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Hiv/Aids Is An Epidemic: Empirical Assessment Of The State Of Affairs In A Developing Country

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HIV/AIDS is an epidemic; businesses recognise the need to manage its impact on productivity and competitiveness. Managers and co-workers are affected by this epidemic. No workplace is immune; it has the potential to destroy the foundations it was built on i.e. human capital. This study investigates and determines management strategies towards managing, controlling, implementing, and maintaining structures such as action programmes and strategies that will lead to a positive outcome for organisations dealing with the epidemic.

Field of research: Human Resource Management

1. INTRODUCTION

Scientists are developing a pill to be taken before sex that would stop transmission of HIV. In the battle against the global epidemic, researchers are investigating whether drugs used to treat the disease might be harnessed to protect against it. It is estimated that two million lives were claimed in 2007 by HIV/AIDS according to Laurence, 2008. Earlier projections indicated that more than four million South Africans will be HIV-infected by 2000 and almost six million by the year 2005 (King-horn, 2000:22). 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. It is further estimated that over the next 10 years or so, many South African organisations and businesses will begin to lose approximately four percent of their employees to AIDS each year (Smith, 1997:10).

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 has been estimated that HIV/AIDS add four to five percent to a mining company's cost (Du Plessis 2004: 2). It will also affect health care and other employee benefits in organisations. Du Bruyn and Venter, 2006, refer to the South African based King Committee on Corporate Governance's revised report issued in 2002. This report contains a Code of Corporate Practices and Conduct. It further mentions the lack of business action in

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South Africa with regard to the disease in combating the potential social and economic impact of HIV/AIDS on business activities. The report also make a few recommendations for organisations such as to ensure that they understand the social and economic impact on business activities of the epidemic; the adoption of appropriate strategies, plans, and policies to address and manage the potential impact of HIV/AIDS; the monitoring and measuring of the performance and reporting to stakeholders on a regular basis of the state of affairs.

2. Global epidemic

It is not only just South Africa that is experiencing this HIV/AIDS epidemic, but countries such as India, Brazil and China, although in early stages, are specifically mentioned in the Global Reporting Initiative (GRI) report as they face similar circumstances as South Africa. The GRI is a multi-stakeholder and independent institution and is an official collaborating centre of the United Nations Environmental Programme (UNEP) offering some guidelines for companies. These guidelines represent the most comprehensive and detailed framework available for HIV/AIDS reporting at this stage (Du Bruyn and Venter, 2006).

In their report UNAIDS, 2004, reports that South Africa is the country with the highest number of people infected with HIV in the world; despite this fact the organisations have no or insufficient policies regarding the management of people suffering from the disease. Du Bruyn and Venter, 2006:8, also refer to other recent studies done by Deloitte & Touche in 2002, Boston University in 2003, and the Bureau for Economic research in 2003, in this regard and their findings are that businesses begin to feel the impact of HIV/AIDS on their businesses.

In an interview Dr Sheena McCormack of Imperial College in London and specialist in HIV prevention said that the burden of treating a growing population of HIV-infected people is bad enough in the UK and unimaginable for a developing country (South Africa).She has done trials that include 2400 injecting drug users in Thailand, 1200 heterosexual men and women in Botswana and 3000 homosexual men in five countries in America, Africa and Asia according to Laurence, 2008.

The socio-economic impact of HIV/AIDS will also have a significant impact on the South African 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 organisations (Singh, 2003:12).

3. Background and Importance of the Study

HIV is the abbreviation for ‘the Human Immune-deficiency Virus’ while AIDS is the acronym for ‘Acquired Immune Deficiency Syndrome’ (Du Plessis, 2004:9). HIV/AIDS is a stark reality. A controlled scientific study carried out by the South African 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 percent of the sexually active population (Whiteside & Sunter, 2000:104).

In the research done by Wijmpje Du Plessis, 2004, it was found that the HIV/AIDS epidemic poses one of the greatest challenges for business development in Africa during the first decade of the 21st century. AIDS claim some of the best business leaders, managers, and employees at all levels of the production system. HIV-related absenteeism, loss of productivity and the cost of replacing employees lost due to AIDS threaten the survival of a number of businesses and industrial sectors in an increasing competitive global market.

Further to her research, she distinguished between 'incident rate' which is the number per specified unit of population (per 1000 or even per million). The next point is 'prevalence' which is the absolute number of people infected. The incidence facts in South Africa for HIV/AIDS were found to be nearly 12% of the total population (4.7 million South Africans) in 2001 compared with almost zero at the beginning of the 1990's. The prevalence rates were projected to peak at 15% to 16% of the total population in the next six to ten years (6-8 million South Africans); with the rate among the economically active population being much higher at 22% to 27%. A shocking figure is the expected total of 10 million South Africans to have died of AIDS related diseases from the onset of the disease until 2015.

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. It is estimated that, by 2005, nearly one in five workers in South Africa will be HIV positive (Robinson, 2003:15). The way business and industries tackle the many issues AIDS raises in the workplace will ultimately determine whether the South African organisations will remain productive beyond the next decade (Moore, 1999:3).

Organisations have now learnt through hard experience that traditional methods such as top-down education and training programmes or the distribution of free condoms do not necessarily work (Galloway, 2000:10). The reality is that HIV/AIDS knows no gender, race or class boundaries, but is influenced by socio-economic factors such as poverty, violence and rapid urbanisation. It's neither a "Black" nor a "gay" disease (Clark, 2004:31). It is therefore absolutely imperative that organisations play an active role in formulating suitable action programmes and strategies for the implementation on the short, medium and long term. This view is supported by Du Plessis, 2004: 121 where she referred to a number of other researchers that came to the conclusion that management has a huge responsibility to be proactive to dealing with HIV/AIDS.

The importance of the study lies thus in the investigation and implementation of cost-effective programmes, policies and methods to reduce the HIV/AIDS impact on the economy and, more importantly, in the workplaces of businesses.

4. Purpose of the Study

The purpose of the study is therefore to investigate and determine an effective management strategy towards the management and control of HIV/AIDS in the work-place. More specifically, the study investigates and explores 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; and
- 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.

By investigating these aspects, it is expected that the socio-economic impact that HIV/AIDS will have over the next decade, will surely test the management ability of many organisations.

5. Objectives of the Study

The main objective of the study is to investigate the effectiveness of action programmes, policies and strategies that managers employ to management and control of HIV/AIDS in the workplace. More specifically, the study investigates to what extend existing action programmes, policies and strategies are successful in the proper management and control of the disease within the workplace.

6. Research Methodology

Sample

This study was executed under the leadership of Prof Petrus Venter in Gauteng, South Africa. Convenience sampling was used to collect the data. A mail survey was conducted of eighty (80) organisations, employing more than 500 employees per organisation. Fifty-three (53) usable questionnaires were returned resulting in a response rate 66,2%. Interviews with thirty-five (35) managers, officials or officers in these organisations were arranged, of which twenty-five (25) were actually conducted. Structured questionnaires were used to conduct these interviews. The interviewers included the following:

- Human Resource 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 Employees Assistant Programmes (EAP) advisors responsible for the implementation of such HIV/AIDS action programmes and strategies.

All the organisations were located in the Vaal-triangle, Gauteng Province, South Africa.

Measuring Instruments
Various measuring instruments which confirmed the validity and reliability were used to measure the variables investigated in the study. For the purpose of this study, cross-tabulations were included as a method to determine if the relevant scores are reliable and therefore, valid. However, a significant chi-square test could not be performed due to the low response rate and also to the total number of missing observations received which made it extremely difficult to calculate any significant chi-square scores of 0.05 and less. However, some cross-tabulations were included to calculate and determine some comparisons. In the case of this particular research study, 31 statements/factors were grouped into five main critical constructs, in order to make reliability testing more effective.

7. Specific Issues Related to HIV/AIDS in the Workplace

Formal or informal programmes or policies currently in use
In this section the formal and informal programmes or policies will be highlighted. The term formal indicates information in written format while the term informal indicates verbal information. Table 1, below, clearly indicates that almost two-thirds of the total respondents (62.26%) do have a formal HIV/AIDS action plan, policy or strategy, while almost a third (30.19%) of the total respondents indicated that they have an informal action plan, policy or strategy of some sort in place. Equally important is that almost 8% (7.55%) of the total respondents indicated that they do not have any (formal or informal) form of action programmes, plans or strategies currently in use. This raises a very important question: Although most of the respondents have some sort of plan, policy or programme in place, are these measures effective enough to deal with the various impacts of HIV/AIDS, as well as to prevent new infections from spreading further.

Table 1: **Use of formal or informal measures**

CATEGORY	FREQUENCY (N)	PERCENTAGE (%)
Formal	33	62,26
Informal	16	30,19
Don’t know	4	7,55
TOTAL	**53**	**100,00**

Action programmes, policies and structures currently in use
This part of the research explores what action programmes, policies and structures are in place. According to Table 2, below, the emphasis is to establish and determine which type of formal action programmes, policies and structures (if any) are currently in operation within the workplace of the various organisations (respondents) and how these policies, programmes and structures are distributed (applied).

Table 2: Formal action programmes, policies and structures currently in use

Action programmes, policies and structures	% Yes	% No	% Don't know
Peer-led programme	39,02	51,22	9,76
Education programmes	80,00	17,78	2,22
Presentations	72,73	25,00	2,27
Teamwork	34,15	60,97	4,88
Training sessions	70,73	24,39	4,88
Info. Materials	91,49	8,51	0
Condom distribution	65,96	31,91	2,13
HIV counselling	68,75	22,92	8,33
Group workshops	32,56	65,11	2,33
Educational items	42,50	55,00	2,50
EAP programmes	75,00	25,00	0
TOTAL %	**100,00**	**100,00**	**100,00**
NUMBER OF RESPONDENTS	**53**	**53**	**53**

The following results clearly indicate that respondents responded positively to the following formal action programmes, policies and structures that were the most popular methods currently used in order to educate and inform employees.

- Distribution of information measures (91.49%).
- Education programmes (80.00%).
- EAP programmes (75.00%).
- AIDS presentations (72.73%).
- Training sessions (70.73%).
- Counselling services (68.75%).
- Condom distribution (65.96%).

Management awareness of HIV-status of employees

The collection of data under this section was very sensitive due to the nature of the question.

The following information must be interpreted as estimates and not as actual.

Table 3: Possible HIV-status of employees

Category	Frequency (N)	Percentage (%)
Yes	38	73,08
No	14	26,92
TOTAL	**53**	**100,00**

The above table clearly indicates that 73.08% of the total respondents are aware of employees in service that might be HIV-positive, while almost 27% (26.92%) indicated, that they did not know of any employees who are HIV-positive. Although the response is favourable enough (73.00%), there is, however, a clear indication that a large percentage of respondents do not know of any employee or employees who are HIV-positive (27.00%) within the organisation. The reasons for this as already stated can be, that respondents do not want to get involved, do not know or do not want to respond - due to the sensitive nature and confidentiality related to the issue of HIV/AIDS within the workplace.

Negative impacts of HIV/AIDS identified

It is a fact that HIV/AIDS will impact negatively on the organisation and its resources. The way, in which the organisations respond to these impacts, will have a contributing effect on how the epidemic is being managed and controlled in future. This section therefore explores what negative impacts HIV/AIDS have been identified by the respondents. The following table needs to be explained and discussed in detail. Table 4, below, clearly identifies these negative impacts within the workplace.

Table 4: Negative impacts of HIV/AIDS in the workplace

NEGATIVE IMPACT EFFECTS	% Yes	% No	% Don't know
Loss of skilled personnel	41,67	47,92	10,41
Need for adequate resources	44,44	53,33	2,23
An increase in absenteeism	69,39	24,49	6,12
A decrease in productivity	44,00	44,00	12,00
An increase in healthcare costs	68,09	23,40	8,51
Loss of customer spending	17,39	63,04	19,57
TOTAL	**100,00**	**100,00**	**100,00**
NUMBER OF RESPONDENTS	**53**	**53**	**53**

The most important negative impacts identified, which will have some influence within the workplace and represent more or less two-thirds (66.00%) of the total number of respondents, were: an increase of absenteeism and labour turnover (69.39%) and health care costs (68.09%) followed by the following impacts that represents just more than 40.00% of the total respondents: Loss of experienced and skilled personnel (41.67%), a decrease in productivity levels (44.00%) and the need for an increase in human resources (44.44%). Only 17.39% of the total number of respondents identified the loss of customers and consumer spending (buying power) as a negative impact. It is important to understand, that these impacts could have a

profound effect on the organisation and its resources if not properly managed and controlled.

Positive outcomes which management want to achieve by HIV/AIDS management and control

The following table identifies all the positive outcomes with regard to the proper management and control of HIV/ AIDS in the workplace.

Table 5: Positive outcomes identified

CATEGORY	(N)	(%)
AIDS awareness training	15	29,41
Proper medical support	4	7,84
Multi-training skills	2	3,92
Improved counselling	5	9,80
Aid for AIDS	2	3,92
Management support	3	5,88
Condom distribution	6	11,76
Prevention of discriminating practices	3	5,88
Testing of employees	3	5,88
Community involvement	2	3,92
EAP programmes	5	9,80
Allocation and provision of funds	1	1,99
TOTAL	**51**	**100,00**

According to the information obtained within Table 5, above, most of the respondents responding, indicated that AIDS training and awareness programmes were on the top of their list of priorities (29.41%), followed by the effective distribution of condoms (11.76%), EAP support programmes and better counselling services for employees (9.80%) as well as proper medical support (7.84%), the prevention of discriminating practices from occurring, regular and frequent testing of employees, as well as better management involvement and commitment (all which represent 5.88% of the total response rate respectively). Only two of the total respondents did not answer the above question.

8. Specific Statements/Factors that may have a significant Influence on Strategy Formulation or Implementation

The last section of the research questionnaire was aimed at asking respondents (organisations) to clearly indicate with which statement/factors they agree or disagree towards the effective management and proper control of HIV/AIDS within the workplace according to their specific needs and experiences.

Consequently thirty-one statements (factors/ items) were presented and the respondents had to evaluate these factors (items) by means of a 5-point Likert-scale

ranging from 1 = strongly agree to 5 = strongly disagree. The total sum percentages (responses) of the two lower scales (scales 1 and 2) to each statement are indicated first, followed by the two higher scales (scales 4 and 5). Scale 3 was not included within Table 6, below, due to its nature of uncertainty and the very low response rate it represents. These responses were thus automatically rejected, because they do not add any value to the nature and scope of this particular study.

The response to this question is set out in Table 6 below.

Table 6: Statements/Factors that Influence or might have an Influence on action Programmes, Policy and Structure Formulation and Implementation

Var. no.	Statement/ Factor/Item	Lower scales (scales 1 & 2) (%)	Higher scales (scales 4 & 5) (%)	Mean $\bar{x}$	Variance (S^2)	Standard deviation (S)	Item scale - correlation
V41	Increased vulnerability as more employees get infected with HIV/AIDS	92,45	0	4,340	0,375	0,612	0,54
V42	Production costs will not increase as more employees are infected	13,21	66,04	3,755	0,902	0,950	0,70
V43	Absenteeism will impact negatively	96,23	1,89	4,358	0,381	0,617	0,46
V44	Reduced performance due to HIV/AIDS; sickness on the job	92,31	1,92	4,404	0,472	0,687	0,39
V45	Training and recruitment of employees will be severely affected	83,02	7,55	4,132	0,756	0,869	0,48
V46	Illness and death of key employees may prove disastrous for the organisation	79,25	13,21	4,000	0,943	0,971	0,75
V47	Employee benefit structures will be affected, with an increase of HIV/ AIDS cases	90,57	3,77	4,075	0,409	0,640	0,55
V48	An increase in direct costs	84,62	1,92	4,115	0,487	0,698	0,57

Var. no.	Statement/ Factor/Item	Lower scales (scales 1&2)(%)	Higher scales (scales 4&5)(%)	Mean $\bar{x}$	Variance (S^2)	Standard deviation (S)	Item scale-correlation
V49	Morale of workforce will not be affected as more co-workers get infected and ultimately die of full-blown AIDS	16,98	73,59	3,811	1,436	1,198	0,64
V50	Average age and experience of employees will be affected	79,25	9,43	3,868	0,643	0,802	0,70
V51	Accidents within the work environment will not be affected	11,32	58,49	3,566	0,774	0,880	0,66
V52	Organisational resources will not be affected	11,54	88,46	3,942	0,477	0,691	0,64
V53	No disruption of schedules, work teams or units	11,32	88,68	4,113	0,478	0,691	0,58
V54	An increase of organisational down-time due, to AIDS-related absences	79,25	7,55	3,849	0,656	0,810	0,61
V55	Unfair discrimination or stigma against an employee on the grounds of HIV-status	48,08	28,85	3,231	1,062	1,031	0,56
V56	Reduction in the average level of skill, performance, institutional memory and experience of work-force	81,13	7,55	3,906	0,576	0,759	0,65
V57	Business will not be affected if suppliers of key inputs fail to manage the HIV/AIDS impacts adequately	20,75	73,59	3,717	0,995	0,997	0,55
V58	Employees who are HIV/ AIDS infected and who die or retire on medical grounds, do have to be replaced	75,47	13,21	3,717	0,769	0,877	0,30
V59	Employers don't have to increase size of work force to provide for deaths in apprenticeship because of absenteeism	13,46	61,75	3,558	0,670	0,819	0,50
V60	The costs of health care, medical aid and hospitalisation will not be affected	3,77	90,57	4,226	0,515	0,718	0,68

Var. no.	Statement/ Factor/Item	Lower (scales 1&2)(%)	Higher (scales 4&5)(%)	Mean $\bar{x}$	Variance (S^2)	Standard deviation (S)	Item scale-correlation
V61	Consumer-base and credit loans will not be affected by the HIV/AIDS epidemics	5,66	84,90	4,019	0,547	0,740	0,32
V62	Growth in the volume of sales will remain unaffected	9,43	56,66	3,528	0,551	0,742	0,57
V63	HIV/AIDS will make it more expensive for organisation to produce given quantity products unless it can reduce cost in other ways	71,15	5,77	3,904	0,702	0,838	0,47
V64	Well-designed programs to reduce infection leads to increased awareness among employees, will have a positive impact on the management of HIV/ AIDS in the workplace	90,38	1,92	4,192	0,425	0,652	0,47
V65	All persons with HIV or AIDS have the legal right to privacy in the workplace	76,92	7,69	3,981	0,865	0,930	0,66
V66	Methods should be created to encourage openness	88,24	1,69	4,216	0,483	0,695	0,31
V67	The risk of HIV transmission in the workplace is minimal	58,82	27,45	2,510	1,387	1,178	0,36
V68	Providing equipment, materials to prevent employees from risk of exposure to HIV in workplace; significant impact on spreading of disease	63,46	21,15	3,558	0,939	0,969	0,50
V69	An employee may not be compensated if becomes infected (HIV)as result of an occupational accident within the workplace	5,88	70,58	3,961	1,018	1,009	0,57
V70	Legislation aspects pertaining to HIV/AIDS in the workplace is non-existent	15,69	68,63	3,627	0,979	0,989	0,26
V71	HIV/AIDS will not affect business	3,85	92,30	4,385	0,660	0,812	0,44

The response to this question is set out in Table 6 above.
The 31 statements/factors below were grouped into five main critical constructs:

- Construct 1 Vulnerability and absenteeism (V41,43,47,54,58,59)
- Construct 2 Management and control (V45, 49, 51, 53, 57, 60, 66, 70)
- Construct 3 Discriminating practices (V55, 65, 69)
- Construct 4 Structures (V61, 64, 67, 68, 71)
- Construct 5 Production and organisational resources (V42, 44, 46, 48, 50, 52, 56, 62, 63)

As indicated it is a misconception that if the Alpha level is low, it must be a bad measuring instrument. Usually a reliability level of 0.70 will be sufficient enough on predictor test or measures of a construct. In the case of this research study, 31 statements/factors were grouped into five main critical constructs as indicated previously. Since correlation coefficients reveal the magnitude and direction of relationships (comparisons) it is important to analyse the correlation coefficients of the above critical constructs identified. The Pearson (simple) correlation coefficient is a statistical measure of the co-variation or association between two variables. The correlation coefficient [r] ranges from +1.0 to -1.0. If the value of r is -1.0 a perfect negative linear relationship or a perfect inverse relationship is indicated. No correlation, however, is indicated if r = 0 (Zikmund, 2000:511).

According to Table 6, above, more or less 75% of all the respondents (organisations) agreed that the following statements/factors play an important role in the formulation and implementation of policies, action programmes and structures, as well as the evaluation thereof. (The respondents responded either to 1: “agree strongly” or to 2: “agree” on the 5-point scale).

9. Reliability Testing of Responses received

In the case of this particular research study, the above 31 statements/factors were then further grouped into five main critical constructs, in order to make reliability testing more effective, followed by an item analysis. The five critical constructs identified include the following:

- *Construct 1: Vulnerability and absenteeism.*
- *Construct 2: Management and control.*
- *Construct 3: Discriminating practices.*
- *Construct 4: Sufficient structures.*
- *Construct 5: Production and organisational resources.*

Applying the Cronbach’s Alpha coefficient further tested the reliability of the above critical constructs identified. The next table indicates the Alpha coefficients clearly.

Table 7: Cronbach's Alpha Reliability Coefficients

Critical Construct	Number of items	Range	Mean	Median	Cronbach's Alpha
Vulnerability and absenteeism	6	6-30	2,168	2,142	0,567
Management and control	8	8-40	3,347	3,375	0,710
Discriminating practice	3	3-15	2,905	3,000	0,618
Structures	5	5-25	3,054	3,000	0,620
Production and organisational resources	9	9-45	2,630	2,625	0,846

Table 7, above, shows the validity and reliability coefficients ranging from 0.567 to 0.846 on various data collected from the sample under investigation. Although the Alpha coefficient of construct 1, 3 and 4 is below the cut-off point of 0.70 these coefficients are acceptable for basic research.

Since correlation coefficients reveal the magnitude and direction of relationships (comparisons) it is important to analyse the correlation coefficients of the above critical constructs identified. The Pearson coefficient is a statistical correlation measure of the co-variation or association between two variables. This particular correlation coefficient, therefore, indicates both the magnitude of the linear relationship and the direction of the relationship (Zikmund, 2000:511).

The correlation coefficient of 0.713 within Table 8, below, is an indication of the significant relationship between production and organisational resources affected and that of management and control of the disease. There is also a significant relationship between production and organisational resources affected and vulnerability and absenteeism. This is an indication of how important production and organisational resources are with regard to the proper management and control of the disease within the workplace, as well as the aspects of vulnerability and absenteeism within the workplace. Production and organisational resources are thus positively related to the proper management and control, vulnerability and absenteeism towards the disease within the workplace.

Table 8: Pearson Correlation Coefficients

Construct	Vulnera-bility and absent-eeism	Manage-ment and control	Discrimin-ating practice	Structures	Production and organisation-al resources
Vulnerability and absenteeism	1,000				
Management and control	0,592	1,000			
Discriminating practice	0,371	0,338	1,000		
Structures	0,151	0,440	0,500	1,000	
Production and organisational resources	0,675	0,713	0,334	0,321	1,000

10. Specific Recommendations and Actions required

Based on the results of the study, it is recommended that an effective response to HIV/AIDS in the workplace must include the development of a formal policy on AIDS. The policy must address the organisation's legal obligations and must provide a framework in respect of how management and employees will be expected to deal with AIDS-related issues within the workplace.

Following any policy development, a thorough response would include the development and implementation of a cost-effective training programme.

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

Without effective and proper AIDS programmes, policies and strategies, organisations will be doomed because of the way they are managing and controlling the disease. Therefore, it is of the utmost importance, that management will react in a way that will minimize the impact and risk on organisational resources, so that organisations can still be effective in the way they are conducting business.

11. Final Comments and Further Research

From this study it is evident that HIV/AIDS will have a huge impact on businesses in the future. Some organisations may even have to close down, if the costs of managing the disease are higher than the costs of running the business itself. This requires of each organisation to make a cost-benefit analysis about each employee and try formulating strategic action plans and strategies that include proper HIV/AIDS management. A comprehensive HIV-prevention programme, which requires total management commitment that involves everybody in the workplace is therefore, needed (Gersak, 2004:17).

The following opportunities for future research were identified in the course of the study.

- A comparative study in other metropolitan industrialised areas within South Africa to investigate any similarities and trends. The study of Du Plessis (2004) is of great value but was mainly in the mining industry.
- A comparative study, with the emphasis on small to medium sized businesses within the relative area of study.
- A comparative study between the major industrialised regions within South Africa and other countries such as China, Brazil and so forth in order to investigate any similarities or trends.
- Investigating the probability for an "AIDS strategy for business" as a long-term result and outcome of this particular study.

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