

Abstract

This paper deals with the effects of HIV/AIDS in the workplace in South Africa. A research paper conducted by the University of Witwatersrand and South African Information website were used as a source of reference for this paper.

Interview or research outcomes

The research aims to reveal effects of HIV/AIDS in the workplace in South Africa. The research also aims to answer the following questions:

- What are the employees attitudes towards HIV/AIDS in the workplace
- Does the employer have any policies on HIV/AIDS?
- To what extent are these policies implemented?
- What are the benefits and costs of workplace HIV/AIDS interventions other than treatment?
- Are workplace-based interventions efficient, compared to community-based interventions?
- According to the Wits Research Institute, of the 159 respondents that were interviewed, the following was noted:
 - Fifty employers had an HIV/AIDS policy
 - Eighty five trade unions participated in the formulation of HIV/AIDS policy.
 - Twenty four employers had distributed copies of HIV/AIDS policies to employees.
 - There are laws addressing unfair labour practices, which apply to the question of HIV/AIDS in typical workplace. However, the implementation of these laws is inadequate and needs to be scaled up.
 - Domestic workers are aware of HIV/AIDS but need educational and Behavioral interventions tailored to their needs.
 - HIV/AIDS is a serious challenge to nurses and emergency personnel such as paramedics etc.
 - It was also discovered that soldiers, police & teachers make up a category of civil servants that is hit by HIV/AIDS the most.

This paper concludes that companies and government are directly affected by the effects of HIV/AIDS in the workplace and should work with the employees to devise a proactive approach in trying to curb the effects of HIV/AIDS in the workplace.

Introduction

South Africa is known as the country with the highest number of people that are infected & affected by HIV/AIDS in the World. According to the UNAIDS report released in 2008, HIV/AIDS remained a major challenge facing South Africa due to the highest number of people living with the virus. The report also confirmed that the country also had the highest number of people on treatment globally. HIV/Aids has a significant impact on business, not only causing costs to escalate and markets to contract but also damaging the societal wellbeing that is essential for a healthy economy.

For anyone doing business in South Africa, 10-40% of the workforce is likely to be infected with HIV. But the impact and potential impact of HIV/Aids varies greatly from one company to the next. Labour and capital-intensive industries as well as those with high Labour mobility are most affected. Research shows that if companies invest in prevention and treatment programmes, the savings outweigh the costs. Providing care and treatment for HIV positive employees can reduce the financial burden of HIV/AIDS by as much as

40%. In South Africa the mining, metals processing, agribusiness and transport sectors are most affected by the pandemic with more than 23% of employees infected with HIV/AIDS. Prevalence rates are also higher among skilled and unskilled workers than among supervisors and managers.

Materials and Methods

Methods of Data collection

Research conducted by the University of Witwatersrand School of Social Sciences and WITS Research Institute were used as source of reference, (Pilot Study Into Effects of HIV/AIDS in the Workplace, focus groups and questionnaires were used). The South African Business Coalition on HIV/AIDS (SABCOHA) website was also used as another source of information.

Background Variables

Formal Sector, Small Medium and Micro Enterprises (SMMEs), Public Sector and Service industries were the focus areas of our research. Respondents were not chosen on the basis of demographic variables of age, sex, occupation etc. but a sample of working people was drawn from the background variables.

Attitudes towards HIV/AIDS in the workplace

Of the twenty people that we interviewed we concluded that employees still do not have access to the right information concerning HIV/AIDS in the workplace. People do not understand their rights to seek help and counseling and are scared of being victimized should they divulge their HIV positive status to the employer. Quite a number of respondents still view HIV/AIDS in light of the stigma and myths associated with the disease.

The research found that 62% of the respondents had a positive attitude towards people living with HIV/AIDS. Only 6% of variance in attitude towards people living with HIV/AIDS was explained by a full model including company, geographic area, level of education, whether or not participants were managers and if they were peer educators. The CHP research revealed that stigma and discrimination is not constituted as a problem. The research revealed that one person who was living with HIV/AIDS and who was employed by a certain company as a PLWHA did not trust the benefit system and obtained anti-retroviral drugs from the public sector. Her position was untenable and she subsequently resigned.

It was also revealed in the research that that there is still substantial resistance to workplace programmes on HIV/AIDS. One person in that company said to the researcher “please do not bring an HIV-positive person here; I won’t know what to do and what crockery to use”. I will not work bare feet here again. Another person said “please do not talk about AIDS, it makes me scared”. Stigma and discrimination are certain barriers to any response to HIV/AIDS in the workplace. The control measures in companies are hampered by employee concern regarding stigma, discrimination and inadequate management of information regarding the understanding of medical benefits. There is a behavioral component where employees are under-enrolling for disease management programmes.

Beliefs

The majority of participants thought they were at low risk of acquiring HIV (mean = 2.5; maximum = 10). Only 7% of variance in risk was explained by a full model including age, sex, geographical area and relationship status.

Policies in place to address HIV/AIDS in the workplace

As per Wits School of Business and Wits Research Institute, “The development of policies that deal with HIV/AIDS in the workplace should be a consultative and participatory process where all stakeholders are involved. Shop stewards should participate in the development of workplace HIV/AIDS policies and be involved in the establishment of workplace HIV/AIDS committees.” However, out of the 302 shop stewards interviewed by the Wits Research Institute only 159 said they had an existing HIV/AIDS workplace policy. About half of these shop stewards reported that their unions had been involved in policy development.

It was also noted that some shop stewards did not know whether their employer had an HIV/AIDS policy or how to formulate one in the workplace.

It is important to note however that the state has responded with a tight body of labour legislation to ensure non-discrimination, fair treatment of people with HIV/AIDS and a safe working environment in the workplace. It has also published an extension Code of Good Practice on Key Aspects of HIV/AIDS and Employment to guide workplace policies and programmes.

The trade union federations have been very active and vocal at the national level. Coast has developed guidelines for shop stewards and also formed alliances with NGOs. Individual unions like the National Union of Mineworkers (NUM) and the South African Textile Workers Union (Sactwu) have actively engaged employers on the issue of HIV/AIDS. The response from employers has been varied. Employers’ organisations like Business South Africa are involved at a national level and view HIV/AIDS as a strategic business issue. However, at the individual employer level HIV/AIDS is not always seen as strategic or economic issue and the responsibility is often left to human resources departments. There is a substantial awareness and there are many programmes dealing with testing, prevention, care and counseling.

One of the most active areas has been that of employee benefits led by medical aid schemes and pension funds that have assessed the risk of HIV/AIDS. Many employers have contained direct costs through restructuring employee benefits. A lot of companies are undertaking research and developing policies and programmes but much of information remains outside the public domain.

Leaders in the field have been the mining companies which have been particularly transparent regarding the HIV prevalence in the sector and innovative in developing strategies to manage the epidemic. Other leaders in the field include the automotive manufacturers like Daimler-Chrysler & Ford and parastatals like Eskom.

Data Analysis

A total of 179 respondents was included in the final sample, divided as follows, 159 from the research conducted by the WITS School of Business and 20 being the respondents that we interviewed to achieve the objectives of the research. Respondents were not chosen on the basis of demographic variables of age, sex etc. but a sample of working people was drawn from the background variables for the research. The respondents were chosen from a population of the Formal Sector, Small Medium and Micro Enterprises (SMME’S), Public Sector and Service industries.

The statistical analysis of the research does reveal some trends of how companies are responding to HIV/AIDS within workplaces. The domain of responsibility for HIV/AIDS within companies remains with HR and as such it is at a lower level within companies which may not have timeous access to corporate leadership access to corporate leadership.

There is decreased responsibility on the part of trade unions for HIV/AIDS within companies. This is of concern as their absence does not facilitate engagement of the full workforce in dealing with this issue and also does not facilitate horizontal and participatory approaches. It is difficult to quantify the impact that the workplace policies and prevention programmes have besides looking good on paper.

It would be useful to learn from methodologies adopted by groups such as Soul City to measure how successful and cost effective the prevention activities are. There is increased measuring of the impact of absenteeism and in particular recording and monitoring of it for payroll purposes. This could be a possible sign of impact and needs further investigation. Enabling infected and affected people to continue working productively within their companies is key to sustainable and viable economy. By limiting affordable access to treatment, this goal is severely compromised. The visibility of the disease has increased and there is an increase in personal experience with more people reporting knowledge of HIV-positive persons within their companies or someone leaving or dying in their companies from HIV/AIDS.

Results

In conclusion it was discovered that companies do not perceive HIV/AIDS as a priority, hence some companies do not have HIV/AIDS policies and those that have the policies do not implement them. This is because most do not see an economic or business impact. Each role player in the form of government and trade unions has higher priorities and the role played by the trade unions is very minimal. In addition, there is a concern about the impact of the government's roll out of antiretroviral drugs. Many companies may look to shifting the burden onto the state and use state inefficiency as an excuse for a slow response. We also discovered that the HIV prevalence among contract workers is higher than among permanent employees. There is a higher HIV prevalence in lower paid than higher paid occupations.

According to a Public Lecture delivered at Tshwane University of Technology by the South African Minister of Health Dr Aaron Motsoaledi, HIV/AIDS and Tuberculosis contribute a combined 34.6% of the total proportion of deaths in South Africa with HIV/AIDS contributing 30.9% and Tuberculosis contributing 3.7%. The HIV prevalence rate peaks between ages of 30 & 39 in men and among women it peaks at a lower age. There are sectoral differences, for example the HIV prevalence in the financial services sector is lower than in retail which is lower than manufacturing which is in turn lower than in mining.

According to Bruton (2002) at the level of the workplace, the impact of HIV/Aids will affect productivity, competitiveness, profitability and service delivery.

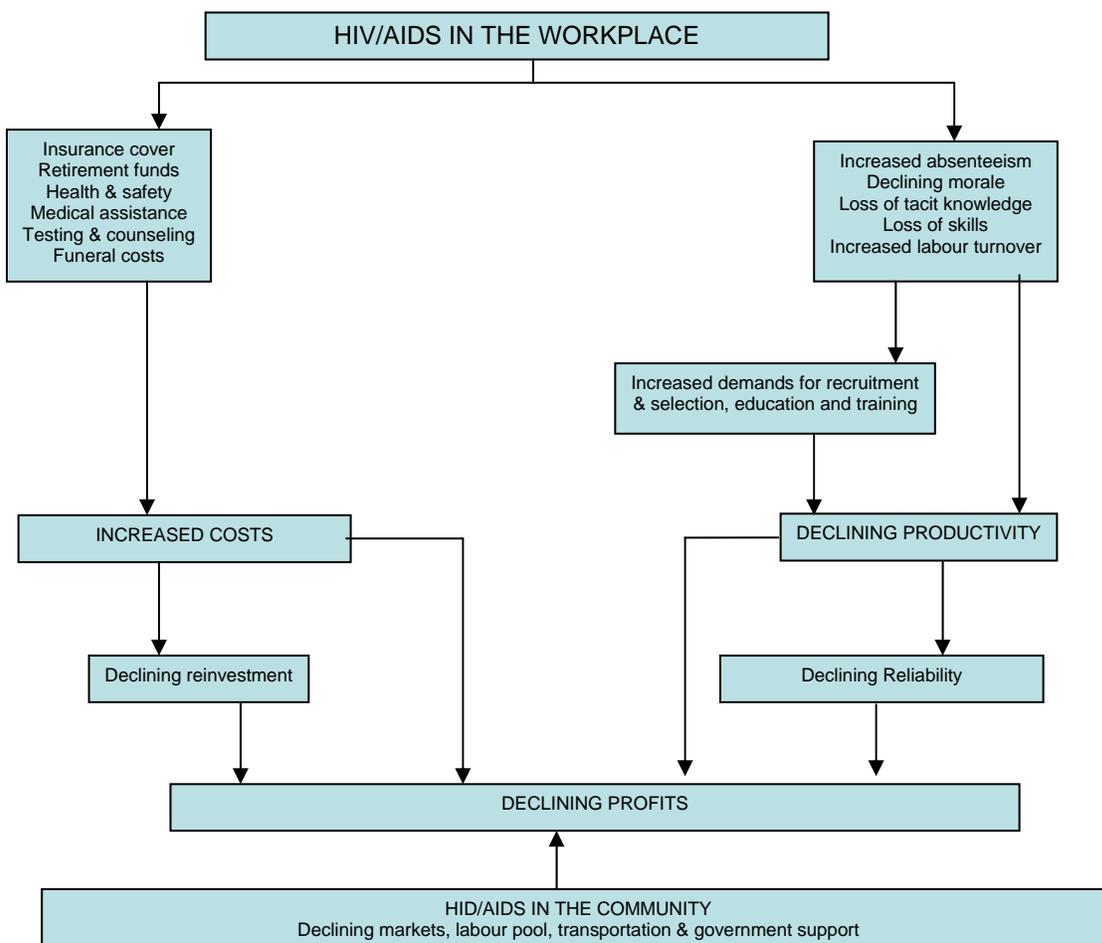
The other effects of HIV/AIDS in the workplace will be absenteeism, accident rates, deaths, early retirement, disability retirements, industrial disputes and emigration. We are also likely to see increased costs related to increased employee benefits in the form of group life insurance, pensions, funeral benefits and medical aid increases. Employees dying & retiring early will need to be replaced with increased education and training costs. More trainees might need to be employed and more employees might need to be employed to cover for absenteeism. Metropolitan Life stated in 2002 that employee benefit costs will have doubled by 2005 and tripled by 2010.

Because skilled employees are dying & retiring early because of HIV/AIDS therefore there will be greater competition for skilled workers so remuneration is likely to rise. This could increase the wage differentials. There will be increased costs to company clinics and greater support will be required to the community. HIV/ AIDS in the workplace could impact on employment equity programmes and an increase in the number of foreign employees recruited. There will be declining employee morale, loss of experience, loss of

skills, loss of workplace cohesion and loss of management time. Competitiveness will be compromised as production targets are not met, delivery times become erratic, quality is unstable, the cost of production increases and selling prices increase in order to attempt to maintain profitability. Trade unions could mobilise around HIV/AIDS and HIV/AIDS linked tensions could lead to a strain in labour relations. Companies will find it difficult to access either foreign capital or internal capital as domestic savings decline and the cost of capital increases.

The business environment could be affected as government departments become less efficient, infrastructure deteriorates and government spending is diverted. It is possible that policing will become less effective and crime will increase subsequently. Social systems are likely to be stressed, with a reduction in social capital, increases in discrimination and disruption in the social relations of production. The business environment will deteriorate as both private and public sector organisations are unable to deliver products and services.

Below is a UNAIDS impact of HIV/AIDS on the workplace:



Recommendations

HIV/AIDS should not be constituted as a stand alone discipline but requires intensive & extensive interdisciplinary on the part of the researchers. It is also clear that the research must remain firmly grounded in the solving of problems. This can only be achieved if researchers interact and work with all the relevant stakeholders and maintain critical evaluation and independence of all interests. The role of donors in funding this work needs

to be encouraged. There is a clear need for researchers in this field to collaborate. This involves working across disciplinary lines in conceptualizing, conducting, analyzing & disseminating research. There is also a need for collaboration between the full ranges of stakeholders involved in HIV/AIDS in the workplace. There is a strong need to make data available to other researchers. An exercise to explore the possibilities of information sharing needs to be undertaken.

While the understanding of the impact of HIV/AIDS in the workplace remains limited, understanding is even more limited when it comes to the impact and effectiveness of workplace responses to HIV/AIDS. This lack of monitoring and evaluation is a major gap that requires urgent research attention. There is clearly a need to establish best practice or regulation and ensure that it is adhered to by all those involved. This includes the development of meaningful corporate reporting and the development of guidelines for consultants and service providers.

During the research it was also discovered that some problems were well understood but what is required are sustainable solutions. These areas include: delivery mechanisms for HIV/AIDS workplace programmes appropriate for SMMEs, the public sector, & service industries; integrating antiretroviral treatment within workplace programmes and with the state roll-out programme; using voluntary counseling & testing (VCT) as a monitoring tool as well as an intervention; tackling stigma and promoting PLWHA beyond tokenism in the workplace; involving traditional healers, NGOs & other marginal role players and developing a mechanism to reach vulnerable groups of workers.

The critical engagement of the research with workplace HIV/AIDS problems is of utmost importance. The critical engagement position is not always easy and requires supportive measures among researchers in this developing field at the very least. It is also recommended that management information systems need to be established to monitor HIV/AIDS.

There is also a need to increase access to STI treatment, female condoms, voluntary testing, treatment and care programmes and to form partnerships with the public health sector. Large workplaces need to look at vertical integration to forge partnerships and programmes & opportunities exist to mobilise union leadership.

References

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