Corporate Social Responsibility (CSR) as a strategy to manage the impact of HIV and AIDS within Tourism Workplaces: A case study of Buffalo City

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Abstract

Tourism is the world's largest industry, employing, according to the World Tourism Organization (WTO), eight per cent of the global workforce. It is an industry characterised by high job mobility that in itself creates increased vulnerability to the HIV and AIDS infection (ILO, 2012). Addressing HIV and AIDS is the responsibility of many stakeholders, including both private and public sector companies. There is no lack of information on what types of measures companies can take and suggestions of best practices, but according to Tassiopoulos, Mahlangeni and Goliath (2014:12), not much information is available on what companies are actually doing and their reasons for doing it. Therefore, the purpose of the paper was to determine whether Corporate Social Responsibility (CSR) can be utilised as a strategy to manage the impact of HIV and AIDS within the tourism industry. The study was based solely on qualitative data and this data was collected through open-ended and less structured protocols such as in-depth interviews (IDIs). Fifteen (15) tourism stakeholders were interviewed and one (1) tourism business that provided evidence of an existing HIV and AIDS workplace programme. The findings elucidate that HIV and AIDS is not seen as a priority within the world of work of the tourism industry. It further reveals that managers are not aware of the impact the disease has on their workforce. The findings also revealed that corporate social responsibility has indeed assisted management in dealing with HIV and AIDS within the tourism workplaces. Specific reference to the usage of social platforms, such as World AIDS day or trade shows. Overall the study makes a contribution to a largely under-researched area concerning HIV and AIDS in the tourism industry. The HIV and AIDS epidemic is a global crisis, and constitutes one of the most formidable challenges to development and social progress.

Key words: HIV and AIDS, Workplace, Programme, Tourism, Employer, Employee.

Introduction and background

Tourism is the world's largest industry and employs, according to the World Tourism Organization (WTO), eight per cent of the global workforce. The tourism industry is categorised as a labour intensive sector with a diverse workforce and high employee turnover. It is also an industry that is characterised by its high job mobility. This creates an increased vulnerability to the HIV and AIDS infection Tourism brings with it its own unique brand of challenges because of the high levels of contact between visitors and tourism workers. This, coupled with the 4S association of 'Sand, Sea, Sun and Sex' with vacations in 'paradise', makes the tourism sector a prolific breeding ground for the AIDS epidemic (ILO, 2013). People working in the tourism industry, such as hotel workers, entertainers and waitrons, regularly find themselves having repeated contact with both tourists and with the local population. It is therefore likely that some of these workers and their families will be affected by HIV and AIDS. This may especially be a problem for migrant tourism

workers who are required to be away from home for long periods of time while they work in the industry (UNAIDS, 2014).

The tourism sector is particularly vulnerable because it is an industry that is diverse in terms of its workplaces and it consists of frequent interaction between employees and customers or tourists, as well as the interaction among tourism workers, visitors and the local population (ILO, 2013). Addressing HIV and AIDS is the responsibility of many stakeholders, including both private and public sector companies The HIV and AIDS pandemic is a universal crisis, and is seen as a challenge to the development and the social growth of any country. UNAIDS reports that more than 36. 9 million people are living with HIV and AIDS worldwide, and that nine out of every ten are adults in their productive and reproductive prime (Mills & Govender, 2016).

Tourism businesses need to comprehend that one of the major pillars of the industry is sex and this is also the leading cause of transmission of HIV (Carolin, Lindsay & Victor, 2015). According to Statistics South Africa (2017), compared to any other country in the world, South Africa has the highest prevalence of HIV and AIDS with 7.1 million people living with HIV, and 180,000 AIDS-related deaths recorded in 2017. The peak age for HIV infection in women is 25 to 29 years, while for men it is 30 to 35 years. HIV and AIDS is a problem among workers, and therefore influences the work environment and the economy. This impacts on absenteeism, productivity, and production costs, which results in loss of skills, reduced performance of workers and deaths of experienced employees (Mills & Govender, 2016).

Buffalo City (BC) is situated within the Eastern Cape Province in South Africa and has the third highest number of new infections, namely 47 464, at an estimated annual incidence rate of 1,5 per cent, which is higher than the current national incidence rate of 1,2 per cent (ECAC, 2012 – 2016). Therefore HIV and AIDS remain an increasing threat to Buffalo City Metropo's (BCM) ability to be a productive, sustainable and well-governed city. HIV and AIDS are considered to be a strategic priority in the Buffalo City Metro because their potential to undermine the development and intensify poverty has been noted (BCMM, 2016).

Practising corporate social responsibility (CSR) is one effective method in which a business can contribute towards the management of HIV (Bakuwa, 2014). The Institute for Work and Health (2015) defines corporate social responsibility (CSR) as "…primarily concerned about the environmental protection and the wellbeing of employees, the community and civil society in general, from both short-term and long-term perspectives". CSR is a constant voluntary commitment by a business to contribute to the economic development while improving the quality of life of the workforce and their families including those in the community and society (Global Affairs Canada, 2016). CSR needs to be developed by a responsible business person, such as someone in management, and it should be structured in a way that the business responsibility is adopted. Rangan, Chase and Karim (2015) suggest four crucial components of CSR, namely: economic, legal, ethical and philanthropic.
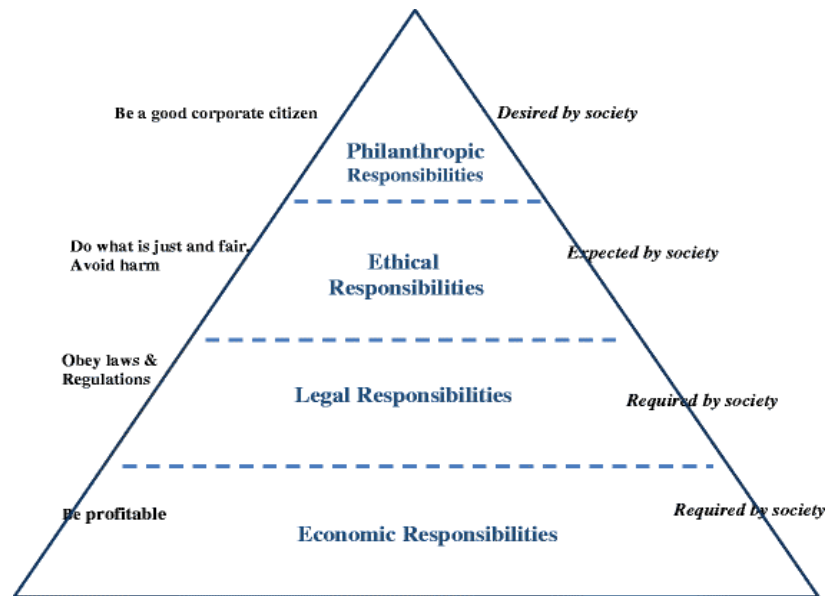
Figure 1: The four crucial components of CSR   **Source:** Rangan, Chase and Karim (2015)

Rangan, Chase and Karim (2015) explain that the CSR model asserts that attitude, morals and assumptions of the people involved in the business and those in the environment of such business should guide the company to follow (or not to follow) CSR for their sustainability (Nalband & Kelabi, 2014). Since HIV and AIDS are some of the key social development challenges the world faces, corporate engagement with this issue is of importance regarding the CSR and development of HIV and AIDS workplace programmes or policies.

A business that is dedicated to its staff development and empowerment is, in effect, already practising some components of CSR (Taylor, 2015). Corporate social responsibility (CSR) is very important for the sustainability of a firm. It is a responsible tourism business decision that can lead to sustainability when HIV and AIDS are factored into decision-making as part of business management regarding the wellness of its employees. This will ensure staff retention and improve profitability (Rossouw, 2015).

The CSR and sustainable tourism agendas need to be accelerated, with the anticipation that companies can look beyond philanthropy and environmentalism, and rather focus on adapting how they do their business (Taylor, 2015). Against this background, it can be understood that the increase of HIV and AIDS in businesses does result in the loss of profitability and the probability and it presents an economic concern, particularly for the tourism industry. It is thus the intent of this research paper is to assist tourism workplaces within the Eastern Cape in assessing whether CSR can be used as a strategy to manage HIV and AIDS within the workplace.

Methodology

Research design

Research design is the framework or plan used to guide researchers in collecting and analysing data for a study (Vogt, Gardner & Haeffele, 2012). The paper was solely based on qualitative research, which involved both primary and secondary research methods.

Data collection methods

Primary data for the current research study was obtained through in-depth interviews (IDIs). This type of data collection is different from the structured or standardised interview, where the respondent receives questions with fixed response categories. The in-depth interview, while focused, is discursive and allows the researcher and respondent latitude to explore an issue within the framework of guided conversation (Kadam, Shaikh & Parab, 2013). For the purpose of this research, a database obtained from the Eastern Cape Parks and Tourism Agency (ECTPA) (2014) acted as the primary source of tourism businesses found in Buffalo City (BC). The database provided by the ECPTA was supplemented with other tourism databases as provided by the BC tourism office. The final sample frame contained only formal tourism businesses within Buffalo City (BC) that were registered with SARS. In this study, there were fifteen (15) in-depth interviews conducted with tourism stakeholders and one (1) in-depth interview was conducted with a tourism business that provided evidence of their HIV and AIDS workplace programme. The duration of each interview was approximately 45 minutes each.

Secondary data was also collected through relevant books, journals, statistics, and the like.

Sampling

For the purpose of this study, a non-probability sampling method, namely purposive sampling, was utilised. In purposive sampling, the researcher uses his or her expert judgment to select participants that are representative of the population (Saunders, Lewis & Thornhill, 2012). The sampling frame for the current study was mainly supplied by the Eastern Cape Parks and Tourism Agency (ECPTA), the government agency tasked with the oversight of biodiversity, conservation and tourism in the Eastern Cape Province. As a tourism authority, it is authorised to control the database of tourism products in the Province. This database contained names and contact details for registered tourism businesses in BCMM, which included tour operators, accommodation establishments, conference centres, travel agencies, and restaurants.

Throughout this study thorough checking was practised to ensure that all necessary procedures of the sampling process were adhered to.

The research instrument

According to Annum (2016), a research instrument is a tool used to collect data. An instrument is a tool designed to measure knowledge attitude and skills. For the purpose of the current study semi-structured interview schedules were utilised.

The current study involved only a qualitative tool by means of an interview schedule. The current study made use of an interview schedule that contained a set of questions with structured answers to guide the interviewer. There were two (2) different types of interview schedules that was used in the study for the respondents. The first interview schedule was used for the key stakeholder interviews and contained two (2) sections. Section 1 (one) included a brief demographical section on the interviewee, while section two (2) incorporated the initial interview. The second interview schedule was designed for the workplace and provided evidence of an HIV and AIDS workplace programme. The schedule contained two (2) sections: the first section included a brief demographical section on the interviewee and details of the workplace and the second section provided a list of possible HIV and AIDS good outcomes or practices. Both interview schedules

contained a cover page that explained the purpose of the study; it ensured that participants would remain anonymous and confidentiality would be guaranteed.

Piloting and pre-testing of tools

The research instrument for the current study was revised, and in order to strengthen its validity, the interview schedules were circulated to researchers at the Human Sciences Research Council (HSRC), academic staff at the Nelson Mandela Metropolitan University (NMMU) and tourism business owners. Based on the feedback received from the pre-tested sources, the interview schedules were modified. The main purpose of the pre-test was to validate the questions of the study.

The process of analyzing qualitative data

The first step to data analysis was to categorise the data according to guiding questions or themes; in other words, to combine responses for each question. The second step was to read through responses to each question, identifying repeating ideas within each question and giving it a code, then jointly develop a code list giving similar passages of text, including direct quotes, a code label. The next step of the analysis was to identify all passages that are coded the same way under each question and that is given the same label. They were put together as sub-themes under each question. The final step to analysing qualitative data was to review the codes and eliminate less useful ones, and combine smaller categories where there is small data into larger ones, or if a very large number of responses have been assigned the same code, that category must be sub-divided. The codes were given meaningful names that give an indication of the idea or concept that underpins the theme or category and relevant supporting literature was found.

Validity and reliability

The validity and reliability of scores derived from measuring instruments have a profound influence on the extent to which a researcher can learn about the variables under investigation (Leedy & Ormrod, 2015). Validity and reliability are two factors about which any qualitative researcher should be concerned while designing a study, analysing results and judging the quality of the study.

To ensure the validity of data acquired in the study, the following steps were taken:

- A clear explanation of the rationale of the study was provided to each respondent prior to the interview;
- A copy of the interview schedule and cover letter was sent to the respondent to allow time to ponder answers to the questions before the initial interview;
- A pilot study was conducted; and
- Discussions were held with senior academics at both NMMU and HSRC, who had had previous experience in similar studies.

Leedy and Ormrod (2015) state that reliability is the consistency with which a measuring instrument yields a consistent outcome. In the current study, this was achieved by:

- performing an all-inclusive literature study in the field of interest;

- having the interview schedule critically reviewed by the researcher's promoters at HSRC and other academics at NMMU;
- pre-testing the interview schedule and paying meticulous attention to the level of understanding regarding the wording of the questions; and training and supervising the fieldworkers when performing the IDIs

Trustworthiness of qualitative data

According to DeVault (2016), trustworthiness of a research study is important to evaluating its worth. Trustworthiness involves establishing (a) credibility; (b) transferability; (c) dependability; and (d) confirmability.

The following such strategies were employed for the purpose of the study:

- Accounting for personal biases which may have influenced findings;
- Acknowledging biases in sampling and ongoing critical reflection of methods to ensure sufficient depth and relevance of data collection and analysis;
- Meticulous record keeping of IDIs;
- Demonstrating clarity in terms of thought processes during data analysis and subsequent interpretations;
- Engaging with other researchers to reduce research bias;
- Respondent validation, which included inviting participants to comment on the interview transcript and whether the final themes and concepts created adequately reflect the phenomena being investigated;
- Data triangulation, whereby different methods and perspectives help produce a more comprehensive set of findings (Noble & Smith, 2015).

Ethical considerations

All information gathered was treated with confidentiality and participants' names and workplace names were not attached to phrases or comments reported in the final document. Interviews were recorded and participants were aware of the recording, as they had agreed to this prior to the interview. All recordings were kept secured at all times. The participants of this study were not compelled to participate in the study and only agreed to do so out of their own free will. Respondents were asked to complete a consent form in which they acknowledged that they were participating in the study voluntarily and were not forced to do so in any way.

Findings of the study

A total of 15 IDIs were conducted with tourism key stakeholders within the Buffalo City Metro (BCM). Majority of the respondents were in senior management positions (74%), with the largest group of the respondents (40%) aged between 35 to 44 years old. The results reflected that the majority of the respondents (79%) were South Africans with 53 per cent of the respondents being women and that the remaining 47 per cent men. The results disclosed that the majority of the respondents (67%) have a post-graduate qualification.

The respondents were asked to indicate whether they felt that HIV and AIDS is a priority in the world of work within the tourism industry. More than 80 per cent of the respondents felt that the tourism industry is not an example of an industry that has evidenced success stories in dealing

with HIV and AIDS. The respondents further indicated that they feel HIV and AIDS is not being made a priority within the world of work and management does not realize the impact this disease could have on their employees. At least 40 per cent of the respondents felt that HIV and AIDS affect the lives of family members of those employees who are infected with HIV and AIDS. More than 50% of respondents have practiced some sort of CSR activities within their workplaces and felt this has helped them deal with HIV and AIDS within their respective workplaces. Respondents further indicated that practicing CSR has helped them manage the impacts of HIV and AIDS in the workplace. About 40 per cent of respondents mentioned that they use the 1st of December (World AIDS day) each year to involve the families and community at large who is affected with HIV and AIDS.

Some of the comments below made by the respondents:

> "The company should reach out to their staff whether putting somebody to alcohol rehab, whether assisting somebody where there's abuse in the family. It all treated in much the same way, it would been the same with humanity that they would treat somebody who's got TB or HIV and AIDS."

> "Workplaces must deal with HIV and AIDS and look after their staff as part of their social responsibility"

> "I have come across quite a number of very good example where owner selectively is looking at issues around sustainability, but also social ecological sustainability also taking HIV into account, so the tourism sector is for me not an example as far as HIV and AIDS is concerned, the tourism industry doesn't feature."

> "HIV and AIDS does not only affect the employee as an individual but it also starts to affect the families of their employees and a business needs to help as a corporate responsibility, because if a worker is ill he is unable to work."

> "Dealing with this disease is important for business and if you take care of your staff it will create a good image and the social, corporate social responsibility. It will help you and you will have good public image"

Recommendations

This paper provides a sound basis for tourism businesses to incorporate CSR within their operations. Government has developed a number of strategies to assist workplaces. However, it is recommended that these strategies are presented to the workplaces in the form of workshops or road shows so that the employers know how to utilise these strategies and how it will benefit their organisation/s. There should be resources available to smaller businesses to assist them with dealing with HIV and AIDS. Employers need to understand the importance of employee information. They need to realise the importance of confidentiality and empathise with their employees and assure them that their status is confidential. It is recommended that a national policy is developed and that it is focused specifically on the tourism industry owing to its unique characteristics. This policy should be developed with the aim of guiding tourism managers on how to deal with HIV and AIDS in the workplace.

More than 50 per cent of respondents felt that there is a lack of support in the workplace for people living with HIV and AIDS. It is recommended that workplaces develop support groups for people living with HIV and AIDS. Workplaces should also provide counselling to people who are infected

with and affected by HIV and AIDS. Tourism workplaces should join forces annually and make use of World AIDS Day (01 December) as a social platform and a catalyst to create awareness and increase knowledge among employees on HIV and AIDS within the tourism industry. It is recommended that future researchers conduct a longitudinal study and investigate more ways in which businesses can manage the impact of HIV and AIDS in tourism workplaces. The study contributed to an improved understanding of CSR and how it can be utiised to manage the impact of HIV and AIDS in tourism workplaces and can be served as a basis for future research.

Limitations

Limitations are potential weaknesses and shortcomings that are out of the control of a researcher (Adu, 2014).The study only focused on tourism businesses in the Buffalo City area. The study only included tourism businesses that are formally registered with the South African Revenue Services (SARS). The study further only included workplaces that showed evidence of specific good outcomes related to HIV and AIDS. The database that was obtained from the Eastern Cape Parks and Tourism Agency (ECPTA) was not accurate. When contacting these tourism workplaces, the following issues were noted:

- Some tourism workplaces no longer exist;
- The contact numbers were no longer in use or incorrect contact numbers were given; and
- The businesses on the database were not all tourism-related.

Lastly, owing to financial constraints the researcher was unable to employ fieldworkers to assist with the data collection which resulted in the researcher having to collect the data.

Conclusions

The HIV and AIDS epidemic primarily affects the working age adults, because infected employees become ill, they are absent from work because of taking sick leave, and this interrupts operational activities. This interruption is further increased when the more qualified and experienced employees are absent from work, and finding a temporary replacements becomes very difficult. HIV and AIDS remain an increasing threat to Buffalo City and its ability to be a productive, sustainable and well-governed area. The tourism sector is particularly vulnerable because it is an industry that is diverse in terms of its workplaces and it consists of frequent interaction between employees and customers or tourists, as well as the interaction among tourism workers, visitors and the local population**.** A number of factors could play a role in determining a company's response to HIV and AIDS. Practising CSRis one effective method by means of which a business can contribute towards the management of HIV and AIDS. The study makes a contribution to a largely under-researched area concerning HIV and AIDS in the tourism industry. It is recommended that future researchers conduct a longitudinal study and investigate more ways in which businesses can manage the impact of HIV and AIDS in tourism workplaces.

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