%
51 – 75%
76 – 100%

20. What content are used in educating staff?

- Symptoms of HIV/AIDS
- Impact of HIV/AIDS
- Myths
- The companies approach to HIV/AIDS
- Disease Management

21. Does your organization supply their employees with condoms on a regular basis?

YES  NO
22. Is your organization actively involved in HIV/AIDS awareness and education effort in the local community?

[YES] [NO]

SECTION D  ACCOMMODATING AND MANAGING HIV/AIDS IN THE WORKPLACE.

23. Does your organization utilize a wellness programme?

[YES] [NO]

24. Does your organization culture support a constructive approach to HIV/AIDS?

[YES] [NO]

25. Does your organization support individuals who are affected by HIV/AIDS so they can continue to work productively for as long as possible?

[YES] [NO]

26. Are the applicable unions actively involved in the organization’s efforts to fight the epidemic?

[YES] [NO]

27. Does your organization provide for voluntary counselling and testing and ongoing counselling for employees?

[YES] [NO]

28. Is management committed to the development and implementation of an HIV/AIDS policy?

[YES] [NO]
29. Is testing an option to employees?

YES  NO

30. Has your organization carried out sampling to determine the level of HIV/AIDS and related infections in the workplace?

YES  NO

31. Does your organization offer counseling?

<table>
<thead>
<tr>
<th>Before testing</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>After testing</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Thank you for your cooperation.
## FREQUENCY TABLES OF THE RESULTS OF SECTION A OF QUESTIONNAIRE

### Section A Demographics

1. Where is your organisation situated?

<table>
<thead>
<tr>
<th></th>
<th>Buffalo City</th>
<th>Central</th>
<th>Wilsonia</th>
<th>Westbank</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>%</td>
<td>7</td>
<td>47</td>
<td>33</td>
<td>13</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

2. How many employees are employed by your organisation?

<table>
<thead>
<tr>
<th></th>
<th>250-300</th>
<th>300-350</th>
<th>350-400</th>
<th>400 and more</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>%</td>
<td>53</td>
<td>0</td>
<td>0</td>
<td>47</td>
</tr>
</tbody>
</table>

3. What is your capacity?

<table>
<thead>
<tr>
<th></th>
<th>Human Resource</th>
<th>Equity Manager</th>
<th>HIV/AIDS Officer</th>
<th>Health Officer</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>%</td>
<td>47</td>
<td>7</td>
<td>13</td>
<td>7</td>
<td>27</td>
</tr>
</tbody>
</table>

Total 15
Section B HIV/AIDS Policy and practice

4. Does your organisation have a formal documented HIV/AIDS policy in place?

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>73</td>
<td>27</td>
</tr>
</tbody>
</table>

5. What motivated your organisation to formulate an HIV/AIDS policy?
   - Government requirements
   - The impact of HIV/AIDS on your organisation
   - Pressure from employees
   - To be perceived as Social responsibility

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>27</td>
<td>73</td>
</tr>
<tr>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>27</td>
<td>73</td>
</tr>
</tbody>
</table>

6. Has your policy been reviewed in the last 12 months?

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>67</td>
<td>33</td>
</tr>
</tbody>
</table>

7. Does your organisation HIV/AIDS policy include:
   - Prevention of discrimination towards HIV infected people
   - Measures to prevent the spread of HIV/AIDS
   - Grievance procedures, in line with Code of Good Conduct
   - Details of assistance and support for HIV infected families

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
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<td>11</td>
<td>4</td>
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<tr>
<td>73</td>
<td>27</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
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<tr>
<td>53</td>
<td>47</td>
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<td>9</td>
<td>6</td>
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<tr>
<td>60</td>
<td>40</td>
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<tr>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>53</td>
<td>47</td>
</tr>
</tbody>
</table>
The means of communication within the organisation on HIV/AIDS issues.

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>67</td>
<td>33</td>
</tr>
</tbody>
</table>

8. Does your organisation do prevalence studies with respect to HIV/AIDS?

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>33</td>
<td>67</td>
</tr>
</tbody>
</table>

9. Does your organisation benchmark your HIV/AIDS strategy with similar organisations?

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>67</td>
<td>33</td>
</tr>
</tbody>
</table>

10. Does your organisation network with other organisations to formulate best practice HIV/AIDS strategy?

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<td>7</td>
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<tr>
<td></td>
<td>53</td>
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</table>

11. Does your organisation have designated people to manage the organisations HIV/AIDS programme?

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Yes</th>
<th>No</th>
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<td>6</td>
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<tr>
<td></td>
<td>60</td>
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12. Has your organisation compared the financial implications of an HIV/AIDS strategy with the cost of the retrenchment, recruitment and retraining?

<table>
<thead>
<tr>
<th>Response (n)</th>
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<th>No</th>
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<tbody>
<tr>
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<td>7</td>
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<tr>
<td></td>
<td>53</td>
<td>47</td>
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</table>

13. Has your organisation held detailed discussions with medical aid schemes to cater for the HIV/AIDS crisis

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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Section C Awareness, education and training

<table>
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<tr>
<th>Question</th>
<th>Response (n)</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>14. Who is responsible for your HIV/AIDS education and awareness programme?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Consultants</td>
<td>Yes: 6</td>
<td>No: 9</td>
</tr>
<tr>
<td></td>
<td>Yes: 40</td>
<td>No: 60</td>
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<tr>
<td>Human Resource</td>
<td>Yes: 7</td>
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<tr>
<td></td>
<td>Yes: 47</td>
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<tr>
<td>Management</td>
<td>Yes: 6</td>
<td>No: 9</td>
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<tr>
<td></td>
<td>Yes: 40</td>
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<tr>
<td>Cross-functional task team</td>
<td>Yes: 3</td>
<td>No: 12</td>
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<td></td>
<td>Yes: 20</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Response (n)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Have managers in your organisation been trained in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The transmission of HIV Prevention</td>
<td>Yes: 10</td>
<td>No: 5</td>
</tr>
<tr>
<td></td>
<td>Yes: 67</td>
<td>No: 33</td>
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<tr>
<td>Symptoms</td>
<td>Yes: 8</td>
<td>No: 7</td>
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<tr>
<td></td>
<td>Yes: 53</td>
<td>No: 47</td>
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<tr>
<td>Myths</td>
<td>Yes: 7</td>
<td>No: 8</td>
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<tr>
<td></td>
<td>Yes: 47</td>
<td>No: 53</td>
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<tr>
<td>Impact on the organisation</td>
<td>Yes: 9</td>
<td>No: 6</td>
</tr>
<tr>
<td></td>
<td>Yes: 60</td>
<td>No: 40</td>
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<tr>
<td>Your organisations approach</td>
<td>Yes: 8</td>
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<tr>
<td></td>
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<td>No: 47</td>
</tr>
<tr>
<td>His/her role in managing HIV/AIDS</td>
<td>Yes: 6</td>
<td>No: 9</td>
</tr>
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<td></td>
<td>Yes: 40</td>
<td>No: 60</td>
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<tr>
<td>Disease management</td>
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<td>No: 11</td>
</tr>
<tr>
<td></td>
<td>Yes: 27</td>
<td>No: 73</td>
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</tbody>
</table>
16. Have supervisors in your organisation been trained in:
   - The transmission of HIV Prevention
   - Symptoms
   - Myths
   - Impact on the organisation
   - Your organisations approach
   - His/her role in managing HIV/AIDS
   - Disease management


17. Does your organisation participate in the National HIV/AIDS promotion awareness campaigns?

18. What percentage of your workers has been educated on HIV/AIDS?
   - 0-25%
   - 26-50%
   - 51-75%
   - 76-100%

19. What percentage of your managers has been educated on HIV/AIDS?
   - 0-25%
   - 26-50%
   - 51-75%
   - 76-100%
20. What content are used in educating staff?
   - Symptoms of HIV/AIDS
   - Impact of HIV/AIDS
   - Myths
   - The companies approach to HIV/AIDS
   - Disease management

<table>
<thead>
<tr>
<th></th>
<th>Response (n)</th>
<th>Percentage</th>
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<tbody>
<tr>
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<td>7</td>
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<td>47</td>
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<tr>
<td>3</td>
<td>12</td>
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</table>

21. Does your organisation supply their employees with condoms on a regular basis?

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<thead>
<tr>
<th></th>
<th>Response (n)</th>
<th>Percentage</th>
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<tbody>
<tr>
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<td>No</td>
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<tr>
<td>11</td>
<td>4</td>
<td>73</td>
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</tbody>
</table>

22. Is your organisation actively involved in HIV/AIDS awareness and education efforts in the local community?

<table>
<thead>
<tr>
<th></th>
<th>Response (n)</th>
<th>Percentage</th>
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<tbody>
<tr>
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<td>4</td>
<td>11</td>
<td>27</td>
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</tbody>
</table>
Section D Accommodating and managing HIV/AIDS in the workplace

23. Does your organisation utilise a wellness programme?

<table>
<thead>
<tr>
<th>Response (n)</th>
<th>Percentage</th>
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</thead>
<tbody>
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<td>6</td>
<td>9</td>
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<td>40</td>
<td>60</td>
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</table>

24. Does your organisation culture support a constructive approach to HIV/AIDS?

<table>
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<tr>
<th>Response (n)</th>
<th>Percentage</th>
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<tbody>
<tr>
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<td>13</td>
<td>2</td>
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<tr>
<td>87</td>
<td>13</td>
</tr>
</tbody>
</table>

25. Does your organisation support individuals who are affected by HIV/AIDS so they can estimate work productively for as long as possible?

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Yes</td>
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<td>13</td>
<td>2</td>
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<tr>
<td>87</td>
<td>13</td>
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</tbody>
</table>

26. Are the applicable unions actively involved in the organisation efforts to fight the epidemic?

<table>
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<tr>
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<tbody>
<tr>
<td>Yes</td>
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27. Does your organisation provide for voluntary testing and counselling for employees?

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<tr>
<th>Response (n)</th>
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<tbody>
<tr>
<td>Yes</td>
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</table>

28. Is management committed to the development of and HIV/AIDS policy?

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</table>
**Section E Testing**

29. Is testing an option to employees?

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<tr>
<th>Response (n)</th>
<th>Percentage</th>
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<tbody>
<tr>
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<td></td>
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<td>10</td>
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</tbody>
</table>

30. Has your organisation carried out sampling to determine the level of HIV/AIDS and related infections in the workplace?

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<td></td>
<td>Yes</td>
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<td>3</td>
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31. Does your organisation offer counselling?

- Before testing
- After testing

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<thead>
<tr>
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</thead>
<tbody>
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<td>Yes</td>
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