

HIV/AIDS and the media

Is it up to speed?

A study of both print and electronic media in South Africa reveals that management within the sector still believe their companies are exempt from bearing the brunt of the AIDS epidemic because their employees are largely highly educated and middle-income earners.

As a result, there have been some token gestures of developing very broad, generic-type policies so that media companies are seen to be socially responsible. One commentator says the media industry will not be able to continue the audacity of commenting on the world's problems 'without doing anything.'...And the media industry, surely, can see itself as a champion of this cause. It can only do good for its business.'

The research argues that the sector will more than likely implement workplace programmes from a sense of social responsibility rather than because they recognise such programmes as an economic necessity.

'We have had a policy since 1992. ...It includes education but it hasn't been implemented. It's not worth the paper it is written on. It's not advocated. It's in a file.'

'There is an attitude that, we will not go down because of AIDS.'

This view is prevalent amongst some senior managers while human resource (HR) managers believe companies will suffer financial losses as a result of HIV

The media industry has been rather critical (rightly so, at times) of government's handling of the AIDS epidemic. A study by the Centre for AIDS Development, Research and Evaluation (Cadre) looks at what this industry is doing for its own employees.

infection amongst staff - but they do not have the power to allocate resources to fight the disease.

Six of 11 companies interviewed in a survey have developed policies but these are not linked to a formal implementation plan with dedicated budgets. 'Management does not believe that the financial impact will be significant enough for us to budget for it (HIV/AIDS). I'm not sure how they reached this conclusion. You know, in the corporate world, the bottom-line is money.' Although HIV/AIDS policies were being drafted, none of the companies interviewed had conducted impact assessments to determine the potential effect of the HIV epidemic on their individual business. One interviewee said: 'We are so busy broadcasting it (the impact of HIV/AIDS), we have not looked within.'

Some HR managers argue that impact assessments within their specific companies are not required as sufficient information is already available to make an informed assessment of the impact of HIV/AIDS on the workplace.

There is a general sense that there is no need to allocate funds for assessments, as some are not convinced that the financial impact of HIV/AIDS will be significant enough to warrant detailed study.

Decline in consumption

Research has found that besides the impact of HIV/AIDS on employee benefit costs and labour productivity, the media sector will suffer from an erosion of its market. The sector will suffer from a decline in consumption as the market diminishes as a result of negative population growth. This sector could suffer greater losses than other sectors because it caters to a local market and cannot rely on an export market and media consumption is regarded as a relative luxury item. 'We won't be affected by an impact on our client base or major operational inefficiencies or disruption,' one manager said. 'However,' another said 'already a lot of companies are attributing a drop in the market to AIDS.'

Observers warn that media companies should take HIV/AIDS into account in strategic planning especially because the largely skilled workforce cannot easily be replaced and a declining local market directly affects sales. While it is not necessary or feasible for every company to conduct an impact assessment study, companies can share information from studies in a selection of representative workplaces.

Media workers at risk

Despite the general perception amongst management that their employees do not form part of a high-risk profile, interviews

revealed that media workers were identified as being at significant risk because:

- the media sector has a risk-taking culture;
- the highly educated have a false sense of invincibility, tend to think they are immune and to see HIV/AIDS as 'someone else's problem';
- professionals who travel for work are at greater risk;
- the sector consists of people who are upwardly mobile and whose expendable income increases their potential risk;
- the sector predominantly employs young people (20s to late 30s) who are at especially high risk of infection.

Only two media sector interviewees argue that there is a lower chance of HIV infection in the media sector than elsewhere. This is on the grounds that those in the sector have very high awareness and education levels.

This view is disputed by the majority interviewed who argue that the assumption that AIDS awareness will result in safe sexual behaviour is a dangerous one and that knowledge can itself be used in the services of denial. 'I think our staff are well-educated, but still promiscuous. It boggles the mind. We have highly educated people here who have five girlfriends or girls with five different boyfriends paying different accounts. They are educated and know all about HIV, so why do they still behave this way? They are not ignorant but they take enormous risks anyway... Maybe the media sector has a risk-taking culture.'

Key informants are in agreement that the corporate sector, including the media sector, have tended to convince itself that skilled labour is at low risk of infection. This is also linked to a view that a white workforce is not at risk.

'Companies have a mind-set that it's the tea-girl (sic) who is infected. In professional firms, there is still a belief that it won't grace our hallowed halls... Companies buy into these educational programmes for the natives (sic) until they realise how many of their management staff are on anti-retrovirals and then, suddenly, everything changes. As soon as people realise that the epidemic is also white there's a quantum leap.'

Medical aid

The Cadre study also looked at the type of policies being developed in the media sector. They are generally in line with the norm but some are rather vague and general. One of the more controversial areas is the question of medical aid benefits. Although all policies under review provide that employee benefits are non-discriminatory, only two specifically mentioned the nature of available medical aid benefits pertaining to HIV/AIDS.

The majority of HR managers interviewed were unsure exactly what their medical aids provided for in terms of HIV/AIDS cover. More than half of the companies are already contracted to Discovery Health or

are planning to move over to Discovery because of increasing costs to their current medical aid schemes relative to Discovery. HR managers are unaware that Discovery does not provide cover for anti-retrovirals. In many cases media companies choose medical aids based on cost rather than consideration of cover for HIV/AIDS.

This is a summary of the report entitled 'HIV/AIDS and the South African media Workplace policies and programmes'. The report is available on the Cadre website - www.cadre.org.za

AIDS HELPLINE

☎ 0800-012-322



1. Call the helpline on 0800-012-322
 2. Tell the operator your name and telephone number
 3. Tell the operator what you need help with
 4. The operator will try to help you
 5. If you need more help, the operator will refer you to a counsellor
 6. The counsellor will talk to you and help you
 7. The counsellor will refer you to a doctor if you need it
 8. The doctor will prescribe medicine if you need it
 9. The doctor will refer you to a hospital if you need it
 10. The hospital will treat you if you need it
 11. The hospital will refer you to a specialist if you need it
 12. The specialist will treat you if you need it
 13. The specialist will refer you to a clinic if you need it
 14. The clinic will treat you if you need it
 15. The clinic will refer you to a community health worker if you need it
 16. The community health worker will help you
 17. The community health worker will refer you to a support group if you need it
 18. The support group will help you
 19. The support group will refer you to a peer educator if you need it
 20. The peer educator will help you