

CHAPTER 1

BACKGROUND AND DEFINITION OF THE STUDY

1.1 INTRODUCTION

South Africa's HIV/AIDS epidemic is among the worst in the world, and many businesses recognise the need to manage its impact on productivity and competitiveness. Organisations can no longer hide from the reality of HIV/AIDS. The time to think that this illness will not affect business, is long past. Projections indicate, that more than four million South Africans will be HIV-infected by 2000 and almost six million by the year 2005 (Kinghorn, 2000:22).

Currently the levels of infection continue to grow in all nine provinces of South Africa. The epidemic will result in AIDS illness and deaths mainly among the 25 to 49 years olds, the core of the workforce population in South Africa. Another important fact is, that more than two-thirds of the world's total population living with HIV/AIDS, is living in sub-Saharan Africa, the region with the fastest spreading epidemic (Van Dyk, 2000:18).

The impact of the epidemic however, remains hidden, even in areas where it has reached an advanced stage. The reasons for this, is the interim delay of the HIV infection to full-blown AIDS and ultimately to death, averaging a period of about 8 to 10 years. In addition, the stigma and fear of discrimination of a person's HIV/AIDS status, ineffective control measures, policies and plain ignorance are also contributing factors. Over the next 10 years or so, many South African organisations and businesses will begin to lose approximately four per cent of their employees to AIDS each year. Virtually every manager and his/her co-workers will be affected by the epidemic in one form or another (Kinghorn, 2000:22).

Another important fact is, that HIV/AIDS will have a huge impact on the direct and indirect costs, in order to manage the epidemic successfully. It will also affect health

care and other employee benefits in organisations across the South African business spectrum. The socio-economic impact of HIV/AIDS will also have a significant impact on the economy as a whole. Costs of many medical schemes are likely to double within the next five years, while indirect costs are likely to have the most significant impact on many businesses. The vulnerability of many businesses, however, will vary, depending on various factors such as: the type of production process; risk profile of employees and employee benefit structures. As Deputy Minister of Mineral Affairs, Susan Shabanga, stated on the HIV/AIDS epidemic: “AIDS is not only a matter of concern for the industry, it is a matter of concern for the world. Some are of the opinion that since AIDS is not a notifiable disease, employers can therefore, conveniently distance themselves from any activity because of the possibility of violating the right of privacy and confidentiality” (Anon, 2000:4).

It is, therefore, imperative that organisations with well-developed Human Resources and Industrial Relations Management strategies and programmes, will be better equipped to manage HIV/AIDS costs, impact and overall vulnerability to the epidemic. The impact that HIV/AIDS will have on the workplace, will become more and more important to all levels of businesses in the South African economic environment. Organisations, therefore, must have a direct interest in ensuring that HIV/AIDS does not unnecessarily affect costs and production. HIV/AIDS will become a reality for South African organisations for decades to come and cannot be seen as the responsibility of the government and health services alone (Kinghorn, 2000:23).

It is behind this backdrop, that organisations and businesses over all spectrums must start realising that effective management is the only way forward. The scale of the epidemic requires that management on all levels must be strategic and analytical in their thinking processes in order to allow them to approach this epidemic in the right frame of mind. In doing so, businesses will still have a competitive edge in the economic environment. The word strategy, programmes and plans, must become synonymous with the words “prevention and precaution” in respect of the HIV/AIDS epidemic.

To consider the feasibility of this study, attention will be given to the implementation, management and maintenance of such structures and strategies that will have a positive outcome for organisations in dealing with the epidemic. Aspects like government and organisational policies on HIV/AIDS, different types of structures and action programmes to be implemented advantages, disadvantages and various other contributing factors will also be explored and discussed in this thesis.

1.2 LITERATURE REVIEW

Although the concepts HIV and AIDS are closely related, there is still a noticeable difference between the two terminologies. The word “HIV” is actually a letter group for the words “Human Immune Deficiency Virus”. The “HIV” is thus a virus that attacks and causes deterioration of the body’s immune system. The immune system is the body’s natural defence against infections and illnesses, for example the influenza virus or common cold. The HIV-virus is, therefore, the virus that is directly or indirectly responsible for the main cause of AIDS (<http://www.shcom.com/stopAIDS/htm>).

Although AIDS is also used as an acronym, its meaning becomes clear once one really understands its descriptive definition. Just like HIV, AIDS also have a role to play in a person’s immune system, actually a bigger role than HIV. AIDS stands for the words: “Acquired immune deficiency syndrome”. From the above description, we can make the following logistic assumptions: A person first has to acquire the HIV virus, before he/she can be infected by full-blown AIDS, which affects the body’s immune system in respect of common illnesses, such as colds or influenza. We can also conclude, that it must be acquired before it can be transmitted from one person to another from an outside source. It is a syndrome which implies, that a number of common symptoms will be present in the same way as would a person have who has contracted the common cold or influenza.

Descriptive definitions on HIV and AIDS can now be formulated relating as deduced from the information above. HIV is: “A virus that attacks and destroys the body’s immune (defence) system against infections and diseases” (<http://www.shcom.com/>

[stopAIDS/htm](#)). Another definition describes the virus as: a specific kind of germ called the HIV - human immune deficiency virus. The HIV invades the immune system and destroys it by killing the white blood cells that safeguard the body against illnesses (Visagie, 1999:1).

AIDS, however, can be defined as: “A syndrome (symptoms) that is transmitted from an outside source (person, needle or blood transplant) that affects the immune system, and causes a deficiency in the body’s natural defences against illnesses and diseases.” (<http://www.shcom.com/stopAIDS/htm>) or it could also be described as follows: “An immune deficiency meaning that the body’s immune system is incapable of functioning as a protective barrier against disease. A syndrome is comprised a group of symptoms or illnesses originating from one cause” (Visagie, 1999:1).

During the last two decades the spread of HIV/AIDS has become more intense and has exerted great strain on developing countries economies, such as that of South Africa. The simple truth is, that HIV/AIDS will become an issue that organisations and employees shall have to deal with on a daily basis as an integrated part of their daily management process. Therefore, organisations must adopt proper action programmes, action plans and implement sufficient structures and strategies that must be successful in managing and minimising the impact that the epidemic will have on the socio-economic development of the country. Attention must also be given to certain criteria that are necessary to analyse, evaluate and implement, such as action programmes, structures and strategies. Each organisation, however, will require a different strategy or action programme while the needs for globally competitive organisations will differ dramatically from a small to medium size business. Attention must thus be given to the term “strategy” or “plan of action”.

The word “strategy” implies the following. It is an action of choice in a changing environment, with the considerations of the organisation’s ability. The word “strategy” can also relate to a plan that links the available resources with the future possibilities of outcomes in a specific market or market environment. However, before a strategy can be implemented, a thought process or some sort of strategic thinking must first take place. This is primary the responsibility of managers in key

positions within organisations in order to identify and evaluate such plans for implementation. This action is the so-called “thinking process” or “strategic” thinking process. It involves the whole thought process to create a strategic plan or plan of action (Kroon, 1997:35).

Alternatively, an action plan or plan of action could be seen as: “The fundamental element of management that determines what an organisation proposes to achieve and how it should go about doing so” (Cronje, 1997:116). It is, therefore, necessary that an existing plan of action or proposed plan of action does not succeed in attaining the predetermined objectives, or should some new objectives be established.

It is absolutely imperative that organisations must be clear in their strategic way of thinking and doing so, that sufficient structures, strategies, action plans and programmes can be implemented efficiently and effectively in dealing with the HIV/AIDS epidemic. Certain criteria will be evaluated and analysed in order to determine if a particular strategy will be considered effective or not. These criteria are essential for the success and survival of the organisation in the long term. The important roles all stakeholders have to play in fighting the epidemic, will also form a crucial part of the study. Management is, therefore, confronted with various options in determining strategy or action programmes that will effectively manage and control the HIV/AIDS epidemic in the workplace.

The empirical part of the study will, therefore, focus on suitable and concrete strategies and plans of action available for the effective management of HIV/AIDS in the workplace. Government legislation and policies on the subject and all relevant role players input on the management and control of the epidemic will also be discussed. The attitudes and perceptions of employees and organisations will also be highlighted.

1.3 BACKGROUND AND IMPORTANCE OF THE STUDY

HIV/AIDS is a stark reality. Organisations can no longer sit on the sideline and hope that “the problem” will go away. Intensive action plans and reactive management

philosophies are needed to combat and manage the devastating illness. A controlled scientific study carried out by government over a nine-year period, has shown that the general South African public has been affected to such an extent, that HIV/AIDS will have a significant impact on the entire business industry. The infection rate in the country is currently in the region of 18 to 20 per cent of the sexually active population.

The epidemic has already reached the level where it will seriously affect the production capacity of the country. The average life expectancy in South Africa is expected to fall from 60 years to around 40 years between 1998 and 2008. Towards the end of 1998, 50 per cent of all new infections in Southern Africa that occurred that year, was in South Africa, and were catching up with neighbouring countries such as Botswana, Namibia, Swaziland and Zimbabwe (Moore, 1999:3). It is estimated that, by 2005, nearly one in five workers in South Africa will be HIV positive. The way organisations and industries tackle the many issues AIDS raises in the workplace, will ultimately determine whether South African organisations will remain productive beyond the next decade. However, the disease is such, that the effects are still largely invisible. The extent of this impact is so vast, that is hard to comprehend even when communicated scientifically. For example, if the correct treatment approaches were used to treat those people who are currently HIV-positive and who in the next four years will be suffering from full-blown AIDS, the cost alone would exceed the current national health budget (Anon, 2000:1).

The effect that HIV/AIDS will have on the country's resources and economic development is enormous. It is not the fight of government and health sectors alone. Organisations and businesses in all sectors must unite and must have a common goal to square up the epidemic. This would mean that organisations would have to make an impact study or formulate a damage assessment contingency plan in order to ascertain the possible impact of the HIV/AIDS epidemic within the workplace. Organisations that are implementing a well-structured action programme and strategy by using standard practices, will show better results, even if they were to compare to global benchmarks or trends. The truth however, is that the impact of the epidemic is

not related to only organisational internal labour markets, but also to the external customer market, thus affecting profits on all sides.

The fact is, that HIV/AIDS will become an issue that management will have to deal with on a daily basis. Ignore the issue, and it will kill business (Anon, 2000:2). It is, therefore, absolutely imperative, that management play an active role in formulating suitable strategies for the implementation on the short, medium and long term. The importance of the study lies in the investigation and implementation of cost-effective ways and methods to reduce the HIV/AIDS impact on the economy and more importantly, in the workplaces of businesses. More effective management methods are needed to positively impact on employees and operation processes within the business environment. Comprehensive responses to the implementation of action programmes and cost-effective strategies, will benefit businesses directly and will have wider benefits in communities and society at large (Kinghorn, 2000:23).

The socio-economic impact that HIV/AIDS will have over the next decade, will surely test the management ability of many organisations. Management has an active role to play in the formulating, implementing and maintaining of HIV/AIDS policies, procedures and action plans. Organisations must be seen as part of a greater alliance between other role players like government and trade unions, in order to combat the epidemic on all fronts of the labour market. The central focus of the study can, therefore, be seen from the perspective of management to identify and formulate effective structures, strategies and action plans to combat the HIV/AIDS epidemic within the workplace of organisations, together with other important role players.

1.4 DEFINITION OF THE RESEARCH PROBLEM

From the above, it is clear that there is a need for organisations to become more actively involved in the management of HIV/AIDS in the workplace. It has become an issue that cannot be ignored any more. From this viewpoint, certain research problems can be identified.

- Why is it necessary for businesses to become more actively involved in the management of HIV/AIDS?
- Are there effective and sufficiently structured policies and action programmes in place currently to manage the HIV/AIDS epidemic successfully (if any)?
- Are organisations really aware of the impact that HIV/AIDS will have on their resources and the ability for future growth and development?
- What strategies and programmes are already in place and are these strategies and action programmes successful to combat the epidemic (if possible)?

1.5 PURPOSE OF THE STUDY

The main purpose of the study is to investigate and determine an effective management strategy towards the management and control of HIV/AIDS in the workplace; more specifically, to investigate and explore the following aspects relating to the HIV/AIDS epidemic.

- The socio-economic impact of HIV/AIDS in South Africa.
- The investigation and analyses of effective structured policies, action programmes and strategies to manage HIV/AIDS more effectively.
- The positive and negative implications that HIV/AIDS will have on the business environment.
- The role that organisations and management have to play in order to allow these to manage the HIV/AIDS epidemic more effectively.
- The responsibility that the various role players have towards the implementation and maintaining of reactive management practices towards the management and control of the HIV/AIDS epidemic.

1.6 OBJECTIVES OF THE STUDY

One primary, and five secondary objectives have been identified for this particular research study.

Primary objective.

- Investigating and analysing strategies, action programmes and policies for the effective management and control of HIV/AIDS in the workplace.

Secondary objectives.

- (1) Measuring the impact of HIV/AIDS in the workplace.
- (2) Measuring the effective management of the HIV/AIDS epidemic in the business environment.
- (3) Measuring the role of management in order to combat the disease.
- (4) Measuring existing action programmes and strategies for successful implementation within the workplace.
- (5) Measuring the success rate of these action programmes, policies and strategies for the organisation (if possible).

1.7 METHOD OF THE STUDY (RESEARCH METHODOLOGY)

The study consists of a literature study, as well as an empirical study and personal interviews.

The three different approaches can be outlined as follows.

Personal interviews

Personal interviews have been conducted to determine general trends and impressions towards regarding HIV/AIDS action programmes, procedures and strategies. This, in turn, will be an aid in the process of compiling the relevant questionnaire.

Literature study

A literature study has also been compiled on the relevant subject of study so as to provide a better insight into the research problem and the necessary background to

guide the empirical part of the study. Apart from the information obtained from textbooks, other sources will be consulted in order to obtain the information needed for this particular study. Sources such as journal articles, magazines and Internet will be consulted. Statistics and other relevant information will also be used during the study.

The Harvard Method of source referencing and acknowledgement will be used. Footnotes will not appear on the bottom of each page; instead quotations and references are specified directly after the particular quotation of reference.

Empirical study

The literature study is followed by an empirical study.

Interviews conducted, include:

- HR managers and officials responsible for the formulation and the maintenance of various HIV/AIDS structures, action programmes and statistical reports.
- Medical officers, Occupational Health nurses and EAP advisors responsible for the implementation of such HIV/AIDS action programmes and strategies.

A number of industrial organisations (with a minimum of 500 or more employees within the Vaal Triangle Region) will be targeted according to the random sampling method. A questionnaire will also be compiled. The questionnaire will be compiled in order to allow the researcher to achieve the primary and secondary aims of the study. The questionnaire will consist of three sections.

Section A: General and demographic information.

Section B: Information concerning the evaluation of existing HIV/AIDS policies and structures by the relevant organisation in question.

Section C: Information regarding the evaluation of specific statements/factors that have an influence on policy and structure formulation/implementation within the workplace.

Respondents will remain anonymous, ensuring greater objectivity.

1.8 DEMARCATION AND LIMITATIONS OF THE STUDY

The area of study includes the major industrial organisations that operate within the Vaal Triangle. Emphasis is thus placed on the major industrial organisations with 500 employees and more within the area of study. The Vaal Triangle, as far as the scope of this study is concerned, consists of the following towns: Vereeniging, Vanderbijlpark, Sasolburg, Meyerton and Carletonville. The study will include Sasolburg as its being functionally and economically inter-linked with this particular region's economic activities, and should be interpreted as such.

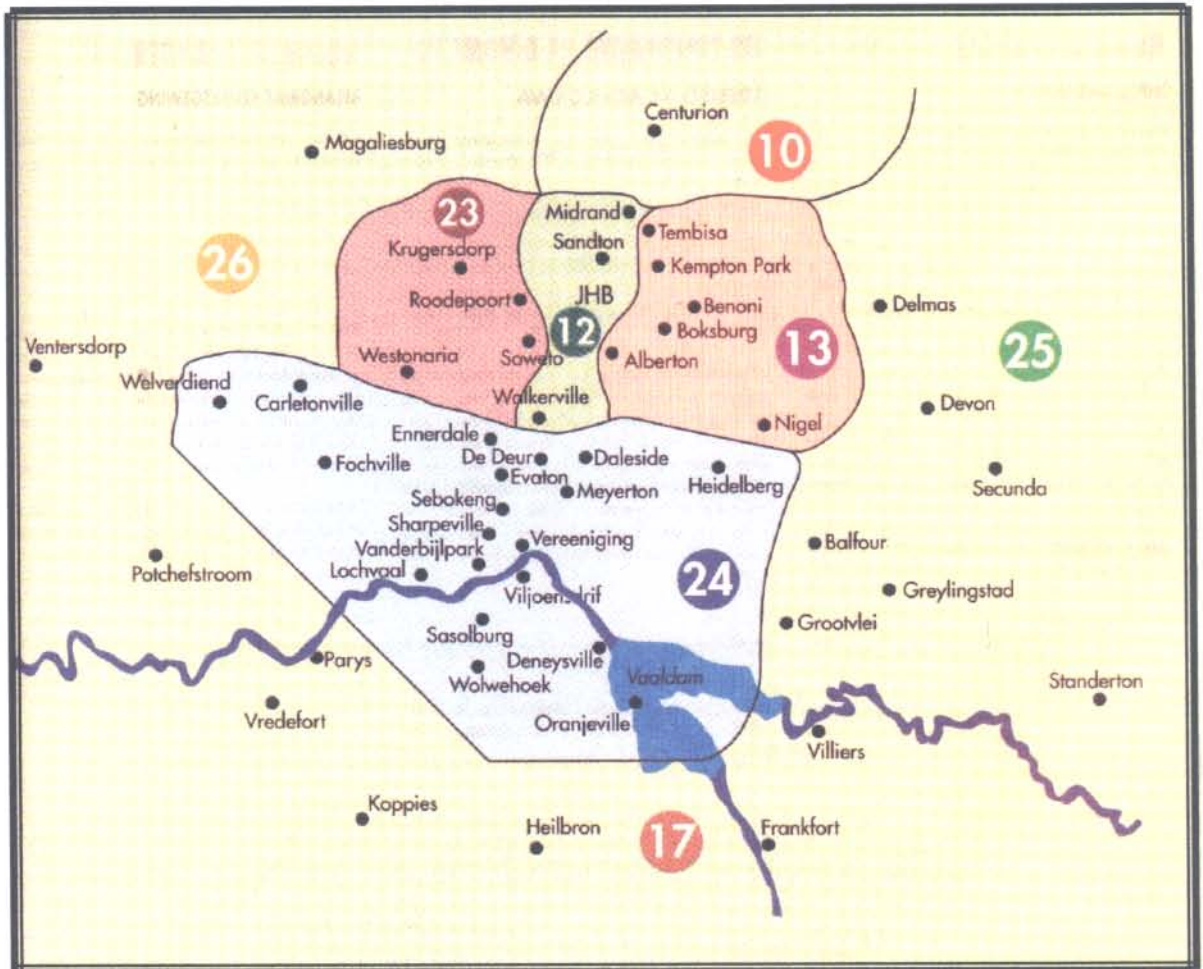
The following can be regarded as major limitations to the study.

- HIV/AIDS figures and statistics available, are representative of South Africa and do not reflect the Vaal Triangle trend.
- This area of study does not represent the entire workforce of the South African economy, but only a certain percentage of the economic active population within the particular region of study.

Figure 1.1 to follows on p.12.

Figure 1.1: Map of study area

VAAL TRIANGLE AREA – 24



Legend:	10	Pretoria	17	Free State	25	Mpumalanga
	12	Johannesburg	23	West Rand	26	North West Province
	13	East Rand	24	Vaal Triangle		

1.9 STRUCTURE OF THE STUDY

The research study consists of eight chapters, the content, which could be summarised as follows.

Chapter 1: Background and Definition of the Study

This chapter comprises the introductory section of the study. Background is provided, while the importance and the purpose of the study are clearly stated. The scope of the study is discussed, as well as the importance for such a study and the need thereof. Reference is also made to certain major limitations that may have an influence on the outcome of this particular study.

Chapter 2: Theoretical Perspective and Impact of HIV/AIDS in South Africa

This particular chapter will focus on the need for action to be taken against the impact of HIV/AIDS in South Africa. It will also focus on the history and spread of the HIV/AIDS epidemic over the last decade, together with the socio-economic impact it will have in South Africa, as well as on some Southern African countries globally. The need to control and manage the spread of the disease within the micro-environment, will also be discussed.

Chapter 3: South African Businesses and the HIV/AIDS Threat

Chapter 3 will focus on the need for organisations, especially the private sector organisations, to get actively involved in the management and prevention of the spreading of the disease within the workplace. The different role players and their responsibilities will also be discussed. Attention will be given to the direct and indirect costs of managing the disease within the working environment, as well as the legal implications in managing the illness. The chapter will end with a short discussion on different structures to combat and manage the impact of HIV/AIDS in South Africa more effectively.

Chapter 4: *Analysing Structures/Strategies and Action Programmes for the Effective Management of HIV/AIDS in the Workplace*

In this chapter various structures, strategies and action programmes will be identified and analysed according to certain criteria and guidelines. Certain strategic models, their significant and functions for businesses, will be identified and discussed by means of practical case studies. The role that management has to play in the management and implementation of well-structured strategies and action programmes, will also receive attention.

Chapter 5: *Implementing a Strategy for the Effective Management and Control of HIV/AIDS*

After the evaluation and analysis of a number of alternative action programmes and strategic plans in Chapter 4, this particular chapter will focus on the importance, function and necessity of and for a suitable and sustainable broad national strategy and action plan for the implementation by management of organisations across the business spectrum. Again attention will be given to certain criteria and principles necessary for the effective implementation and management of these so-called success strategies and action plans to manage HIV/AIDS more effectively.

Chapter 6: *The Empirical Perspectives towards the Implementation of Suitable Strategies and Action Programmes on HIV/AIDS*

This chapter will focus on the empirical part of the study. Various statistical methods and techniques used and applied during the scope of the study will be identified and discussed in detail. The chapter will also aim at the reliability and validity of the study in question and the importance thereof.

Chapter 7: *Research Findings*

Chapter 7 will explain all the research findings by means of descriptive research; reliability tests and cross tabulations and other graphical explanations relevant to the study.

Chapter 8: *Conclusion and Final Recommendations*

In this chapter conclusions and recommendations regarding the implementation of suitable strategies and action programmes on HIV/AIDS will be discussed and highlighted.

1.10 TERMINOLOGY

Terminology used within the scope of the study includes the following.

Affected employee: An employee who is affected in any way by HIV/AIDS e.g. if he/she has a partner or a family member who is HIV-positive.

AIDS: 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 system have ceased to function properly as a result of infection with HIV.

CD4 counts: The CD4 lymphocyte cell count is a measure of the cumulative damage caused to the immune system by infection with HIV.

Epidemiology: Relating to the study of disease patterns, causes, distribution and mechanisms of control in society.

HIV: HIV is the letter group representing “human immune deficiency virus”. HIV is a virus, which attacks and may ultimately destroys the body’s natural immune system.

HIV testing: Taking a medical test to determine a person's HIV status. This may include written or verbal questions, inquiring about previous HIV tests; questions related to the assessment of 'risk behaviour' (for example questions regarding sexual practices, the number of sexual partners or sexual orientation); and any other indirect methods designed to ascertain an employee's or job applicant's HIV status.

HIV positive: Having been tested positive for HIV-infection.

Infected employee: An employee who has tested positive for HIV or who has been diagnosed as having HIV/AIDS.

Informed consent: A process of obtaining consent from a patient, which ensures that the person fully understands the nature and implications of the test before giving his or her agreement to it.

Pandemic: A global or very widespread epidemic such as that of AIDS

Policy: A document setting out an organisation's position on a particular issue.

Pre- and post- test counselling: A process of counselling which facilitates an understanding of the nature and purpose of the HIV test. It examines what advantages and disadvantages the test holds for the person and the influence the result, positive or negative, will have on them.

Reasonable Accommodation: Any modification or adjustment to a job or to the workplace, that is reasonably practicable and that would enable a person living with HIV or AIDS, to have access to or participate in or advance in employment.

STD's: Letter group representing "sexually transmitted diseases". These are infections passed from one person to another during sexual intercourse, including syphilis, gonorrhoea and HIV.

Surveillance Testing: This is anonymous, unlinked testing done in order to determine the incidence and prevalence of disease within a particular community or group so as to provide information on the control, prevention and management of the disease.

1.11 ABBREVIATIONS

(Ordinary contractions, letter groups and acronyms)

Abbreviations used within the study, are presented in alphabetical order and include the following.

AIDS	Acquired Immune Deficiency Syndrome
ARP	Anti-Retroviral Therapy
ATICC	AIDS Training Information and Counselling Centre
ATT	AIDS Task Team
BHF	Board of Health Funders
CBO's	Community-based Organisations
CDC	Community Development Council
CEO	Chief Executive Officer
CGE	Commission on Gender Equality
CONTRALESA	Congress of Traditional Leaders of South Africa
DG's	Director-General Forums
DOE	Department of Education
DOH	Department of National Health
DOJ	Department of Justice
DOL	Department of Labour
DOW	Department of Welfare
EAP	Employment Assistance Programme
EC	Eastern Cape
EU	European Union
FS	Free State
GCIS	Government Communication and Information Systems
GDP	Gross Domestic Product
GP	Gauteng

HCW	Health Care Worker
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HR	Human Resources
HRC	Human Rights Commission
HSRC	Human Sciences Research Council
IDC	Interdepartmental Committee
IDU	Transmission through Drug Use
IEC	Information, Education and Communications
ILO	International Labour Organisation
IMC	Inter-Ministerial Committee
KAP	Knowledge, Attitudes and Practices
KR-20	Kuder Richardson 20 formula
KZN	Kwa-Zulu Natal
MEC's	Member of Executive Committee
MET	Multi-Employer Trust
MINMEC	Ministry for Members of Executive Council
MOH	Ministry of Health
MP	Mpumalanga
MRC	Medical Research Council
MSM	Men who have Sex with Men
MTCT	Mother-to-child Transmission
NAC	National AIDS Council
NACOSA	National AIDS Co-ordinating Committee of South Africa
NAPWA	National Association of People Living with HIV/AIDS
NATOP	National AIDS Training and Outreach Programme
NC	Northern Cape
NGOs	Non-Governmental Organisations
NP	Northern Province
NPPHON	National Progressive Primary Health and Organisation Network
NW	North West
PHRC	Provincial Health Restructuring Committee
PPE	Personal Protective Equipment

PWA	People living with HIV infection or AIDS
RSA	Republic of South Africa
SA	South Africa
SABS	South Africa Bureau of Standards
SADC	Southern African Development Counsel
SAIMR	South African Institute of Medical Research
SALC	South African Law Commission
SAMA	South African Medical Association
SANAC	South African National AIDS Council
SANC	State Antenatal Clinics
SANDF	South African Defence Force
SAPS	South Africa Police Service
SAS	Statistical Analysis System
SHE	Safety Health and Environmental
SPSS	Statistical Programme for Social Sciences
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
UN	United Nations
UN-AIDS	Joint United Nations Programme on HIV/AIDS
US	United States
US-AID	United States Aid International Distribution
VCT	Voluntary HIV Counselling and Testing
WC	Western Cape
WHO	World Health Organisation

1.12 SYMBOLS

Symbols used within the scope of study include the following.

Σ	(summation) take the sum of
χ^2	chi-square statistic
α	(alpha) level of significance or probability of a Type I error
F	F-statistic

$F(x)$	cumulative distribution function of a random variable X
$K-1$	Number of degree of freedom
N	sample size
P	sample proportion
r	sample Pearson correlation coefficient
S	sample standard deviation
S^2	sample variance (inferential statistics)
μ	(mu) population mean
V	variance of a random variable
W	population or universe
X	random variable
\bar{x}	sample mean

1.13 GENERAL

- Annexures are proved at the back of this thesis.
- The Harvard method for source references will be used.
- Tables and figures are placed on relevant pages in this thesis.
- Questionnaires will be provided as an annexure at the back of this thesis.
- Where no sources are mentioned, it refers to own research.
- If reference is made only to the year, emphasis is placed on the general impression of the author.