



Response strategies that guide tourism workplaces in addressing HIV and AIDS: a case study of Buffalo City

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Abstract

The tourism industry is one of the fastest growing labour intensive sectors in the world, which results in the sector's employing a large number of people across the employment spectrum. HIV and AIDS pose multiple threats to the development and well-being of Buffalo City's population. Data relating to HIV and AIDS in Buffalo City is limited and little is known about how tourism businesses respond to HIV and AIDS within their workplaces. The study will attempt to fill this void by identifying the various response strategies and frameworks that is available to assist tourism workplaces in addressing HIV and AIDS. The study included both primary and secondary data collection methods. Primary data was collected through the use of In-depth interviews. A total of nine (9) interviews were conducted with formalised tourism businesses that are situated within the municipal boundaries of Buffalo City. The data obtained was analysed and revealed that majority of respondents indicated that they do not have an HIV and AIDS Workplace Policy due to lack of resources, however they do take part in certain activities related to HIV and AIDS. There are a number of HIV and AIDS situation and response strategies that have been developed to assist workplaces, such as those in the tourism industry in managing HIV and AIDS in the workplace. Consequently, respondents highlighted that they are not aware of any strategies developed to assist workplaces in addressing HIV and AIDS. Participants recommended that a policy specifically designed for the tourism industry is necessary to assist workplaces in managing HIV and AIDS. Overall the study hopes to contribute to a better understanding of HIV and AIDS in tourism workplaces. They study also hopes to make a significant contribution to an under-researched area regarding HIV and AIDS in the tourism industry and provide a starting point for further research on the importance of HIV and AIDS and how it can impact tourism workplaces.

Keywords: Tourism, HIV and AIDS, Workplace, Policy, Buffalo City, South Africa

Introduction

HIV, otherwise known as the human immuno-deficiency virus, can lead to AIDS (acquired immunodeficiency syndrome) if it is left untreated. There is no successful treatment that currently exists to cure HIV, but with appropriate treatment and care, HIV can be controlled and managed (US Department of Health and Human Services, 2014). In 2016, South Africa had 270 000 (240 000 - 290 000) new HIV infections and 110 000 (88 000 - 140 000) AIDS-related deaths. There were 7 100 000 (6 400 000 - 7 800 000) people living with HIV in 2016, among whom 56% (50% - 61%). South Africa has the largest HIV epidemic in the world, with 19% of the global number of people living with HIV, 15% of new infections and 11% of AIDS related deaths (UNAIDS, 2018). Correspondingly, HIV and AIDS affects practically every workplace, according to Ketshabile (2013), the impact of the HIV and AIDS pandemic in South Africa has been experienced by many tourism business managers. The author further indicates that the major areas of concern regarding the tourism companies are the labour intensive employment and training expenses,



labour migration and the employment of young inexperienced workers. These result in low productivity for the tourism companies that are affected by HIV and AIDS. In areas of high HIV and AIDS prevalence, workplaces that do not take any action in managing HIV and AIDS see their revenues and profits, decrease. This could be as a result of higher absenteeism and staff turnover, as well as reduced productivity and a declining consumer base (Blanker, Briseno & Hambright, 2013).

Even those tourism companies that do take action against HIV and AIDS in the workplace may find that their cost of doing business may increase because of suppliers and distributors that are being affected, which may lead to disruptions in the supply chain (Global Business Coalition on HIV and AIDS, Tuberculosis and Malaria [GBC], 2012). The Eastern Cape accounts for 12.4 per cent of South Africa's HIV positive people while the Buffalo City accounting for 1.5 per cent (Eastern Cape Socio-Economic Consultative Council [ECSECC], 2014). HIV and AIDS pose multiple threats to the development and well-being of the Buffalo City's population, particularly to the vulnerable groups such as women. Buffalo City is not immune to the HIV pandemic and when the Department of Health released the 2011 National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, it was reported that the Metro had the highest prevalence rate of 34 per cent in the Eastern Cape Province as compared to the national prevalence of 29 per cent (BCMM, 2016). HIV and AIDS data in Buffalo City is limited, and little is known about how tourism businesses respond to HIV and AIDS and how they cope with the pandemic within their workforce. This study will attempt to address these voids. The aim of the research paper was to identify the various response strategies and frameworks that have been developed to assist workplaces such as those in the tourism industry in addressing HIV and AIDS. It is against this background that the study was conducted.

The study will make a significant contribution towards the mainstreaming of HIV and AIDS into the tourism industry of Buffalo City. The study will also contribute towards a better understanding of tourism workplace HIV and AIDS policies in the various tourism industry sub-sectors (i.e. hotels, event companies, tour operators, and the like).

Literature review

The tourism industry is one of the fastest growing and most labour intensive sectors in the world, which results in the sector employing a large number of people across the employment spectrum (World Travel & Tourism Council [WTTC], 2014). For many developing countries, such as South Africa, tourism is one of the core sources of foreign exchange income; it is also the number one export category, generating employment and opportunities for development. Like any industry, however, tourism is vulnerable to risk (Shaw, Saayman & Saayman, 2012). HIV and AIDS have an impact on all workforces, in both formal and informal employment. HIV and AIDS affect both large and small businesses in the tourism. The epidemic has resulted in lower productivity and profitability and has effectively undermined the country's economic development (Nyumbu, Lungu & Mutonyi, 2014).

The contribution of tourism to the economy point toward that when tourism is affected negatively by a pandemic such as HIV and AIDS, several other sectors may also be indirectly affected (World Travel and Tourism Council [WTTC], 2014). However, the tourism industry can play a vital role in the response to HIV and AIDS. The tourism sector is characterised by a great network of people and operators who interact with each other across borders (Zhira, 2014). The HIV and AIDS epidemic presents very tangible challenges to tourism businesses, particularly those operating in countries where the HIV prevalence rate is high, such as South Africa. According to Avert (2016), the survival of any business, such as those in the tourism industry, depends on identifying and



managing the risks associated with HIV and AIDS. This can be done either by eliminating the risk, or by ensuring that any negative impact that might occur will be kept to a minimum. HIV has proven to be a formidable challenge, but the tide is turning as the past decade has seen a historically unprecedented global response to the unique threat the HIV epidemic poses to human development (UNAIDS, 2016).

There are a number of HIV and AIDS situation and response strategies that have been developed to assist workplaces, such as those in the tourism industry in managing HIV and AIDS in the workplace (Reid, 2015). These are general frameworks that were developed to help support and scale-up HIV prevention, treatment and health care services. According to UNAIDS (2018) South Africa has the largest HIV epidemic in the world, with 19% of the global number of people living with HIV, 15% of new infections and 11% of AIDS related deaths. With that being said, South Africa also has the biggest treatment programme in the world, accounting for 20% of people on antiretroviral therapy globally. The country also has one of the largest domestically supported programmes, with about 80% of the AIDS response funded by the government (UNAIDS, 2018). The National Strategic Plan for HIV, TB and STIs 2017–2022 was developed with the aims to speed up progress towards meeting the Fast-Track Targets by: reducing new HIV infections; improving treatment, care and support; reaching key and vulnerable populations; and addressing the social and structural drivers of HIV, tuberculosis and sexually transmitted infections. The plan is implemented through nine provincial implementation plans, with the aid to deal with the high number of new HIV infections among young women and adolescent girls, a national prevention campaign called “She Conquers” has been launched (UNAIDS, 2018).

The SABCOHA and the Eastern Cape have developed an Eastern Cape Business Sector Provincial Strategy 2012 – 2016. The primary aims of this strategy was to develop and implement a sector-specific HIV, AIDS and TB plan, which encompasses identified provincial priorities, and comprehensively defines the business sectors contribution to the Eastern Cape PSP and to strengthen co-operation and partnerships between business, government and civil society, especially with respect to improving access to healthcare. The strategy further intended to assist companies to develop a comprehensive workplace programme, as well as affordable, sustainable voluntary counseling and testing (VCT) and treatment offered to small, medium and micro enterprises (SMMEs) which operate within big companies’ supply chains and which do not have the infrastructure or capacity to develop their own HIV and AIDS workplace programmes (Eastern Cape Business Sector Strategy, 2012 – 2016).

The Department of Labour has also published a *Code of Good Practice on Key aspects of HIV and Employment*. This Code guides workplaces to ensure that those individuals who are HIV-positive are not treated wrongly or discriminated against in the workplace. The Code also provides guidelines for employers, employees and trade unions on how they can manage HIV and AIDS in the workplace (Department of Labour, 2015). Startled by the distress and death the HIV epidemic had caused globally, the United Nations General Assembly (UNGASS) arranged a particular session on HIV and AIDS in 2001. The heads of state and representatives of governments issued and signed a Declaration of Commitment on HIV and AIDS (2001). This declaration explained the global HIV and AIDS epidemic and the effects it has had. The declaration has further described the strategies that can be used to overcome the epidemic (UNGASS, 2001). The Declaration sets out a series of national targets and global actions to turn round the HIV epidemic. Despite the fact that the Declaration is not a legally binding document, it is a clear statement by governments of their commitment. The ways to respond to the HIV epidemic with specific targets and deadlines are set out in this document (UNGASS, 2001; World Health Organisation [WHO], 2016).



Another initiative was developed by *The Africa Region HIV and AIDS Agenda for Action 2007-2011*, in which they reaffirmed the Bank's commitment to combat HIV and AIDS in Africa beyond its preliminary emergency response during 2000-2006, to remain actively engaged in helping countries to halt and begin to reverse the spread of HIV and AIDS. The Agenda for Action supported stronger policy, institutional and human capacity which, in turn strengthened the results-focused national HIV and AIDS responses. Over time, the plan expected to contribute to a reduction of new infections and improved life expectancy (World Bank, 2008). *Southern African Development Community (SADC) HIV and AIDS Strategic Framework* provided a strategic framework for the Southern African Development Community (SADC) response to the HIV and AIDS epidemic. The framework builds on what has been achieved under the previous Strategic Framework (2003–2007) and establishes strategic objectives and actions of operations. The Strategic Framework is intended to provide guidance to the response to HIV and AIDS. The Framework is a platform on which all regional actors are brought together in order to guide action on HIV and AIDS (Southern African Development Community [SADC], 2009:2).

Research methodology

For the purpose of the study the researcher adopted a qualitative approach to investigate the perspectives, behaviour, experiences and feelings of respondents. The study made use of both secondary and primary data collection methods. The secondary data for the study was collected directly either from published or unpublished sources. The research study also included a wide variety of secondary data from literature related to HIV and AIDS within the tourism industry. Primary data was obtained through in-depth interviews (IDIs). In-depth interviewing is a qualitative research technique that includes intensive individual interviews with a miniature number of respondents to investigate their viewpoint on a particular idea or situation (English & Johns, 2016). A total of nine (9) IDI's was conducted with tourism workplaces who agreed to participate in the study. The duration of each interview was approximately 30 minutes each. The study only included formalised tourism businesses that are registered with the South African Revenue Service (SARS) and are situated within the municipal boundaries of Buffalo City (BC). The findings of the study were managed and codes were provided. The data was then further categorized into different themes and categories, which were given significant names that captured the idea or concept. The theme or category was lastly supplied with supporting literature to draw relevant conclusions with regard to the research at hand.

Ethical considerations in qualitative research

Bearing in mind the nature of qualitative research, the interaction between researchers and participants can be morally challenging, due to the fact that they are personally involved in the various stages of the study. Therefore, formulating ethical guidelines in this respect is essential (Sanjari, Bahramnezhad, Khoshnava Fomani, Shoghi & Cheraghi, 2014). For the purpose of this research the data collected from the participants were all treated with confidentiality and the names or workplaces of the participants' were not attached to any comments reported and they thus remained anonymous within ethical practice guidelines of WSU. Participants were informed that the interviews were going to be recorded, as they had agreed to this prior to the interview. All recordings of the IDI's were kept secured at all times. All the respondents were requested to complete and sign a consent form, in which they agreed to participate in the study willingly and were not forced in any way and could withdraw if and when they wished to do so.

Findings of the study

A brief section was included in the interview schedule, looking at the demographic profile of the respondents and the organisation. The results show that 56 per cent, i.e. just over half, of the respondents were women and that the remaining 44 per cent were men. The largest group of the respondents were aged between 35 and 44 years (66%).

Figure 1: respondents' designation in the organisation

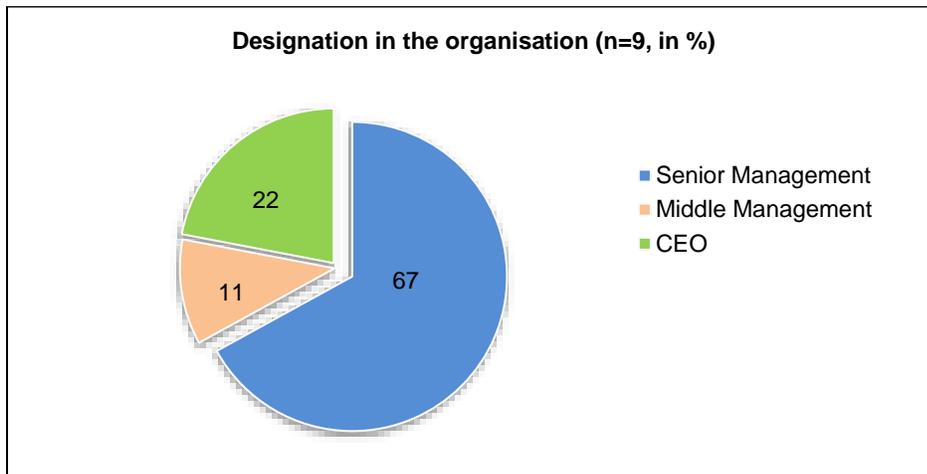
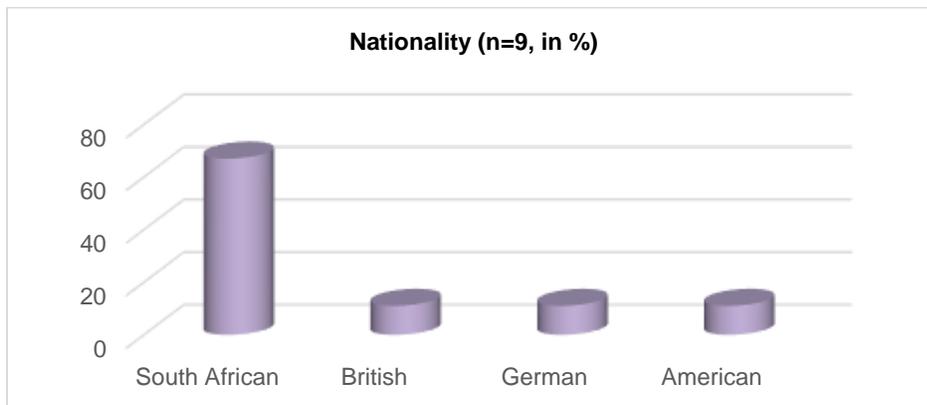


Figure 1 represents the designation of the respondents in the organisation, showing that the majority of the respondents were in senior management positions (67%), followed by CEO (22%) and middle management positions (11%).

Figure 2: Nationality of respondents



The results (See Fig. 2) reflected that the majority of the respondents (67%) were South Africans, followed by 21 per cent who indicated other nationalities which included British (11%), German (11%) and American (11%) respondents.



Table 1: Educational qualification of the respondent

Response	Total (n=9, in %)
Post – graduate	45%
Certificate / diploma	22%
Completed secondary school	22%
Bachelor’s degree	11%

Table 1 indicates the highest educational qualification of the respondents. The results disclose that the majority of the respondents (45%) have a post-graduate qualification. Some (22%) obtained a certificate or diploma and a further 22 per cent completed secondary school. Only 11 per cent have earned a bachelor’s degree.

The study aimed to identify the different strategies tourism businesses can utilise as a guideline to address HIV and AIDS within the workplace. The respondents were firstly asked to provide their impressions of the local response to HIV and AIDS in the tourism industry. The majority, namely 86 per cent, of the respondents felt that they could not answer the above question. However, the remaining 14 per cent felt that government support is important in regulating HIV and AIDS in tourism workplaces. It could be assumed that the respondents are not aware of any responses developed by government in addressing HIV and AIDS within the tourism industry of the Buffalo City. Respondents were further asked to indicate whether they have an HIV and AIDS Workplace Policy. A large number of respondents (63%) indicated that they do not have a policy developed, however they do occasionally take part in HIV and AIDS related activities. A few respondents indicated that they would like to develop an HIV and AIDS Workplace Policy; however they lack the funding for it.

It is apparent that 58 per cent of respondents are not aware of any policies and recommend that the development of policies is necessary. Conversely, according to the Department of Tourism (2014), there is a lack of policy consistency and responsibilities amongst spheres. It further alludes the capacity of local government to deliver on the tourism mandate has been recognized as a challenge and will receive attention. The Department has begun a process of reviewing all existing legislation to make sure that the tourism mandate is clear, and to simplify roles and responsibilities to ensure the most effective and efficient use of limited resources. Some (23%) respondents made mention of the “Code of Good Practice on Key Aspects of HIV and AIDS and Employment” This Code of Good Practice has been developed to assist employers, workers and their organisations in both the public and private sectors, including the informal economies, to deal with HIV and AIDS in the workplace.

Respondents were further asked if they were aware of any strategies or guidelines that have been developed to assist workplaces such as those in the tourism industry to address HIV and AIDS. It is evident that these respondents (63%) are aware of the initiatives that have been developed in assisting workplaces to fight HIV and AIDS within the world of work; however they could lack the knowledge on how to use these materials. These initiatives have been developed by the South African government to assist workplaces in addressing HIV and AIDS. They initiatives include: The South African National Strategic Plan on HIV, STIs and TB (NSP) covers the period 2012 to 2016; The Codes of Good Practice on HIV and AIDS and the World of Work Technical Assistance



Guidelines (TAG); Labour Relations Act, No. 66 of 1995 (Schedule 7, Part B – Unfair Labour Practices, Section 2); Occupational Health and Safety Act, No. 85 of 1993 (Sections 9-12); Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993; Basic Conditions of Employment Act, No. 75 of 1997 (Sections 22 and 23, 78 and 79); Medical Schemes Act, No. 131 of 1998 (Section 24(2)(e)); and Promotion of Equality and Prevention of Unfair Discrimination Act, No. 4 of 2000 (chapter 2 – Sections 6 and 9, Chapter 5).

It is evident that more communication and awareness should be created within the tourism industry as to what tools and policies are available to assist workplaces in combating HIV and AIDS.

“I think there needs to be further development in policy and guidelines and then next part is that there needs to be some form of responsibility, where there is a proper monitoring and evaluation process that is put in place and a reporting structure.”

“I think in terms of labour laws there is a code of good practice on HIV and AIDS that provides legal framework you know to develop policies at a company level or at an organisational level including for you know the tourism industry itself.”

“People who are living with HIV and AIDS are not being discriminated against whether in the work place or being a tourist the industry has not discriminated against anyone who is HIV or has AIDS, there is a code of good ethics and practice and as I have said over the years there are certain policies that has being put in place just to protect individual’s states and as such those are adhered to”

“Businesses and operators needs to understand the HOW? How can you raise awareness? What are the most effective ways of creating general awareness? How do you get access to VCT? and providing training and so on.”

“I think it is so important for businesses to deal with it and I would like to think those not doing anything, do not know how to proceed, not that they do not know the matter of urgency. I think information should be distributed to business. ’

Some respondents (44%) made mention of the “White Paper on development and promotion of tourism in South Africa” and felt that this document can be used as a guideline to assist tourism workplaces in managing HIV and AIDS. The 1996 White Paper proposed the concept of responsible tourism as the key guiding principle for tourism development in South Africa. Responsible tourism encourages a proactive approach by tourism industry players, which means that they must develop, market, and manage the tourism sector in a responsible manner, including the management of HIV and AIDS, as this negatively impacts the tourism industry.

“The number of registered and the number of tourism businesses that is actually paying taxes, the number is very controversial. What is the number of tourism businesses actually performing responsible tourism or applying for the award of responsible tourism, there is a very small percentage so people need to be made aware. I do not think they are unaware of the problems but rather of the solutions.”

“I think the country has developed a national standard for responsible tourism and part of that standard is your social and economic criteria and health and safety and wellness is part of the social standard, so I think there is a general line of information on health and awareness.”



A large majority of respondents (68%) felt that the tourism industry requires a policy to be developed that can guide workplaces on dealing with HIV and AIDS. According to SABCOHA (2014), SMMEs are overwhelmed by the challenges and hampered by resource shortages and they are therefore lagging far behind compared to the bigger companies in tackling the HIV and AIDS epidemic in the workplace. The tourism industry has a high incidence of SMTEs which could be the result of the low responses to HIV and AIDS within the workplaces. This could be the result of workplaces not having sufficient resources to help employees who are infected with and affected by HIV and AIDS.

“The tourism sector would require a very sound national policy which will guide implementation and the report in the industry. Then secondly, it will definitely require a framework, a very deductible framework that is user friendly at national level, provincial level and at establishment level. This way, you are able then to make sure that whatever level the sector is able to respond through the framework. Then, number three and finally, the requirement would be a requirement for reporting, monitoring and evaluating.”

“The tourism sector should actually have strategy, something like a framework that is guiding the interventions within the sector.”

Recommendations and conclusion

In general, HIV and AIDS will decrease the progress in economic development, particularly through the decline of life expectancy. HIV and AIDS affects the economic growth by reducing the availability of human capital (Ketshabile, 2013). HIV and AIDS deaths lead directly to a reduction in the number of tourism workers and through this the growth rate of the tourism industry is decreased significantly. The main aim of this paper was to identify the different response strategies developed to assist tourism workplaces in addressing HIV and AIDS. It has been noted that government has developed a number of strategies to assist workplaces in managing HIV and AIDS. However, it is recommended that these strategies are presented to tourism workplaces in a way that it helps employers understand the importance of managing HIV and AIDS. It is also recommended that tourism industry develop a policy, the aim of which should be to guide tourism managers / owners on how to deal with HIV and AIDS in the workplace.

Against this background the current study provides a platform for further investigation of HIV and AIDS in the tourism industry of the Buffalo City area. The study also provides a starting point for further understanding of the importance of HIV and AIDS and how it can impact the profitability of tourism workplaces. A comparative study of all metros in the Eastern Cape Province should also be undertaken to determine success stories and to find ways in which the tourism industry can manage HIV and AIDS in their respective workplaces.

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