University of Stellenbosch

Graduate School of Business

Research Proposal

The Impact of HIV/AIDS on the Service Industry in Germany

Research Methodology Individual Assignment

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written: October 2002

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Declaration

Hereby I, Alexander Markowski, declare that this work is my own original work and that all sources have been accurately reported and acknowledged, and that this document has not previously in its entirety or in part been submitted at any university in order to obtain an academic qualification.

Bellville, 2002-10-13

Contents

Chapter 1

Abstract

HIV/AIDS is seen as one of the biggest threads in the 21st Century. Even if this disease currently not affects Europe very heavily, the impact might increase in the future.

Since HIV/AIDS is affecting employees all over the world, in every company, it is causing deaths within the qualified workers. Especially the service industry, which is heavily relying on qualified employees (knowledge workers), this might have a huge impact.

My current stay in Sub-Saharan Africa makes me aware of the impact that HIV/AIDS can have on a country, economy or company.

Companies in Europe are currently not very aware of HIV/AIDS as a big threat, since infection in mainland Europe does not exceed 500,000 people ($< 0.1\%$). While the production environment is not dependent on people to that extend, the service industry might be more affected due to the large dependency on qualified and highly skilled workers.

Chapter 2

Introduction

2.1 Background

As the 21st century is in it's beginning, HIV and AIDS continue to wreak havoc on an ever-increasing number of individuals, couples, families, and communities. More than 90 percent of the 36 million people living with HIV/AIDS at the end of 2001 were in the developing world. In many developing countries, the epidemic has come to represent a threat to human security itself. Sparing neither children nor parents, neither teachers, health workers, farmers, nor other active members of society, AIDS is wiping out gains in social and economic development.

Every year, leaders who previously were confident that their own peoples were somehow immune from HIV for reasons of culture, religion or geography find their countries hard-hit by the epidemic. Politicians in some countries have ignored the threat of AIDS, perhaps for fear that discussions about safer sex, reducing harm to injecting drug users or other sensitive subjects would alienate one or another segment of their supporters.

In other places, however, political leaders have courageously taken on the epidemic, placing themselves in the vanguard of those battling to beat back HIV/AIDS in the most effective ways possible. The greatest achievements in preventing the spread of HIV and alleviating the impact of AIDS have been in countries whose leaders have demonstrated strong political will and commitment.

2.2 Rational

HIV/AIDS is currently not a big threat to mainland Europe. Due to this circumstance, the population is not very aware of this and behaves in a rather careless way.

Every Industry utilises Labour, Capital and Land to create an output known as products and services. The service-producing industry depends on a high number of qualified employees (labour) instead of land and capital. Human Resource is their most valuable asset. Due to this fact, this branch of industry is more likely to be affected by diseases than any other industry. Are they aware of that?

People are regarded as the most valuable asset within a company. Loosing this kind of asset in terms of qualification and knowledge due to HIV/AIDS is a serious issue. Therefore, companies should either try to capture the knowledge of their workforce (knowledge management) or even better start fighting the disease.

Germany is far behind when it comes to service and the service industry. Overall, the service sector and especially the technology-intensive and human capital intensive service sectors showed above average growth value added and employment growth rates in the last decade in Germany. This is also present in the innovation surveys, which show that a majority of firms in services have increased their workforce and expect to proceed this way in the future. So, the growth trend in services will prevail. However, when comparing the expansion of the German service sector to the growth of services in other countries, we recognize that Germany faces a less rapid expansion in service than most other countries. The main reason for this is the sluggish growth in the overall economy, which also restricts the growth prospects in services.

The current structure of the industry is still focussed on the production of goods instead of services. While the United States are moving towards a information and knowledge age, this shift in paradigms will take some time in Europe. If this new business trend gets affected by HIV/AIDS, it might be a disaster for the economic development of the future.

Chapter 3

Literature Review

Viruses have been around for thousands of years and there are many kinds of viruses. Some viruses cause colds and illnesses like the flu, others can cause more serious illnesses like AIDS, hepatitis, or herpes. According to the AIDS Treatment Data Network (2002), a virus can't live or spread on its own. It needs human cells to live and grow. Most people are infected with some kind of virus. Usually, the immune system is able to keep viruses under control.

The Body Health Resources Corporation (2002) states that HIV transmission can occur when blood, semen (including pre-seminal fluid), vaginal fluid, or breast milk from an infected person enters the body of an uninfected person.

HIV can enter the body through a vein (e.g., injection drug use), the anus or rectum, the vagina, the penis, the mouth, other mucous membranes (e.g., eyes or inside of the nose), or cuts and sores. Intact, healthy skin is an excellent barrier against HIV and other viruses and bacteria.

These are the most common ways that HIV is transmitted from one person to another:

- by having sexual intercourse (anal, vaginal, or oral sex) with an HIV-infected person;
- by sharing needles or injection equipment with an injection drug user who is in-

fected with HIV; and

- from HIV-infected women to babies before or during birth, or through breast-feeding after birth.

HIV also can be transmitted through transfusions of infected blood or blood clotting factors. However, since 1985, all donated blood in the United States and other countries has been tested for HIV. Therefore, the risk of infection through transfusion of blood or blood products is extremely low.

Some health-care workers have become infected after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood contact with the worker's open cut or through splashes into the worker's eyes or inside his or her nose. There has been only one instance of patients being infected by an HIV-infected health care worker. This involved HIV transmission from an infected dentist to six patients (Body Health Resources Corporation (2002)).

HIV stands for Human Immunodeficiency Virus. The HIV virus infects cells of the immune system. The immune system is what protects every person from infections and disease. HIV uses cells of the immune system to grow. When HIV has used one of these cells to grow, the cell can no longer do its job, leaving the body without a part of its immune system. Pieces of the HIV virus go all over the body. Even pieces of virus can cause damage.

Each day, HIV creates billions of new HIV viruses in the body. The body's natural reaction to infection is to produce a strong response. In response to HIV infection, the immune system of someone who is HIV+ produces billions of cells to fight HIV every day as well.

But HIV takes every chance it gets to produce faster than the body can attack it. Eventually, in most people, the virus can get the upper hand unless treatments stop it or slow it down. At this point, we know there are several treatments that can slow the infection down. We also know that a handful of people are able to fight off the virus for

a long time. Doctors agree that HIV infection needs to be treated so that you don't get sick, or sicker.

With HIV infection, the immune system may slowly get weaker or may become overactive. Either way, the immune system is out of balance. HIV starts a process that can be very hard to stop once it starts. With a weakened immune system, the infected person can more easily get infections and cancers. They may not see any signs of these at first. Doctors can use blood tests to see how the immune system is doing. These tests can tell the infected person and her doctor if there are treatments she needs to help keep her from getting infections that can make her very sick.

AIDS does not come immediately after an infection with HIV. The disease process takes a while, around 10 years on average. The process goes from being HIV+ without any symptoms or signs of disease to being HIV+ with symptoms to having AIDS. AIDS stands for Acquired Immune Deficiency Syndrome. Immune deficiency means that the HIV virus has damaged the immune system. A damaged immune system can't protect the infected person from infections as well as a healthy immune system (AIDS Treatment Data Network (2002)).

The HIV/AIDS epidemic has claimed over 21 million lives and more than 36 million people are estimated to be living with HIV/AIDS worldwide as stated by the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2002) and World Health Organization (WHO) (2002). HIV/AIDS cases have been reported in all regions of the world, but most people with HIV (95%) live in developing nations, where most AIDS-related deaths occur. The nations of sub-Saharan Africa have been particularly hard-hit.

AIDS is now a leading cause of death worldwide. HIV/AIDS is also a threat to the economic well-being and social and as well as political stability of many nations, according to AIDS at 20 (2001).

Currently, prevention is the only means for stopping HIV transmission according to the Human Rights Campaign (2001). Increased funding of prevention is needed to ensure that effective, well-funded and well-documented programs targeting populations

at risk can be implemented. Reducing the number of new HIV infections will result in less demand for expensive care services in the future.

As the World Health Organization (WHO) executive board (2001) pointed out, the epidemiological data gathered by WHO and UNAIDS clearly show great variations of the epidemics of HIV and AIDS across the world, with for instance heterosexual transmission of HIV dominating in sub-Saharan Africa and parts of Asia, injecting drug use a major feature of the spread of the virus in Eastern Europe and Central Asia, and sexual transmission between men who have sex with men figuring not only in North America, Western Europe and Australia but also in Latin America and the Caribbean. Transmission of HIV is determined by the social, economic, cultural and behavioural context, and is associated with risky behaviour. With neither cure nor vaccine, prevention of transmission remains the principal response, with care and support for those infected with HIV offering a critical entry point. Several interventions, applied promptly and with courage and resolve, have reduced or kept HIV prevalence rates low and lessened the burden on those already infected, and the crucial elements for success have been identified.

UNAIDS (2002) reports about the epidemiological situation in Germany. By mid 2001, a cumulative total of 16,769 cases of HIV infection had been reported. HIV testing is systematic among blood donors and recommended for pregnant women, with an estimated coverage of 50-80%. Since 1993, laboratories and, since 1998, clinicians report anonymously newly diagnosed HIV infections to a national HIV database. Clinician reports are provided for over 90% of cases and contain a name based code to allow for detection of duplicate reports. Among cases reported in 1997-1999, 38% were homosexuals, 30% heterosexuals, 11% IDU[1] and 20% were reported with an undetermined mode of transmission.

UAT of all newborns has been conducted since 1993 in Berlin and Lower Saxony and since 1995 in Bavaria. HIV prevalence is low in the general population, in particular

[1]IDU: Infection by Drug Use

outside metropolitan areas. In Berlin, the city with the highest cumulative AIDS incidence, HIV prevalence in pregnant women is below 0.1%. No significant trends could be detected between 1993 and 1995. Since 1985, prevalence has decreased among IDU entering drug treatment centres and varied in 1992-93 from 6 to 4%. Other data, partly based on self-reported test results, showed a prevalence around 20% among users of syringe vending machines or storefront units (1992-93). Like in other Western European countries, prevalence in non-IDU prostitutes is similar to that in general population.

The decline in information and communication regarding AIDS in Germany from 1993 onwards was stopped in the Year 2000. A study by Federal Centre for Health Education (BZgA) (2002*b*) shows that campaigns like "Mach's Mit" as well as cinema and radio communication make it possible to reach more than 90% of Germany's population. The increasing utilisation of internet and television is designed to target younger people from the age of 16 onwards. In the last two years, the AIDS awareness in the German population increased again, but did not reach the figures of the 90's yet. Currently, campaigns reach 77% of the population, 92% of the population younger than 45 years and 98% of kids between 16 and 20. The increasing rate of AIDS campaigns in the private television programmes seems to be responsible for this high rate.

The AIDS awareness campaigns are responsible for a very high level of information in the population. Basic knowledge on AIDS and protection is embedded in approximately 98 to 99% of the population. Even if the knowledge is somehow superficial, demand in AIDS information is seen only in some issues regarding prevention as well as social related issues. 20% of the total population younger than 45 years think that AIDS infection can be seen from external signs (like measles).

When it comes to protection itself, the percentages start to shrink. Usage of condoms is most of the time limited to sexual contacts in risk situations and to new sexual relations. In spontaneous sexual contacts with unknown partners, approximately 80% make use of protection, in holiday relations 50%. Compared to earlier years, the use of protection is rising. There seems to be a gap between knowing and doing in the German

population, or HIV/AIDS is not seen as a major thread.

The relationships towards HIV/AIDS infected people show only a small amount of discriminating behaviour and increasing social support and help. This is very closely related to the AIDS awareness programmes in the beginning of the 1990's.

A handbook written by UNAIDS (1999) highlights important features of the Windhoek Resolution released by the Inter-Parliamentary Union (IPU) (1998). It gives examples of political leaders who have made supportive public statements, and regional/national initiatives by parliamentarians who have made the HIV/AIDS and human rights connection.

A brief outline is given of the international law basis of the International Guidelines on HIV/AIDS and Human Rights. These Guidelines require States Parties to human rights treaties to review, and if necessary amend, their laws, policies and practices to ensure compliance with defined norms. Certain rights, including health, non-discrimination, privacy, education, information, autonomy, liberty, freedom of expression and association, and freedom from inhuman, degrading treatment or punishment are then examined specifically in the context of HIV/AIDS.

The handbook analyses each of the 12 International Guidelines on HIV/AIDS and Human Rights and gives best practice examples of their implementation, in terms of content and/or process, at national and sometimes local and regional levels. This handbook should be utilised by companies in order to get their own HIV/AIDS policies and guidelines in place.

Chapter 4

Research Problem

In this research I want to have a look at the HIV/AIDS situation in general and in Germany especially. Furthermore, I will show the dependency on qualified employees of the service industry. A study on HIV/AIDS awareness within employees of higher qualification should be included. The current situation of the service industry in Germany will be evaluated, and future prospects will be drawn. As far as data is available, the current impact of HIV/AIDS on the service industry will be outlined.

A research on the different approaches regarding HIV/AIDS of different companies will show the awareness of the problem within the industry.

Therefore, the thesis will be called:

> The Impact of HIV/AIDS on the Service Industry in Germany.

Chapter 5

Research Methods

5.1 Available Data

Due to the fact, that not enough or not really trustworthy data – especially for different industries – is available on HIV/AIDS in Germany, the research data is very essential to the study.

The service sector as a whole is a rather heterogeneous conglomerate of industries. It is therefore often difficult to make generalizing statements or to come to clear conclusions. I will concentrate on service industries, which are particularly determined by market forces in most European countries.

5.2 Research Design

In this research, I want to focus on empirical studies, using mainly primary data, due to the general shortness of data in this environment. The main source of data will be a survey that has to be designed. Therefore, I choose a questionnaire study as design.

This study will have numerical as well as textual data as an outcome. This hybrid mix will be collected in electronic format on a secured website. Most of the data will be binary data (meaning yes or no, 0 or 1) in order to keep the results and the evaluation as easy as possible.

5.3 Participants

The questionnaire will mainly focus on highly educated and well-trained employees. To limit the study, only employees in the service industry will be included in the research.

The problem in this study is the sensitivity of the data, since questions surrounding sex, drugs and HIV/AIDS in general are not very accepted in any culture. Management buy-in from participating companies is therefore essential. The participants have to be assured of the privacy policy of this study.

5.4 Research Methodology and Methods

The questionnaire study will focus on employees in the service industry. The design of the questionnaire should keep in mind the following aspects:

- Sex, age and sexual experience.
- New encounters.
- Life and sex-experience.
- Contextual Variables.
- Socio-Demographic Variables.

The questionnaire will be located on a secured website, and every company that wants to participate in this survey will email the link to its employers. The collected data will be stored in a database for future access.

The evaluation and analysis will utilise graphical tools as well as tables to show the data. Correlation analysis will be used to show the impact of AIDS awareness campaigns within the Company.

Chapter 6

Procedure

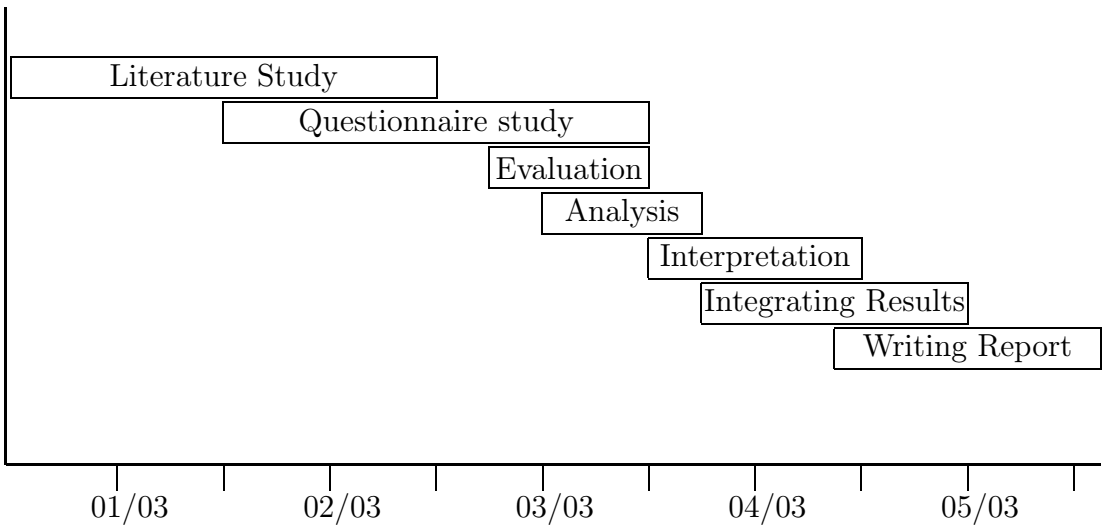

Figure 6.1: Project Plan

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