

The Impact of HIV/AIDS on the Performance of Business Organization in Nigeria

OYEDAPO, Williams Olulere

Department of Business Administration, Faculty of Management Science, Bestower International University, Benin Republic
Cotonou

Oyedapowilliams1@gmail.com

Abstract: *The study investigated on the impact of HIV/AIDS on the performance of business organization in Nigeria the study of Nigerian Breweries Plc Lagos. The epidemic threatens the business prospects of companies in the developing world in multiple ways: by raising labour costs, by shrinking consumer markets, and by adding to investment risks. The population comprises all staffs and employees of Nigerian Breweries Plc in Lagos State. Purposive sampling technique was used for the study to select Personnel and Human Resources Department of the Nigerian Breweries Plc and simple random techniques was used to select 100 staff as the respondents. Test-retest was used to check the internal consistency of the reliability and the Cronbach Alpha techniques was used which obtain reliability co-efficient of $r=0.88$. The finding shows that there is positive relationship between prevalence of HIV/AIDS and organizational effectiveness. It also affirms a positive relationship between awareness of HIV/AIDS and corporate strategy. The study recommended that the organization should create enabling environment through coordination of the specific interventions of implementing agencies for better impact, increase awareness and sensitization among the workforce about HIV/AIDS, maintain faithfulness and dedication to one's future partner/faithfulness to partner, if married and desist from condom as they apply to preventing HIV and other diseases.*

Keywords: Epidemic, HIV/AIDS, Lymphocytes, Pandemic.

Introduction

HIV/AIDS is currently more than a mere catchphrase in the business world. It is a pandemic that affects everybody in the workplace, whether or not they themselves are HIV positive or have AIDS (Succeed 2006). Because labour is a key resource in the life of organizations in general, the illness poses a major threat to business concerns. The HIV/AIDS pandemic is far more than a health issue (Loewenson & Whiteside 1997). Not only is it in the best interest of organizations to be aware of the disease and its implications, awareness of the disease is essential for their survival. Management has to be prepared for the pandemic, know what to expect and prepare the workplace accordingly.

The medical implications of HIV/AIDS on individuals have been broadly researched for various reasons, the primary one being that there is no final cure for the disease yet. Any cure that is discovered may well be unaffordable for most Nigerians. To date, anti-retroviral drugs to prolong the lives of infected individuals, such as Nevirapine, have been developed although there are ongoing debates about whether or not the drugs should be made available to Nigerians. Unfortunately, there is no vaccine or drug that completely destroys the virus. Furthermore, some research has been conducted on the psychological effects of HIV/AIDS (for example the discovery of AIDS Dementia Complex, or ADC). Research on the economic impact of the disease is also currently being carried out.

The epidemic threatens the business prospects of companies in the developing world in multiple ways: by raising labour costs, by shrinking consumer markets, and by adding to investment risks (Rose *et al.* 2003). Responses to the 2003-4 executive opinion survey of the world economic forum indicate that 53 percent of companies in developing countries believe that HIV/AIDS has had or will have a serious impact on their business (Bloom *et al.* 2004). International organizations and developing country governments are increasingly looking to the private sector for partnership, leadership, resources, and action in the fight against AIDS. The UN Security Council issued a resolution in 2001 that called for more rigorous corporate response. The International Finance Corporation, the branch of the World Bank that deals with private sector, now promotes anti-AIDS programme (IFC, 2002).

The potential effects of HIV/AIDS in the workplace cannot be avoided. The impacts of HIV/AIDS on business organizations include in the amount of work disruption, decrease in life expectancy, decimation of the workforce, impoverishing families, dramatic change in markets, decrease in employee morale, increase in payment of employee benefits e.g. pensions, discrimination suits and huge monetary cost of employee benefits. Furthermore, managers must realize that they cannot replace employees simply because these employees have become less productive. It makes good business sense for companies to respond to the epidemic because of the direct impact of STDS on business. HIV/AIDS affects people who are in their most productive years. Effective HIV/AIDS policies will help management to cope with these issues and can also lead to increased awareness and knowledge that could impact on a reduction in the pandemic (Rose, 2001).

In Nigeria, the impact on business is enormous. Research conducted by National AIDS and STD Control Programme (NASCP, 2002) concluded that a company with one thousand employees could save about N10 million in indirect costs over a ten-year period by spending N10,000 upfront and a further N25,000 a year on an AIDS intervention programme. It is vital to create awareness amongst business of the challenges that HIV/AIDS presents. The formulation of guidelines as to how businesses can prepare themselves for a potentially dismal future is equally vital. An in-depth study of the problem of the impact of HIV/AIDS on business will serve these purposes and will be useful to businesses.

Explanation of Related Terms

“HIV” and “AIDS” are well known acronyms, but the true meaning of what they actually mean escapes most people. HIV is generally known to be a virus potentially leading to fatality, but more detailed information is necessary if one wants to understand the nature and effects of HIV and the AIDS pandemic. An explanation of some technical terms is given to provide insight into underlying concepts that are HIV/AIDS related (Bovo, 2001)

An **epidemic** is an outbreak of a disease within a population, whereas a **pandemic** is a widespread disease outbreak affecting the population of an extensive area of the world. The term pandemic is used for the purpose of this dissertation.

Lymphocytes otherwise known as lymph cells, feed other cells, control cell growth and guard against infection. Lymphocytes are the most common kind of cell in the human biological defense system, commonly referred to as the immune system. Lymphocytes help to prevent cancers by controlling cell growth and they help to protect against infections by producing antibodies (protein s that fight infections). A virus is a sub-microscopic organism that can replicate only when it is inside another cell. Viruses are disease-causing agents that are too miniscule to be observed through a customary microscope. Viruses are parasitic in nature and are dependent on living host cells to survive and breed. In the case of AIDS, the virus depends on the body’s lymph cells.

Cluster Differentiation (CD) refers to a marker protein (through which information is exchanged between immune cells) embedded in the surface of cell membranes or the inferior of cells (Marieb 1998). CD molecules determine which other molecules can bind to a given cell (for example, the CD4 marker allows HIV to invade certain types of cells).

T-cells are white blood cells that play an important part in the immune system. There are three major types of T-cells, T-helper (CD8 cells), T-suppressor (CD8 or T8 cells) and T-killer (cytotoxic T-lymphocytes or CTL).

CD4 Count refers to a protein embedded in the surface of some T-cells and certain other cells (e.g. macrophages, Langerhans cells, glial cells). HIV invades cells by attaching to their CD8 receptor. The number of helper T-lymphocytes in a patient’s blood usually expressed as the number of cells per cubic millimeter. When this value drops below 200, the patient has AIDS. Another name for CD4 count is a T-cell count.

CD8 (T8) refers to protein embedded in the surface of killer and suppressor T-lymphocytes. Blood tests that look for suppressor T-lymphocytes are actually looking for the protein.

The **CD4/CD8 ratio** is the ratio of CD4 cells to CD8 cells. In healthy individuals the CD4/CD8 ratio is about 2. This means that there are two CD4 cells for every one CD8 cell.

A **viral load** is a group of tests that measure the amount of HIV in the blood. One way to do this is by means of a technique developed by Kerry Mullis called Ploymerase Chain Reaction (PRC). PRC is a method of amplifying a specific DNA segment and is used for the rapid diagnosis of infectious diseases. This method also detects rare pathological events such as mutations, which makes it popular for AIDS research.

HIV (Human Immunodeficiency Virus) is the term most scientists prefer to use for the virus that causes AIDS (Cox, 2000). HIV is a retrovirus. This means that it lacks Deoxyribonucleic Acid (DNA) and therefore depends on the DNA in other bodily cells to reproduce (Cox, 2000). HIV causes infected cells to translate the viral genetic material. Ribonucleic Acid (RNA, into DNA (Loewenson & Whiteside, 1999). The virus attacks mainly T-lymphocytes or white cells, which are a key part of the body’s immune response system.

Although, people in general speak of one version of HIV, there are at least two viruses that cause AIDS. AIDS related conditions and cancers in human beings (Cox, 2000). HIV-1 is the most common cause of AIDS worldwide, except in West Africa where HIV-2 is relatively common (Loewenson & Whiteside 1999). HIV-2 appears to be less virulent and therefore, acts slower than HIV-1. HIV-2 is slowly diffusing into parts of the world other than West Africa (Whiteside & Sunter, 2000). In addition, scientists can identify up to nine major generic subtypes of HIV-1. The dominant strain of the virus is HIV-1 in Nigeria, and therefore it will refer to as HIV for the purpose of this study. Individuals are said to be HIV positive when HIV antibodies are detected in their blood in areas where CD4 counts and viral loads can be measured, people are regarded as having AIDS when their CD4 counts fall below 200.

HIV infection begins when and HIV encounters a CD4 molecule. The virus particle attaches itself to the cell membrane and then enters the cell (Sydney, 2003). Within the cell, the HIV particle releases its RNA, which is converted into DNA. Once it is in the cell's genes, the HIV is called a provirus. The HIV provirus is copied, or replicated, by the host-cell, which then releases new infectious virus particles.

The acronym AIDS represents the term Acquired Immune Deficiency Syndrome. The term can be broken up as follows (Cox, 2000).

Acquired

AIDS conditions are not inherited but are attained by means of contact with certain environmental factors such as virus infections (Cox, 2000). This means that the virus is not spread through casual or inadvertent contact as in the case of measles or influenza. Individuals have to undergo certain actions to become exposed to the virus (Whiteside & Sunter, 2000).

Immune deficiency

The virus attacks an individual's immune system and makes it less capable of fighting infections (Whiteside & Sunter, 2000). Thus, the virus gradually causes deficient immunity, which reflects poor nutrition and low resistance to infections and cancers (Cox, 2000).

Syndrome

The virus causes several kinds of diseases, each with characteristic signs and symptoms. Because the infectious diseases caused by HIV have so many variables manifestation before AIDS appears, it is regarded as a syndrome.

Relationship between HIV and AIDS

During past year in Nigeria, discrepancies have arisen regarding the relationship between HIV and AIDS. The argument that HIV does not cause AIDS rests on four key elements (Whiteside & Sunter, 2000).

- HIV has never been isolated and identified

This is incorrect, and there are numerous photographs taken with electronic microscopes of, among other things, the virus coming off the T-cell surface.

- AIDS is now name for old diseases

It is a myth the wider spread of these today is due to factors such as drug use and malnutrition and is not due to new virus. The truth is that numerous laboratory studies and clinical research have shown that there is a positive correlation between the level of HIV production and viral load on one hand and AIDS prognosis on the other. The treatment with antiretroviral therapy causes the immune system to recover, viral loads to drop, and in many cases, the clinical manifestations of AIDS to disappear.

- AIDS can occur without HIV

It is true that there have been cases of immunodeficiency similar to AIDS without HIV being present. However, the number of documented cases is minute.

- Some HIV-positive individuals do not develop AIDS

The fact is the average period from infection to developing AIDS is eight to ten years in the absence of treatment. It follows that there will be individuals who for some reason having to do with their immune system will live for longer than average period with HIV infection. Some may be fortunate to survive indefinitely without treatment. But they are exceptions- the vast majority of people will not be so fortunate and will eventually fall ill.

This rests with the fact that HIV does eventually lead to AIDS in the majority of cases and the rest of the chapter support this view. The Nigerian government has also come to the conclusion that HIV leads to AIDS (Mbeki, 2002). It is important for managers to be aware of the fact that HIV is related to AIDS so that an HIV positive employee can be treated and the development into AIDS be extended as long as possible.

Maphosa (2000) in his study states that HIV/AIDS affect both productivity and profitability. The effects of HIV/AIDS on productivity include the following:

- Increased absenteeism- Sickness the need to care for the sick, preparing for and attending funerals of friends and relatives result in an increase in absenteeism, which in turn has negative impacts on productivity.
- Staff-turnover- illness and death results in high staff turnover. This leads companies to increasingly focus on recruiting and training new employees rather than company output.

- Lower morale- as a result of illness, suffering and loss of colleagues, friends and relatives; the effects of HIV/AIDS leads to the falling of morale among workers.

The impacts of HIV/AIDS on profitability include the following:

- Increased costs- as the number of employees have to bear the costs of health insurance, sick leave, funeral benefits, recruitment and training of new staff
- Declining investment- the increasing impact of AIDS on business deters investment.

Threat to consumer base- as more people die of AIDS the overall demand for goods and services decline.

Characteristics of HIV/AIDS Pandemic

The HIV/AIDS pandemic is different to most other diseases and epidemics and therefore requires a different and broader response (Loewenson & Whiteside 1997).

AIDS is a New Pandemic

It was only recognized as a specific condition in 1981 (Whiteside & Sunter 2000). The first time that HIV, the virus that leads to AIDS, as well as a test to detect it, was identified was in 1983 by a French Scientist, Luc Montagnier. The origins of the pandemic remain obscure and the subject of much speculation. In the absence of a cure, the fixation regarding the origins of AIDS may reflect concern that attempts to identify and contain the source or possibly indicate liability (Loewenson & Whiteside 1997). This makes management's task difficult in the sense that the pandemic is constantly being researched. Management therefore have to take on the task of remaining up to date with the latest research developments so that they can adapt their HIV/AIDS policies and related employee benefits to take the new developments into account.

AIDS has a Long Incubation Period

Persons who are infected by the HI virus may have years of productive life, although they can infect others during this period. This period of incubation is more commonly known as the window period. During the incubation period, individuals are not aware that they are carrying the virus and the virus is also not detectable in the blood of people in the window period. Therefore, the virus does not physically affect employees that are in this stage of HIV development. They are also not emotionally affected because they do not yet know that they have the virus. Employees function normally at work in this stage.

Bleak Prognosis Associated with HIV

The prognosis for people infected with HIV is currently bleak. This makes it important for management to know which employees in their organizations is HIV positive, so that they can start replacement processes for infected employees. Of course, such processes must be done according to legal and ethical standards (see section 4). In an insignificantly small number of cases, however, people with HIV do not progress to AIDS. Such cases are merely an exception to the rule. It must be remembered, however, that HIV is related to other opportunistic infections and its symptoms alone may increase employee absenteeism.

Large Scale Disease

The scale of the pandemic differs from other diseases. It affects people from all walks of life, and nobody is immune to the disease. It has been reported that judges, advocates, medical doctors and other people with consequence have suffered from HIV/AIDS. Therefore, managers in business organizations are also not immune to the pandemic.

The Disease is found in Mainly Two Specific Age Groups

These are infants and adults between the ages of 20 and 40 years. The impact of these age groups on business is that the majority of productive workers in business organizations fall into the age group of adults between 20 and 40 years. The reason for the large number of infants with HIV or AIDS is due to mother-to-child transmission. In the developing world, slightly more females than males are infected, and women are infected and develop the disease at a younger age than men due to factors such as rape and earlier sexual activity than males. HIV/AIDS education and awareness in organizations is therefore of the utmost importance in order to try to prevent further transmission to as large an extent as possible.

HIV is linked to other Diseases

This is both in terms of causing HIV/AIDS to spread and diseases resulting from HIV infection. This is because sexually transmitted diseases (STDs) increase the transmission of sexually transmitted infections (STI) by a factor of ten. Furthermore, tuberculosis incidence has increased and is directly related to HIV.

The Pandemic is Spreading Rapidly

It is not merely an epidemic affecting one country, but an international challenge facing the entire world. This is being accentuated by the fact that the world is increasingly becoming a global village. International travel plays a role in this. In short, HIV/AIDS is a new pandemic with a long incubation period, leading to uncertainty for managers regarding preventive actions they can take concerning employees that might already be HIV positive. Most carriers of the pandemic are of an economically active age. Furthermore, nobody is immune to the pandemic for which there is currently no cure. HIV/AIDS is spreading rapidly, largely due to globalization and the fact that it is related to STDs and STIs.

Research Questions

- i. What are the potential consequences of HIV/AIDS on employee performance?
- ii. Is the prevalence of HIV/AIDS responsible for organizational decline?
- iii. Does the prevalence of HIV/AIDS lower employee’s morale in business organizations?
- iv. To what extent does the prevalence of HIV/AIDS bring about decline in corporate investment of business organization?

Research Hypotheses

- H₀₁:** There is no positive relationship between prevalence of HIV/AIDS and organizational effectiveness.
- H₀₂:** There is no positive relationship between awareness of HIV/AIDS and corporate strategy.

Methodology

The design for the study was descriptive survey research design. The population comprises all staffs and employees of Nigerian Breweries Plc in Lagos State. Purposive sampling technique was used for the study to select Personnel and Human Resources Department of the Nigerian Breweries Plc and simple random techniques was used to select 100 staff as the respondents. Instrument for the study was a well structure 27 questionnaires. Questionnaires were given to the respondents at work to ask and secure the desired information. This questionnaire further helped us to identify and understand various issues relating to HIV/AIDS. Test-retest was use to check the internal consistency of the reliability and the Cronbach Alpah techniques was used which obtain reliability co-efficient of r=0.88. SPSS (Statistical Package for Social Science) was used as the statistical tool to run the descriptive statistics of mean, standard deviation, weighted average and inferential statistics of chi-Square Pearson was use to test the formulated hypotheses @ 0.05 level of significant.

Result

Hypothesis one

There is no positive relationship between prevalence of HIV/AIDS and organizational effectiveness

Table 1: Summary of Chi-square Test between Relationship between Prevalence of HIV/AIDS and Organizational Effectiveness

	Value	df	Asymp Sig (2-sided)
Pearson Chi-Square	217.309 ^a	16	0.000
Likelihood Ratio	175.621	16	0.000
Chi-Square Critical	26.296		
No of Valid Cases	83		

a. 21 cells (84.0 percent) have expected count less than 5. The minimum expected count is 0.14.

Table 2: Summary of Symmetric Measures of Relationship between Prevalence of HIV/AIDS and Organization Effectiveness

	Value	Assym Std Error	Approx T ^b	Approx Sig

Interval by Interval Pearson's R	0.965	0.012	33.000	0.000 ⁰
Ordinal by Ordinal Spearman Correlation	0.966	0.016	33.792	0.000 ⁰
No of Valid Cases	83			

The above table shows that summary of chi-square of the relationship between prevalence of HIV/AIDS and organizational effectiveness. At the 0.05 level of significance Pearson $X^2 = 217.309$ and $df = 16$. The critical X^2 -value = 26.296. Since $P = 0.000$ is less than 0.05, the null hypothesis is rejected, hence there is positive relationship between prevalence of HIV/AIDS and organizational effectiveness.

Hypothesis two

There is no positive relationship between the awareness of HIV/AIDS and corporate strategy.

Table 3: Summary of Chi-square Test of Relationship between Level of Awareness of HIV/AIDS and Corporate Strategy

	Value	df	Asymp Sig (2-sided)
Pearson Chi-Square	44.587 ^a	4	0.000
Likelihood Ratio	58.878	4	0.000
Chi-Square Critical	9.488		
No of valid cases	83		

a. 4 cells (40.0%) have expected count less than 5. The minimum expected count is 0.77.

Table 4: Summary of Symmetric Measures of Relationship between Level of Awareness of HIV/AIDS and Corporate Strategy

	Value	Assym Error	Std	Approx T ^b	Approx Sig
Interval by Interval Pearson's R	0.677	0.045		8.273	0.000 ⁰
Ordinal by Ordinal Spearman Correlation	0.704	0.046		8.932	0.000 ⁰
No of Valid Cases	83				

The analysis of the above table shows that there is positive relationship between awareness of HIV/AIDS and corporate strategy. Since $df = 4$, X^2 critical = 9.488 and Pearson Chi-square (X^2) = 44.587, $P = 0.000$, which is less than 0.005 the level of significance i.e. ($P < 0.005$).

Discussion of findings

The relevance of HIV-related issues in the workplace apart from those that deal with the health of the worker is often difficult for people to grasp. One would not normally expect people to have sexual relationship at work or to carry out any of the other acts that expose one to HIV infection. Due to this organizations feel that the workplace need not concern itself with HIV/AIDS at work. Health, labour, and business leaders agreed AIDS has a profound impact on worker and their families, enterprises, and returned economies. The survey shows that the prevalence of HIV/AIDS is responsible for organizational decline. This confirms Odette and Ogechukwu (2005) findings that HIV/AIDS pandemic places heavy costs on business through increased medical bills and claims, life and disability insurance, increased absenteeism due to ill health, funeral attendance, loss of skilled workers and the increased cost of recruiting and training and replacement workers and reduced job performance due to disability. The findings also bear out the studies by Mants (2002) and Venter (2006) that HIV/AIDS has numerous economic consequences for business organizations and the environment in which the enterprises operate. Employee benefit costs, absenteeism and loss of productivity have all increased

in proportion to the prevalence of HIV/AIDS in the workplace. When these high expenses are deducted from lowered income, then profit is lower than what it would have been without the prevalence of HIV/AIDS. This is because as mortality rates increase household incomes decrease. Lower household expenditure results in reduced demand for product and service diminishes. Without enough income, insufficient profits are made.

Conclusion

AIDS is a dangerous state of health for which there is currently no cure and ultimately results in death for the infected person, due to the degeneration of the infected person's immune system, making the infected individual susceptible to different types of illness. From a systems perspective, whole environments can be made safer to live in if people comprehend the essence of AIDS. In an ideal setting, the spread of HIV/AIDS can be controlled if individual understand what the pandemic is about. People have to know about risky behaviours and how to decrease their chance of becoming infected. Just as importantly, people must know how HIV is not transmitted. It is an important role of management to ensure that correct AIDS knowledge is shared by employees in order to secure the business's well-being. Strategies to combat economic decline as a result of business closure due to HIV/AIDS must be estimated.

Recommendations

1. Create of enabling environment and specific HIV/AIDS interventions. The organization should create enabling environment through coordination of the specific interventions of implementing agencies for better impact.
2. Increase awareness and sensitization among the workforce about HIV/AIDS.
3. Maintain faithfulness and dedication to one's future partner/faithfulness to partner, if married.
4. Desist from condom as they apply to preventing HIV and other diseases.
5. Desist from use of knives for body scientification for medical purposes and sharing of clippers for haircutting.

References

- Bovo, M.J (2000): *Contraceptive Guide* (Internet <http://www.mjbovo.com/contracept>; downloaded: 30 September 2001; Print-Out in Possession of Researcher
- Cox, M. (2000). *Economic Impacts of AIDS in South Africa*.
- Leowenson, R. Whiteside, A. & Rose, U. (2001). "An Experimental Evaluation of an AIDS Education Intervention for WIC Mother." *AIDS Education Prevention*
- Loewenson, R. & Whiteside, A. (1999). *Social and Economical Issues of HIV/AIDS in Southern Africa*. Harare: SAFAIDS
- Maphosa, U. (2000). *To the Edge: AIDS Review 2000*. Pretoria: Centre for the study of AIDS
- Marieb, E.N (1998). *Human Anatomy and Physiology*: Redwood City; Benjamin/Cummings
- Marieb, T. Maritz, T. & Leasing, E. (2000). "Facing the Challenge, Household Response to AIDS in Mubai, India" *AIDS care*, 11: 31-44
- Mbeki, T. (2002). *Sorg bring hoop. Report*, 22, Vol. 2 April 28
- Odette, R and Ogochukwu, I.N (2004). *The Impact of HIV/AIDS on Public Sector Human Resources in Africa*. South Africa: University of Pretoria
- Oyefara, J.L (2005). *Poverty, Food Insecurity and HIV/AIDS Pandemic*. Evidence of relationship from Reproductive Behaviour of Commercial Sex workers in Lagos Metropolis, Nigeria.
- Rose, E. (2003). *The Economic Impact of HIV/AIDS on the Private Sector*. Johannesburg: RAU. M.Com (Economics) - Mini-dissertation
- Ross, T. (2001). "HIV/AIDS and Discrimination 2, Stigmatization and Discrimination: Definitions and Concepts." Ottawa: *Canadian HIV/AIDS Legal Network and Canadian AIDS Society*
- Whiteside, E. & Sunter, C. (2000). *AIDS-The challenge for South Africa*: Cape Town: Human & Rosseau Tafelberg