Mentoring of SMEs by big corporate industries as a way of mitigating the negative impact of HIV/AIDS, with particular reference to the Western Cape.

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DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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Abstract

The impact of HIV/AIDS on small and medium enterprises (SMEs) is little known in South Africa. SMEs are arguably the largest employer, nationally, particularly in the Western Cape. Unfortunately, SMEs fall within the profile of businesses that have neither measured the prevalence and impact of HIV/AIDS on their businesses, nor devised a response to it. Realizing the risks and costs posed by HIV/AIDS in their business partners, chief executive officers of Western Cape corporate employers, signed a pledge to mentor SMEs. This paper focuses specifically on the mentorship programme of South African Breweries (SAB), which uses taverns and shebeens as a platform for education and awareness programmes in the fight against HIV/AIDS.

This was a comparison study, which measured the Knowledge, Attitude and Practice (KAP) of trained and untrained tavern owners in four geographical areas to determine how business has responded to the epidemic. A quantitative research approach was used. The study revealed that the experimental group (trained tavern owners) displayed greater basic knowledge and understanding of HIV and AIDS, than the control group (untrained tavern owners). Some of the challenges facing workplace programmes were the involvement in programmes without enough information.

The study concluded that without capacity building through methods such as instruction, coaching, providing experience, modeling, advising, training, information sharing and resources by corporates, the negative impact of HIV/AIDS in SMEs will not be mitigated. While the survey results suggest the need for greater involvement by corporates in mentoring programmes, further research on the role of the private sector in HIV/AIDS management is necessary.

Opsomming

Die doel van hierdie studie was ‘n vergelyking tussen vier geografiese streke in terme van die vlak van Kennis, Houdings en Praktyke (algemeen bekend as sogenaamde “KAP” studies) ten einde te bepaal hoedanig onderneming reageer op die pandemie.

Die studie bevind dat daar ‘n baie groot behoefte aan kapasiteitsbou bestaan en dat dit absoluut noodsaaklik is dat dringende aandag gegee moet word aan opleiding in areas soos voorligting, modelering en voorkoming.

Voorstelle in terme van bogenoemde word gemaak en verdere areas vir navorsing word uitgewys,

1. Introduction

It is estimated that HIV/AIDS has already killed more than 3 million people while about 40 million people around the world are living with HIV. Moreover, the epidemic is more concentrated in Southern Africa. It has been argued that the Sub-Saharan Africa has just over 10 percent of the world's population, but is home to more than 60 percent of all people living with HIV, is 25.8 million (UNAIDS, 2005). HIV/AIDS has an impact not only on the health of people in the continent, but in all spheres of life.

The devastating impact of HIV/AIDS in South Africa's organizations is undeniable. Its impact is not only felt by the affected organizations, but also by employees, their dependants and the government. This has an impact on the economy, as well as the socio-economic well-being of the country. Medical schemes, insurance companies and employers are faced with the huge economic and social costs that are related to the extremely high numbers of infected people (Van der Merwe, 2004). Moreover, it is now widely accepted that organizations are faced with prolonged staff illnesses; absenteeism and death are already impacting on productivity, employee benefits, occupational health and safety, production costs and workplace morale (SABCOHA, 2004).

Kramer (2001) warned that without intervention, by the year 2010 South Africa's GDP could be 5.4 percent smaller than it would have been because of the number of people ill and dying of AIDS-related illnesses. He also claimed that about 20 percent of our workforce was HIV positive (the figure for the Western Cape was 8 percent, but without intervention the figure could rise to 12 percent by 2005[1]). Small and medium enterprises (SMEs) are arguably the largest employer in this country, particularly in the Western Cape (MEDS, 2005); therefore they are the key contributors towards the growing economy of this

[1] As at the time of this research, it could not be verified whether the projected 12% infection rate for the WC was reached.

country. Unfortunately, SMEs fall within the profile of businesses that have neither measured the prevalence and impact of HIV/AIDS on their business, nor devised a response to it (Van der Merwe, 2004:14). Kramer's (2001) hypothesis is that about 14 percent of the South African labour force will be lost to AIDS by the year 2010. This alarming figure means businesses will have to be serious about efforts to slow down AIDS and be ready to deal with high health bills and deaths caused by HIV/AIDS. As the responsibility for AIDS prevention becomes everybody's problem, businesses, especially big corporate industries, are being challenged to play a more proactive role (SABCOHA, 2004).

2. Aim of the Research

The aim of this research study is to determine whether mentorship by big corporate companies that have good practice, in terms of HIV/AIDS policies and programmes, could be used as one of the tools to mitigate the negative impact of HIV/AIDS in the SMEs of the Western Cape.

2.1 Research Objectives:

The primary objective of this research study is to provide information on mentorship of SMEs by large corporate companies that have good practice in terms of HIV/AIDS workplace policies and programmes. The specific objectives of the research study are to determine

- whether the mentorship of SMEs by said large corporate companies could be used as one of the tools to mitigate the negative impact of HIV/AIDS in the SMEs of the Western Cape;
- the knowledge, attitude, practice and perception of mentored or trained taverners and compare them with the untrained taverners; and
- how small and medium businesses have responded to the epidemic.

3. Literature study

3.1 Definition of concepts

3.1.1 Mentoring

Mentoring is a tool that organizations can use to nurture and grow their people. It can be an informal practice or a formal programme. Mentors demonstrate, explain and model. The mentor's job is to promote intentional learning, which includes capacity building through methods such as instructing, coaching, providing experiences, modeling, advising, training, sharing of information and resources (Jonker, 2005 and SABCOHA, 2004). Mentors, as leaders of a learning experience, certainly need to share their "how to do it so it comes out right" stories. They also need to share their experiences of failure, i.e., "how I did it wrong". Both types of stories are sound lessons that provide valuable opportunities for analyzing individual and organizational realities. Personal stories, anecdotes and case examples, because they offer valuable, often unforgettable insight, are shared. Mentors who can talk about themselves and their experiences establish a rapport that makes them "learning leaders." Mentoring, when it works, taps into continuous learning that is not an event, or even a string of discrete events. Rather, it is the synthesis of ongoing events, experiences, observations, studies, and thoughtful analyses. Within the mentorship process, a mentor often assumes multiple roles to bring about the enhancement of the mentee's professional, personal, and psychological development. At different times, the mentor may be a role model, advocate, sponsor, adviser, guide, developer of skills and intellect, listener, host, coach, challenger, visionary, balancer, friend, sharer, trainer, facilitator, and resource provider (www.sonic.net).

3.1.2 Mentorship role in mitigating the negative impact of HIV/AIDS

SABCOHA argues that, ‘for business to have a meaningful impact on the AIDS pandemic, internal and external HIV/AIDS strategies need to be harmonized; that is, business must understand and manage business-pacific and market-driven threats and opportunities’. In recognition of this, BMW, VWSA, Daimler Chrysler,

South African Breweries and Eskom in South Africa have already expanded the scope of their response, to include upstream suppliers and downstream dealers, the geographic community, or related industry sectors, such as metal and engineering for automobile industry and barley farms and licensed taverns and shebeens for South African Breweries (SABCOHA, 2004; Sauls, 2005).

3.1.3 Small and Medium Enterprises (SMEs)

There is no definition of a small enterprise that everyone agrees upon, but it is generally a description of any enterprise with less than 50 -100 employees, and includes profit-making enterprises (businesses) as well as nonprofit enterprises (such as co-operatives). Within the definition small enterprise, many people are recognizing a large number of very small (or micro) enterprises, with less than five employees. Small enterprises are also sometimes called SMMEs (small, medium and micro enterprises), a term which includes the larger end of the small business sector - medium-sized businesses (which employ up to 200 people) (Seda, 2003). Small and medium-sized enterprises (SMEs) represent over 90 percent of enterprises in most countries, worldwide. They are the driving force behind a large number of innovations and contribute to the growth of the national economy through employment creation, investments and exports. (WIPO, 2004).

3.1.4 Big corporates

Big business, according to Wikipedia (2004), is a commercial enterprises organized and financed on a scale large enough to influence social and political policies; it is an enterprise growing so powerful it is difficult to regulate effectively; a pejorative term referring to large corporations alleged to have disproportionate political and economic power.

3.1.5 Best practice in terms of HIV/AIDS workplace policy and programmes

It is the practice about how diverse solutions can make a difference to similar problems, understanding the dynamics of HIV/AIDS in the varied workplace settings and searching for new

ways of responding to new challenges are extremely good investments in shaping our respective contributions to and involvement in the response to HIV/AIDS. Through its Best Practice Collection, UNAIDS, together with its partners, is making available to the broader audience examples of approaches, lessons and guidance in the response to HIV/AIDS (Fahlen, 2003). Good practices provide useful information, examples and lessons, but not a simple formula to be duplicated in other contexts, although replicability is an important consideration. Good practices contextualize the various compliance issues raised in a given case. It might be said that the good practices provide 'jurisprudence' or the interpretive elements for identifying and promoting effective responses to HIV/AIDS in the workplace. While the good practices are not systematic, they offer an insight into how individual workplaces are coping in effective and sometimes innovative ways with the impact of HIV/AIDS. (ILO, 2004).

4. Research Hypothesis

Mentoring of SMEs by big corporate industries is a way of mitigating the negative impact of HIV/AIDS.

5. Research Methodology

5.1 Research Design

According to Christensen (2004), the research design refers to the outline plan, or strategy specifying the procedure to be used in seeking an answer to the research question. However, Leedy and Ormrod (2001) argue that to extract meaning from the data, one employs what is commonly called research methodology. They also argue that the methodology to be used for a particular research problem should always take into account the nature of the data that will be collected in the resolution of the problem. It has also been argued that different research problems lead to different research designs and methods, which in turn result in the collection of different types of data and different

interpretations of those data. Therefore in this research the quantitative research approach will be used in contrast to qualitative research approach. The quantitative research is used to answer questions about relationships among measure variables with the purpose of explaining, predicting, and controlling phenomena (Leedy and Ormrod, 2001). In this research a survey study will be conducted where 40 taverns (SMEs) that were mentored will be experimental group and the other 40 that will be randomly selected will be the control group. The plan is to have equal number of respondents - 40 from the experimental group and 40 from the control group - and to administer all 80 respondents at the end of the study to test independent variables. According to Christensen (2004), independent variables are those that the investigator is interested in because they are hypothesized to be the causes of the presumed effect. For the purpose of this research, the availability of resources, knowledge, attitude and perception or practices of HIV/AIDS are the independent variables. The changing behaviour of tavern owners depends upon the mentoring or training by South African breweries, therefore taverns will be the dependent variables in this study. Statistical analyses will be used and compared to the scores of respondents to determine whether the training of the 40 mentored taverns (SMEs) have contributed in mitigating the negative impact of HIV/AIDS in their businesses. Microsoft Excel will be used for data analysis.

5.2 Sample

The plan was to survey 40 SMEs that were mentored by the big companies after they signed a pledge during an Industry Aids Breakfast, November 2001, and another 40 SMEs that were to be randomly selected. The Province's Department of Economic Development, with co-operation from the City of Cape Town Administration and a number of Human Resource (HR) practitioners from private companies, initiated a breakfast with Captains of Industry in November 2001. The breakfast resulted in buy-in from CEOs of big corporate employers in the province, where more than 40 business leaders, including CEOs from Woolworth's, Pick n' Pay, SA Breweries (SAB), Standard Bank, Engen, Eskom

and Metropolitan Life, signed the pledge to fight and be mentors to small and medium enterprises. Even companies that were not part of the breakfast have bought into the mentorship concept, for example BMW SA's decision to offer help to suppliers and dealers (SMEs) was partly about making inroads into the community and cascading their own HIV/AIDS programme beyond the walls of the workplace (SABCOHA, 2004). However, it has been argued that by mentoring the SMEs, the big corporate companies are realizing that, if they do not ensure that their suppliers dealt with the problem, the company could be at risk. As it was mentioned earlier, that the plan was 40 SMEs that were mentored by big corporate business, however, 36 mentored SMEs and only 28 not mentored participated in the survey. Secondly, only SAB was willing to take part in the survey; thus the survey only focused on mentored taverns and shebeens.

5.3 SAB's tavern mentorship programme

In partnership with the Western Cape Taverners' Association and the Planned Parenthood Association of South Africa (PPASA), SAB has embarked on an innovative programme, which uses taverns and shebeens as a platform for education and awareness programmes in the fight against HIV/AIDS. The HIV prevalence for the Western Cape for 2004 was 15.4 percent; however, it varied considerably in the different areas, ranging from 12.9 percent in Mitchell's Plain, 29.1 percent in Gugulethu and 33 percent in the Khayelitsha area (Department of Health, Western Cape, 2005). In April 2002, 17 tavern and shebeen owners were recruited from Khayelitsha and Gugulethu. Training was provided to them over a two-week period, which enabled them to provide information on sexual and reproductive health issues in their communities. They were also provided with condom dispensers, and trained to use a simple data-collection tool, which allows for measurement of the impact of their activities. On-going mentorship and education was provided through PPASA field workers. On graduating form the training programme, taverners were provided with posters and toolkits of educational material. Each Peer Educator provided education and information to at least 40 customers each month and on average 10 000 condoms are

distributed each month. The Peer Educators (who adopt the customer-first attitude and have to be educated before they are provide with condoms) also conducted workshops. Following the success of the pilot programme, training for a further 30 people from Mitchell's Plain and Wesbank also took place.

5.4 Data gathering

Since SAB has already mentored over 40 taverns (SMEs), the mentoring was a pilot study and because of it, a sound experience in terms of the procedure to be followed has been had. However, before a researcher actually started with gathering information, approval from the Stellenbosch Review Board committee was obtained. There were no obstacles that jeopardized the approval of this study because all ethical procedures were followed. For example, all respondents signed a consent form and in it the following statements as recommended by Christensen (2004:367) were included: i) What the study is about, where it was to be conducted, the duration of the study, and when the research participant were expected to participate was specified, ii) The statement also listed procedures that were to be followed and whether any of them were experimental, iii) In the description of the procedures, the attendant discomforts and risks were spelled out. Since the study was involving responding to a questionnaire, respondents were informed that they can refuse to answer, without penalty, any questions that make them uncomfortable, iv) The respondents were also told that they could withdraw from the study at any time without penalty, v) Finally, the respondents were informed as to how the records and data obtained will be kept confidential.

For data gathering a questionnaire was designed to survey the Knowledge, Attitude and Practice (KAP) Study on selected small and medium business sectors (taverns) in Wesbank, Khayelitsha, Gugulethu and Michells Plain and to determine how business has responded to the epidemic. The questionnaire was designed to serve as a structured interview because the researcher visited the

taverns and conducted the interviews. Furthermore, individual responses were treated as strictly confidential.

6. The importance of the study

According to WIPO (2004), SMEs are the driving force behind a large number of innovations and contribute to the growth of the national economy through employment creation, investments and exports. The impact of HIV/AIDS on the SMEs is little known in South Africa. Brad Mears, the chief executive officer of the South African Business Coalition on HIV/AIDS (SABCOHA), attributed the failure on the part of small companies to respond to HIV/AIDS to a lack of research, which would have helped these companies to better understand the specific issues that are faced by their respective industries and sectors. This study therefore will add value and enlighten the SMEs in terms of not only focusing on the immediacies of doing business, but also strongly recommending that the HIV/AIDS issue should also be at the top of the agenda of every strategic plan of the business. Secondly, the study will not only help SMEs but large businesses as well, as it has been argued that many big businesses have already expanded the scope of their response, by including upstream suppliers and downstream dealers, the geographic community, or related industry sectors in their strategies to fight the negative impact of HIV/AIDS in their businesses. For example, Dr Natalie Mayet, general manager of health and occupational medicine at BMW SA, argued that her company's decision to offer help to suppliers and dealers was partly about making inroads into the community and taking their own HIV/AIDS programmes beyond the walls of the workplace. However, she also warns that if companies do not realize the need to ensure that suppliers and dealers deal with the problem, the company could be at risk. "Who would supply us with windscreens and tyres and exhausts?" she asked (SABCOHA 2004:17).

7. Limitations of the research

Leedy and Ormrod (2001) argued that before the survey research is implemented, it is important to consider the limitations of the type of a research. One of the limitations of this research is that respondents were not equally represented; for example, 36 mentored respondents, but only 28 unmentored respondents participated in the survey. However, in an attempt to prevent a selection bias and to make sure that the survey results are the true reflection of the survey, percentages instead of numbers were used. Secondly, the survey does not cover all the sectors in the economy; therefore, the results cannot be generalized to the economy of the Western Cape as a whole.

8. Survey results

This section of the report presents the results of the survey conducted on mentored and unmentored taverns in different areas of the Western Cape. Questions and responses are divided into three categories, so that Knowledge, Attitude and Practice of tavern and shebeen owners could be tested. For each category, respondents' responses are compared to show how responses differed between mentored and unmentored taverns. The plan was to conduct a survey study where taverns (SMEs) that were mentored were the experimental group and the other 40 that were selected randomly would be the control group and at the end of the study the test was to be administered to all 80 respondents to test independent variables. However, only 64 tavern and shebeen owners participated in the survey. Participation in this survey varied considerably from these areas, ranging from 64 percent in Mitchell's Plain to 90 percent in Khayelitsha, while the average for all areas' participation was only 78.8 percent. The survey results suggest that the willingness to participate in the survey also varied according to the HIV prevalence of the area – the higher the prevalence of HIV in an area, the higher the level of participation in the area. Khayelitsha has the highest prevalence rate of 33 percent, followed by Gugulethu, 29.1 percent and Mitchell's Plain 12.9 percent (Department of Health, Western Cape, 2005). The numbers of respondents in the survey by area are presented in Table 1.

The highest response rate was recorded in Khayelitsha and the lowest in Mitchell's Plain. In total, 78.8 percent of those surveyed actually responded.

Table 1: Number of respondents

AREA	RESPONDENTS	RESPONSE RATE (PERCENTAGE)
Khayelitsha	18	90
Wesbank	16	80
Gugulethu	17	85
Mitchell's Plain	13	65
Total	64	78.8

Of the 64 respondents, 36 were mentored tavern or shebeen owners, which means that 90 percent of mentored taverns participated in the survey. In contrast, 28 (70 percent) of untrained tavern or shebeen owners participated in the survey. Low participation by unmentored tavern and shebeen owners suggests that the researcher did not have enough time to build a relationship with unmentored respondents. For instance, one would-be participant did not want to speak to the researcher because she argued that the researcher might be a police spy and since she was operating an unlicenced tavern, the information might be passed on to the police. Another stated that he was only the manager of the business; it transpired later that he was in fact the owner, but had the same fears of police spying. The numbers of both mentored and unmentored respondents by area are presented in Tables 2 and 3.

Table 2: Number of trained or mentored respondents

AREA	MENTORED/ TRAINED	RESPONSE RATE (PERCENTAGE)
Khayelitsha	10	100
Wesbank	9	90
Gugulethu	10	100
Mitchell's Plain	7	70
Total	36	90

Table 3: Number of untrained respondents

AREA	UNMENTORED/UNTRAINED	RESPONSE RATE (PERCENTAGE)
Khayelitsha	8	80
Wesbank	7	70
Gugulethu	7	70
Mitchell's Plain	6	60
Total	28	70

8.1 Understanding of the acronym HIV

Figure 1 compares percentages of trained respondents by areas that answered the question correctly or incorrectly. The survey results show that in all three areas, except for Khayelitsha, 100 percent of respondents answered correctly while 80 percent of Khayelitsha's respondents correctly understood the acronym. The same cannot be said of untrained respondents, where only Gugulethu and Wesbank were 100 percent correct for this question, with Mitchell's Plain 100 percent wrong and Khayelitsha going 50 percent both ways (Figure 2).

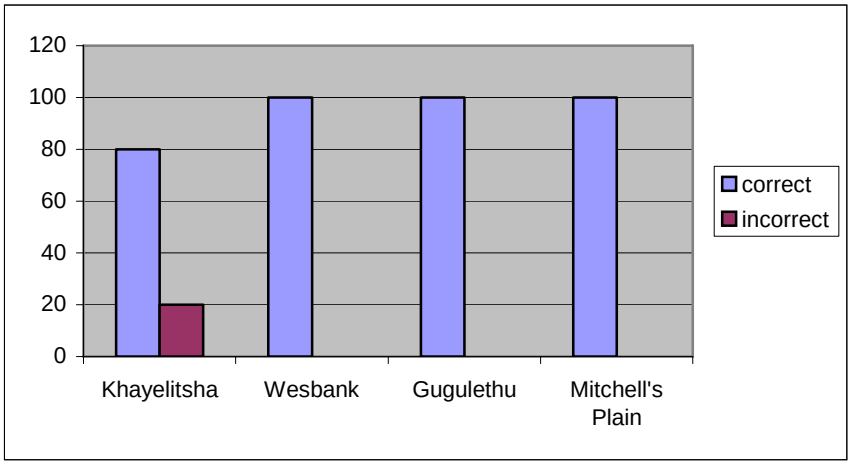

Figure 1: Trained respondents by area that answered the question correctly or incorrectly.

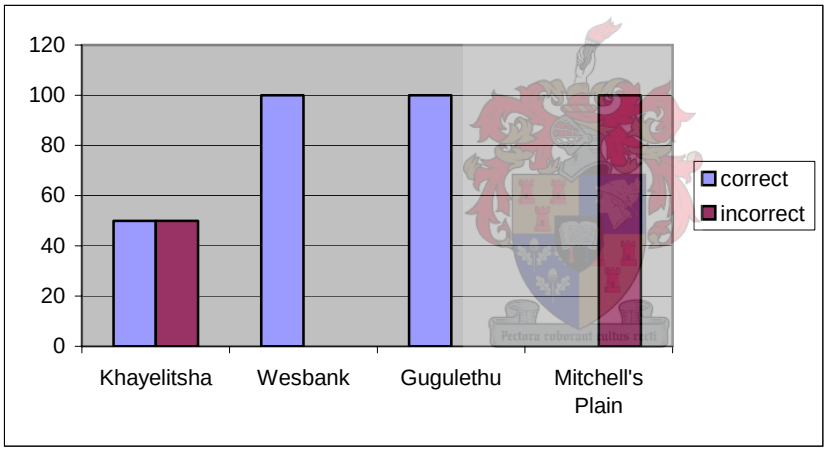

Figure 2: Untrained respondents by area that answered the question correctly or incorrectly.

8.2 Understanding of the acronym AIDS

Again, as in the previous question, there appears to be a strong link between training and level of understanding. Untrained respondents are still lagging behind in their understanding the AIDS acronym.

Figures 3 & 4 below illustrate this disparity. The survey results show that, with trained respondents, all three areas except Khayelitsha fully understood the AIDS acronym. Khayelitsha, though not quite 100 percent correct, were only 15

percent incorrect for this question (Figure 3). Again, with untrained respondents, Mitchell's Plain is leading with 83 percent incorrect, followed by Gugulethu and Wesbank, both got 55 percent incorrect, while Khayelitsha going 50 percent both ways (Figure 4).

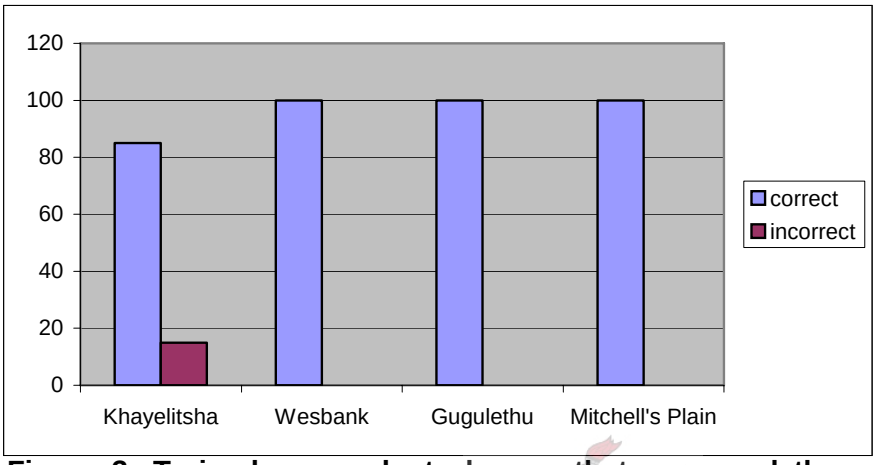

Figure 3: Trained respondents by are that answered the question correctly or incorrectly.

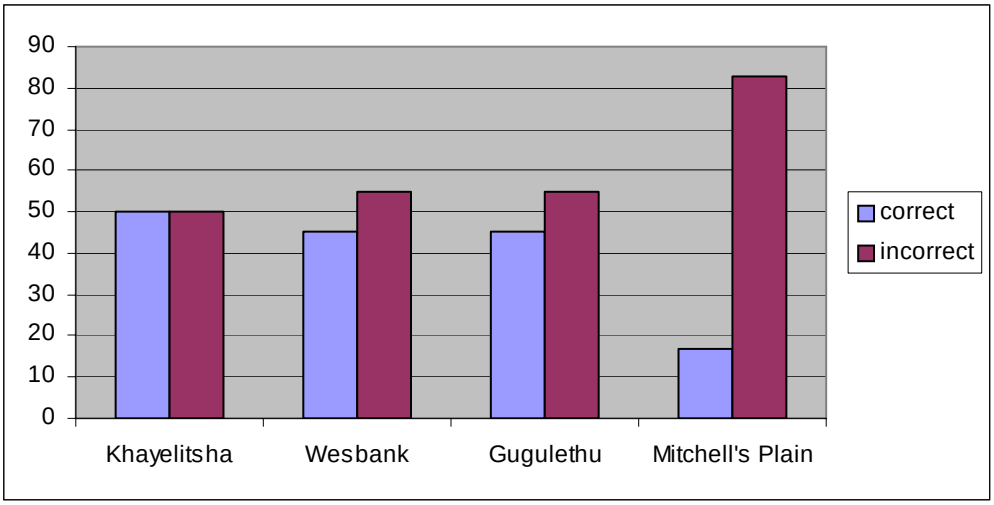

Figure 4: Untrained respondents by area that answered the question correctly or incorrectly.

8.3 Understanding of the acronym ART, and understanding of the concept adherence to HIV/AIDS treatment.

Antiretrovirals (ARVs) are a modern medical miracle, which have transformed the experience of those infected with the disease who have access to them (Policy Project, 2004). In developed countries, where highly active antiretroviral treatment (HAART) has been available, deaths and new cases of AIDS have fallen dramatically (Schneider, 2003). ARVs, although not a cure, have changed the status of HIV and AIDS to manageable, like any chronic disease. Secondly, ARVs have the potential to reduce the impact of HIV on households, communities, workplaces and the entire society (Martinson, 2002 & Schneider, 2003). However, adherence is the greatest challenge to antiretroviral treatment. If there is less than 95 percent adherence, there is a danger of developing HIV drug resistance. This means that the drug regimen the person is taking will no longer be effective. Furthermore, the person may pass on a drug resistance strain of the virus to another person. Resistance will also affect the CD4 cell count and health of the person, moving between good health and illness (AfA, 2003). Most importantly, trained tavern owners have been trained to advise their customers and employees that it is best to stop drinking alcohol before beginning ARV treatment because alcohol weakens their immune system, and can make one forget his/her medicine. However, one must not stop their medication if they have the occasional drink ('safe drinking' refers to an occasional drink in moderation) (Policy Project, 2004, AfA, 2003, Soul City and Khomanani, 2004).

It is encouraging to note that the vast majority of the respondents, trained or untrained, have an understanding of both questions. One respondent boasted that she got the information from a well-televised local program, 'Soul City'. However, one of the untrained respondents argued that he would not stop his customers from drinking even though he knew that he was doing a wrong thing. "I am in business, my friend," he said. "I don't want to lose a reliable customer. If I refuse to sell liquor to my customers they will support my competitors".

8.4 The existence and development of an HIV/AIDS policy.

An HIV/AIDS policy is a written document that sets out an organization's position and practices with regards to HIV and AIDS (Policy Project, 2004). A comprehensive policy defines a company's position and practices on HIV/AIDS and guides and sustains the awareness, prevention, treatment and care programmes. Moreover, SABCOHA & BER (2005) emphasizes that not only does a policy provide guidelines as to how a business should respond to HIV positive employees, but it should also provide a framework for action to reduce the spread of HIV/AIDS and manage its impact.

It was discouraging to note that none of the respondents in this survey has an HIV/AIDS workplace policy and no one was able to give a clear explanation as to why not. However, there appears to be a strong link between the size of a company or business and the implementation of HIV/AIDS policy (SABCOHA & BER, 2005). Interestingly the average number of trained and untrained tavern employees including owners is 2.2 and 1.5 respectively, meaning that they are micro enterprises. This serves to confirm the findings of the SABCOHA 2004 & 2005 surveys that employer responses to HIV/AIDS are strongly related to company size. The 2004 SABCOHA research revealed that small businesses, especially micro enterprises, were particularly scarce in a group of companies that had devised an HIV/AIDS policy. The research revealed that around 90 percent of large companies (those who have over 500 employees) had a policy in place; only 13 percent of small companies (fewer than 100 employees) in 2004

and 20 percent in (2005) had it, and none under 10 employees had it. Mears (2004) explains that the delay of smaller companies in responding to HIV/AIDS is by nature focused on the immediacies of doing business, for example, cash flow, VAT or the ability to pay salaries. A good HIV/AIDS workplace policy always contains an outline or a description of how the particular organization, institution or business is going to manage HIV/AIDS on a day-to-day basis (ILO, 2001). It sets the tone for HIV/AIDS workplace programmes.

8.5 HIV/AIDS programmes tavern implemented thus far.

A workplace HIV/AIDS programme outlines how all the different principles within the policy will be translated into practice in the workplace (Policy Project, 2004). An HIV/AIDS workplace programme is an action-oriented plan that organizations implement, in order to prevent new HIV infections, provide care and support for employees or customers who are infected or affected by HIV/AIDS, and manage the impact of the epidemic on the organization (ILO, 2001, Policy Project, 2004, SABCOHA & BER, 2005). Key elements or examples of these programmes include HIV/AIDS awareness programmes, HIV/AIDS Education and Training, Voluntary HIV testing and counseling programmes (VCT), condom distribution etc. All mentored taverns were actively engaged in HIV/AIDS related activities and most had initiated awareness and education programmes, by making condoms available, for example. The Peer Educators who adopted the customer-first attitude have to be educated before they provide them with condoms. However, with untrained taverns the survey revealed that condoms were distributed without training. Interestingly enough, no untrained taverns in Mitchell's Plain were actively engaged in any HIV/AIDS programmes. Moreover, disturbing comments made by one respondent from an untrained tavern in Mitchell's Plain revealed that stigmatisation, discrimination and ignorance are still high in some areas of the Western Cape. When asked what HIV/AIDS programme his tavern implemented so far, one respondent said, "None, I don't care; people have to take responsibility for their own lives if they are sleeping around". A breakdown of the results by trained and untrained taverns reveals a

significantly larger variation across the different areas. Moreover, the survey results also revealed that the untrained taverns that were distributing condoms did not have Condom Vending Machines; instead they store them in the cardboard. Thus, they are exposed to high temperatures, which make them easily damaged during sexual intercourse (AfA, 2003). Every employee has a right to a safe working environment (The Occupational Health and Safety Act, No. 29 of 1996), places a duty on all employers to ensure that, as far as is reasonably practicable, the working environment is safe and healthy for employees and customers and there will be compensation if injured at work (Occupational Health and Safety Act & Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993). Table 4 shows a comparison between the trained and untrained taverns by areas.

Table 4: Percentage of taverns that have implemented HIV/AIDS programmes by areas

	Khayelitsha	Wesbank	Gugulethu	Mitchell's Plain
Trained/Mentored	100	100	100	100
Untrained	40	40	20	0

8.6 Disclosure by employees or customers of HIV/AIDS status, and steps taken.

Everyone has the right to privacy and confidentiality with regards to HIV/AIDS (The South African Constitution Act, No.108 of 1996). The constitution is the supreme law of the country and all other laws must comply with it. The Bill of Rights within the Constitution sets out a number of specific provisions, which protect workplace rights. Section 23(1) states that "everyone has the right to fair labour practices" Moreover, voluntary disclosures of HIV status should not be disclosed to others without the individual's consent. Therefore, organizations should cultivate an enabling environment to ensure that employees or customers who disclose their HIV status are protected and supported (Policy Project, 2004).

Although the issue of voluntary disclosure is very sensitive, the survey revealed a degree of trust by customers and employees among trained tavern owners. Although trained tavern owners are also trained on basic counseling skills, it is encouraging to note that trained tavern owners are working closely with local clinics in terms of referral system for information, education, counseling and support and possibly for ARV treatment. The percentage of customers/employees who disclosed their status to trained tavern owners is high, but the survey revealed that no customer or employer ever disclosed his/her HIV/AIDS status to trained tavern owners in Mitchell's Plain. And a relatively small percentage of customers/employees in untrained taverns have disclosed.

Table 5 presents the percentage of both trained and untrained taverns by area where customers or employees disclosed their status.

Table 5: Percentage of taverns by area where employees or customers disclosed their status.

	Khayelitsha	Wesbank	Gugulethu	Mitchell's Plain
Trained/Mentored	40	44	60	0
Untrained	12.5	0	28.6	0

8.7 The expected negative impact of HIV/AIDS on the business

HIV/AIDS impacts immediately at the individual and household level but it is not yet clear what the impact will be beyond the micro level since the effect will be slow but complex set of changes to the social and economic system (Whiteside & Sunter, 2000). According to Bruton (2002), at the level of the workplace, the impact of HIV/AIDS will affect productivity, competitiveness and profitability. There will be greater competition for skilled workers, so remuneration costs may rise (Bowler, 2002). Competitiveness will be compromised, as production targets will not have been met, delivery times will become erratic, quality will fluctuate, and production costs will increase and selling prices will increase in an attempt to

maintain profitability (Bowler, 2002). Households will be adversely affected as money is diverted to medical and care expenses (Bruton, 2002). Credit may need to be written off as customers die and sales volumes decrease (Whiteside & Sunter, 2000). Stein (2001) states that there will be a reduction in savings and reduced disposable income as expenditure shifts to health and funeral-related expenses. It is possible that crime rates will increase as policing becomes less effective (Whiteside & Sunter, 2000). The survey results revealed very interesting responses to this question; however, Wesbank trained tavern owners lead the group by responding 100 percent that they are expecting HIV/AIDS to have negative impact on their businesses in future. One respondent from a trained Wesbank tavern owner argued that he cannot sell liquor to a sick customer, because "it is unethical to kill, I would rather lose business"; however, one untrained tavern owner in Mitchell's Plain asserted that he could not foresee any negative impact to his business as his customers were from the Coloured group and "most Coloured people are not infected with AIDS". However, an untrained tavern owner in Gugulethu argued that he would have both negative and positive impacts. The positive impact, according to this respondent, is that when customers hear that they are HIV positive, they will want to drink more, in that way they will be bringing more money to the business; however, he also argued that when a customer is very sick she/he will be hospitalized, stay at home or even die, thus his business would lose money and sometimes reliable customers. Certain comments made by some respondents from Mitchell's Plain and Khayelitsha revealed a degree of uncertainty and ignorance regarding the negative impact of HIV/AIDS in their businesses in future. Overall, the survey revealed that a large percentage of trained tavern owners believed that HIV/AIDS would have a negative impact in their businesses in future. This has encouraged them to plan accordingly to try to mitigate the negative impact of HIV/AIDS.

Figures 5 & 6 show the percentage of companies reporting about the negative impact of HIV/AIDS in their business.

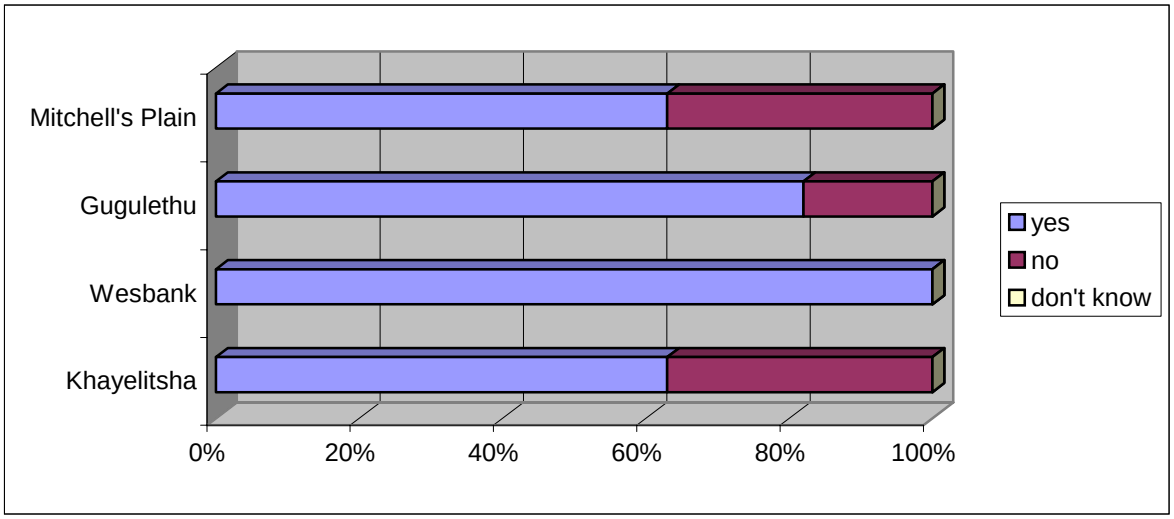

Figure 5: Percentage of trained respondents by area that answered the question yes, no or don't know.

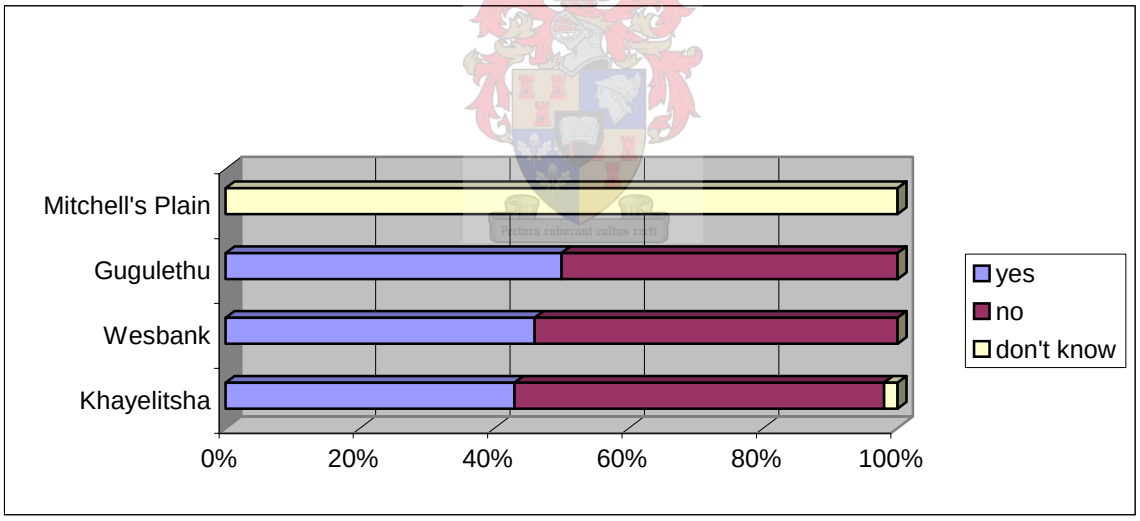

Figure 6: Percentage of untrained respondents by area that answered the question yes, no or don't know.

9. Findings from the research

Only 64 tavern and shebeen owners participated in this survey. Participation varied considerably between different areas, ranging from 64 percent in Mitchell's Plain to 90 percent in Khayelitsha, while the average overall participation was

78.8 percent. The survey results also suggest that the willingness to participate in the survey varied according to the HIV prevalence in a given area – the higher the prevalence of HIV in an area, the higher the number of participation. Khayelitsha, for example, has the highest prevalence rate (33%) as well as the highest percentage of respondents (90%), followed by Gugulethu with 29.1 percent prevalence and 85 percent participation, and then Mitchell's Plain with 12.9 percent prevalence and only 64 percent participation. With the low participation of unmentored or untrained tavern and shebeen owners, the survey results seem to suggest that there was little or no relationship established between the researcher and untrained tavern owners. The average number of trained and untrained tavern employees, including owners, is 2.2 and 1.5 respectively, meaning that they are micro enterprises. This serves to confirm the findings of the SABCOHA 2004 & 2005 survey that employer responses to HIV/AIDS are strongly related to company size. The 2004 SABCOHA research revealed that small businesses, especially micro enterprises, were particularly scarce in the group of companies that had devised an HIV/AIDS policy. Analysis of the data also reveals that taverns in the higher HIV prevalence areas tend to have the highest number of participation in programmes that are aimed at mitigating the spread of HIV and AIDS. Some of the most important and challenging issues raised by this research include how to motivate and convince areas that are currently having low HIV/AIDS prevalence to be involved in these programmes. The key to this is to break the apparent myth that their area is insulated from the effects of HIV/AIDS. Even if their area presently has a low prevalence, factors like migration and unwitting contraction of HIV/AIDS could change that, in which case they would be caught unprepared, resulting in a rapid spread of HIV/AIDS. The comparative analysis revealed that there is a very big difference in terms of knowledge, attitude and practices between trained and untrained taverns. The results for the comparative analysis can be summarized as follows:

i) The survey results showed that 96 percent of trained tavern owners had the correct understanding of the acronym HIV; the same cannot be said of untrained tavern owners – only 63 percent had the correct understanding.
ii) The research also revealed that 96 percent of trained tavern owners had the correct understanding of the acronym AIDS, but only 44 percent of untrained taverns had the correct understanding.
iii) A higher percentage (100%) of trained tavern owners indicated that they have implemented HIV/AIDS programmes, compared to untrained tavern owners.
iv) The percentage of trained tavern owners who indicated that customers or employees have disclosed their HIV/AIDS status was 36 percent compared to 1 percent untrained tavern owners.
v) The percentage of trained tavern owners who indicated that HIV/AIDS would have a negative impact in their businesses was 77 percent compared to 35 percent untrained tavern owners.

It was discouraging to note that none of the respondents in this survey has an HIV/AIDS workplace policy and no one was able to give a clear explanation as to why not. However, there appears to be a strong link between the size of a company or business and the implementation of HIV/AIDS policy (SABCOHA & BER, 2005). Some of the challenges facing workplace programmes are the involvement in programmes without enough information; this creates perceptions that HIV/AIDS is being dealt with, whilst it is in fact not the case. In light of these challenges, employers are being challenged to invest more time in empowering themselves about the disease before developing any kind of HIV/AIDS prevention programmes. Training employers about the epidemiology of HIV/AIDS is a necessary step towards reducing stigmatisation and discrimination, which will greatly help to set up a platform for more disclosure, so that both HIV positive customers and employees will be supported and be able to live healthy lives for a very long time. In this way they will be able to contribute towards the growth and development of the economy.

9. Conclusion

HIV/AIDS poses one of the greatest threats towards economic growth and human development in the Western Cape. Therefore, addressing the economic impact of HIV/AIDS in this province becomes a very critical and crucial issue. Since there is little information on the impact of HIV/AIDS on micro and small enterprises, as expected the experimental group (trained tavern owners) showed more basic knowledge and understanding of HIV and AIDS, than the control group (untrained tavern owners). Considering the above and previous finding, there are strong indications that confirms the reasons why SMEs fall within the profile of businesses that have neither measured the prevalence and impact of HIV/AIDS on their business, nor devised a response to it. Clearly, without capacity building through methods such as instructing, coaching, providing experiences, modeling, advising, training, sharing of information and resources by big corporates, the negative impact of HIV/AIDS in SMEs will not be mitigated.

While the intention of this research was not to generalize to all sectors of the economy in the Western Cape, its aim was to conscientize the private sector about the role they can play in mitigating the negative impact of HIV/AIDS in the economy. However, it is clear from this study that further investigation on the role of the private sector in HIV/AIDS management is necessary. This will enlighten businesses on risks and costs they might run into if they do not effectively manage the impact of the disease among their business partners, particularly dealers and suppliers. This research also offers some recommendations by pointing out and analyzing the contribution made by SAB, which can be replicated by other big corporate and SMEs. Finally, while this research does not offer solutions in terms of providing a strategy to mitigate the negative impact of HIV/AIDS on SMEs, the survey results suggest the need for greater involvement of big corporates in mentoring programmes.

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APPENDIX 1: SURVEY QUESTIONNAIRE

The following questionnaire will be used to survey the Knowledge, Attitude and Practice of taverns in Wesbank, Khayelitsha, Gugulethu and Mitchell's Plain in the Western Cape.

A KAP SURVEY CONDUCTED BY **THANDI MZIZI**, MPHIL: HIV/AIDS STUDENT FROM THE UNIVERSITY OF STELLENBOSCH

All information will be treated as confidential. Individual replies will not be published or quoted.

1). Contact details

1 (a). What is your position? / Owner, Manager or CEO?

_____

1 (b). Telephone number

_____

2). Labour force details

2 (a). Number of employees including the owner

_____

2 (b). Number of employees and their ages

_____

3. What is your understanding of the acronym HIV?

_____

4. What is your understanding of the acronym AIDS?

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5. What is your understanding of the acronym ART?

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6. What is your understanding of the concept adherence to HIV/AIDS treatment?

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7. HIV spreads through four major routes of transmission: What are these routes?

7.1----------

7.2----------

7.3----------

7.4----------

8. How do you protect yourself against HIV infection?

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9. Have you attended any HIV/AIDS training in the last 12 months?

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10. If yes, who paid for your training?

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11. Does your business have an HIV/AIDS policy?

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12. If Yes, How did you develop it? If no, why not?

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13. What HIV/AIDS programmes has your tavern implemented so far?

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14. If you have been distributing condoms, do you have Condom Vending Machines?

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15. If yes, was the Condom Vending Machine donated? Or purchased?

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16. If donated, by whom?

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17. Have any employee or customer ever disclosed his/her HIV/AIDS status to you?

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18. If yes, what steps did you take?

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19. Do you expect HIV/AIDS to have negative impact on your business in future and why?
