

## THE SOUTH AFRICAN LONG-DISTANCE TRUCKING INDUSTRY'S RESPONSE TO THE HIV/AIDS EPIDEMIC

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### Abstract

The aim of the paper is to provide substantiated information to the long-distance trucking industry on the impact that HIV/AIDS has or may have on their businesses. The current and future impact of the HIV/AIDS epidemic on the long-distance trucking industry is unknown. The extent of any action taken within the industry to mitigate and manage the effects of HIV/AIDS is also unknown, but thought to be minimal. Unless businesses and other entities in business (trade unions or associations) together with government become informed and proactive regarding the impact of HIV/AIDS on their businesses, the epidemic could run the worst course within the sector.

JEL I11, L92

### 1 Introduction

The HIV/AIDS pandemic remains a threat to the health and lives of the infected and affected. The demographic, social and economic implications are vast, as mainly young people are infected. The aged are deprived of support from younger people and children are left without parental care, older ones at an early age having to take on responsibility for their siblings. Communities are weakened because children and the elderly are left without care. The added demands on health care and social security exceed delivery capacity even at a basic level of health, education and social security. Gender inequality is a key factor in the spread of HIV/AIDS, including women's lack of power to negotiate protected sex.

HIV infection causes people to fall ill and die of AIDS. It strikes adults at their economically most productive years; therefore HIV/AIDS has a greater social and economic impact in developing countries than other diseases such as malaria and tuberculosis. The effects of AIDS are complex and can best be described by three curves. The full extent of the damage of AIDS is still in the future. The first

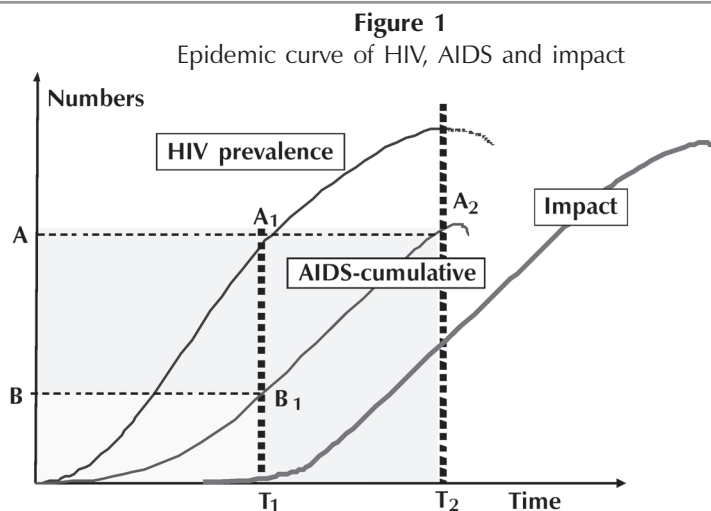
curve represents the people who are becoming infected with HIV.

The epidemic starts slowly and gradually until it reaches a critical mass of HIV infected people, then new infections increase exponentially. At this stage the epidemic spreads through the whole population and all who are susceptible and have been exposed to HIV will have been infected. At the final stages of the HIV epidemic the "S" curve will start to flatten out either because people are getting well, or in the case of HIV, the deaths equal new infections. In most infectious disease outbreaks, at this stage the curve will decline very quickly, but this does not happen in the case of HIV and AIDS.

A new S-curve is now forming, many years later, and following the same pattern as the first. The AIDS curve follows about seven years after the HIV curve, due to the long incubation period. The only way people leave the infected pool is death, as there is no cure for HIV. Anti-retroviral medication can prolong life and make people well again, putting them back into the HIV-curve, thus increasing the pool of infected people. A new curve forms after the AIDS curve, which is the impact curve. The impact curve follows approximately seven years after the AIDS curve and fourteen years after the start of the HIV curve. Impact can be measured at

demographic, political, economic, personal and community level. Examples of the impact of HIV/AIDS are orphans left to fend for

themselves, people losing their jobs because they are too ill to work and children taken out of school to help sick parents.



Source: Whiteside, 2005

According to the World Bank (as quoted by Bollinger & Stover, 1999: 8) the HIV/AIDS epidemic appears to be a major reason why per capita growth is slowing down in sub-Saharan countries. Poverty is expected to increase and development to falter because of the epidemic's effects on households, communities, governments, businesses and national economies (Barnett & Whiteside, 2002: 194). Clearly the disease has a marked effect on business, but there is not enough published evidence to substantiate it. In the private sector, some South African companies have conducted studies on the impact of HIV/AIDS for their own internal purposes, but there is very little published information in the public domain quantifying the impact on companies or different sectors in South Africa.

The long-distance trucking industry has started to respond to the AIDS epidemic through the Road Freight Association, the National Bargaining Council of the Road Freight Industry and some individual companies that started with programmes for their truck drivers and other employees. This however is not enough.

This research was done in co-operation with the Road Freight Association and the National

Bargaining Council of the Road Freight Industry, and it is the first comprehensive impact study of this sector. This is an attempt to fill a serious gap in research (Shisana, 2003: 105). Truck drivers are a high-risk population and operators are relatively easy to contact. Literature confirms that very little is known about the impact of HIV/AIDS on the long-distance trucking industry.

The transport sector plays a pivotal role in economic and social development. It provides crucial links between places of manufacture and end markets. Transport also helps to give people access to employment, health, education, recreation and social services. Many people working in the sector are on the move, which increases their susceptibility to HIV/AIDS and personal risk profiles. Because the sector is inseparably connected to so many other sectors, the effect of the HIV/AIDS epidemic on this sector will have significant implications for most related sectors.

Transport is central to development: without the movement of goods and people, countries stagnate and economic growth declines. The World Bank notes that it represents the 'wheel', if not the engine of growth (World Bank, 2004).

Transport is essential to national economies, allowing both internal and external movement of goods and services. It plays a crucial role in many other sectors. Without an adequate transport infrastructure and provision, the productive sectors would be unable to move goods to markets or obtain raw materials. Tourism would cease and normal social and cultural life would be crippled. Transport is essential for the effective functioning of urban areas and is vital for poverty alleviation in rural areas. Transport is also a significant economic sector in its own right

The transport sector is strongly related to the HIV/AIDS epidemic and some areas are particularly vulnerable to the effect of the epidemic. Many of those employed in the sector, especially the truck drivers, are mobile and spend some time away from their homes. A study of long-distance truck drivers in KwaZulu-Natal in South Africa found that long absences from home, stressful working conditions, limited recreational opportunities and restricted social conditions combined to stimulate a flourishing commercial sex network along the freeway system. The study found that 35 per cent of drivers surveyed had had two or more partners in the week prior to the study and condom use was absent or irregular (Heard, 2000).

The transport sector is highly dependent on labour, and for many operations this is particularly skilled labour. In terms of the trucking industry there is real pressure to keep drivers on the road, because a truck that is standing is not earning money. Their mobility makes it very difficult to apply HIV/AIDS initiatives. The loss of colleagues, increased workloads, potential discrimination and general uncertainty about HIV/AIDS may undermine staff morale.

The transport sector is especially vulnerable to HIV/AIDS and important to HIV prevention. Building and maintaining transport infrastructure often involves sending teams of men away from their families for extended periods of time, increasing the likelihood of multiple sexual partners. The people who operate transport services (truck drivers, train crews, and sailors) spend many days and nights

away from their families (Bollinger & Stover, 1999: 9). As people in the trucking industry form a small and relatively easily identifiable group, there is a possibility of addressing the issue readily.

## 2

### The international experience

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In a behavioural surveillance survey amongst truck drivers in India, Family Health International found that 82 per cent of sex workers felt that consistent use of condoms could prevent HIV transmission (Family Health International, 2003). More than 78 per cent of the truckers reported that they are married, and most of them fall in the 26-35 years age category. An average of 35 per cent of the truck drivers at six sites said that they utilised the services of sex workers while also having sex with their regular partners. An average of 43 per cent of these truck drivers admitted that they used condoms every time they had sex with commercial sex workers. These figures are a clear indication that some of the truck drivers engaged in potential risky behaviour.

In many developing countries, the first group found to be affected by HIV were those living and working along truck routes (Synergy Project, 2000: 20). A study in Kenya on the HIV prevalence rates of truck drivers and the population of a country found that in Kenya and Uganda truck drivers had a higher HIV prevalence rate than that of the average population.

In 2000, a project was initiated with truck drivers and female sex workers at five of the major border posts and truck stops in Zambia (Tropical Disease Research Centre, 2000). As part of the project, behavioural surveillance is done by the yearly repetition of a behavioural survey in both female sex workers and truck drivers in three of the five sites. About half of the people surveyed acknowledged risky sexual behaviour with multiple sex partners. Knowledge and behaviour related to HIV and STD was generally good and condoms are reported to be available. Condom use was reported to be very high with commercial sex

partners, moderately high with non-regular partners and low with regular partners.

### 3

#### **The South African Department of Transport's response**

In 2001 the Department of Transport adopted its HIV/AIDS Strategic Plan. The Minister of Transport stated that the continuing spread of HIV/AIDS is a cross-border issue of critical significance for the transport industry. The Department also recognises that there are many competing demands on government and private sector social responsibility resources – but they see this as a challenge (Department of Transport, 1999). The National Department of Transport has fully committed itself to the development of a co-ordinated cross-sectoral HIV/AIDS strategy that will mobilise every available public and private resource to combat the further spread of the epidemic through the veins and arteries of our transport system.

One of the most important elements of the strategy is that it unites government policy with best practice in the transport-related agencies and with a range of independent initiatives developed over the past few years in the various sectors of the transport industry. The Department spelled out the urgent need to consolidate a partnership that delivers results. The purpose of the Transport Sector Strategic AIDS Plan is to address HIV/AIDS in the Transport Sector through an integrated strategy. The Department of Transport adopted a policy on HIV/AIDS and STDs in the workplace in 1999 where it commits itself to workplace programmes and assistance regarding HIV/AIDS.

The Department of Transport is responsible for all transport agencies such as the Airports Company of South Africa, Air Traffic Navigation Services of SA, Cross Border Transport Agency, and the National Road Agency, to name but a few. The road freight industry is one of many agencies and the AIDS programme of the road freight industry is one of many programmes of the industry.

### 4

#### **Overview of current programmes of the trucking industry in South Africa**

Various employers in the industry have embarked on HIV education programmes in their respective companies. Training providers and education and training programmes are used for this purpose and the content of these programmes generally differs from employer to employer. It is not certain at this stage to what extent these programmes support the education and training programme as set out in this strategy.

In 1998 the National Bargaining Council for the Road Freight Industry (NBC) (Trucking Against Aids) together with the Road Freight Association (Focus On Aids) embarked on an AIDS Education Initiative. An awareness and education programme on the serious health ramifications relating to the HIV/AIDS virus is conducted by qualified and experienced trainers. This programme is presented on site at Road Freight Organisations and with the support and involvement of management, union, shop stewards and employees. A generic workplace policy was also developed and forwarded to operators for personalisation.

Awareness and education programmes required more information about the epidemic; therefore the NBC embarked on a peer-education training programme. Peer-educators receive intensive training to enable them to present the awareness and education programmes.

Due to the fact that truck drivers travel national long-haul freight routes in South Africa and across the borders, the project introduced a new concept in the year 2000. "The Roadside Training Centre and Clinic" was available to truck drivers and commercial sex workers who are at high risk in the HIV/AIDS scenario. The clinics provided essential education and health care programmes to reduce the number of sexually transmitted infections in order to protect the long-haul freight truck drivers who play a major role in the country's economy.

The clinics were fully equipped with medication and a nursing sister who provided health care services and counselled patients suffering from sexually transmitted infections. The training centres were equipped to create awareness and offer education training on the health ramifications of having unprotected sex with several partners. These clinics and training centres, now called *Wellness Centres*, are at Beaufort West (N1), Beit Bridge Border Post (N1), Ventersburg (N1), Hanover (N1), Port Elizabeth (N2), Komatiopoort Border Post (N4), Tugela (N3) and Harrismith (N3).

## 5 Method

A literature review as well as empirical research was conducted on the impact of the HIV/AIDS epidemic on the trucking industry in South Africa. The research addressed the response of the trucking companies to HIV/AIDS to determine the extent of the impact on their businesses through the completion of a questionnaire.

The current and future impact of the HIV/AIDS epidemic on the long-distance trucking industry is unknown. The extent of any action being taken within the industry to mitigate and manage the effects of HIV/AIDS is also unknown, but perceived to be small. Unless business and other organisations related to business, such as trade unions and associations, together with government, become informed and proactive regarding HIV/AIDS and its impacts on their businesses, the HIV/AIDS epidemic could follow the worst course within the sector.

The aim of the research is to provide substantiated information to the stakeholders of the long-distance trucking industry as to how the HIV/AIDS epidemic is and could be impacting on their businesses.

### 5.1 Measuring instrument

A questionnaire was developed and completed anonymously by selected operators from the list of registered companies of the Road Freight Association, and a frequency analysis was

performed by utilising the software package Microsoft Excel 2000 for Windows XP.

A pilot selection was done via telephone interviews. The questionnaire was faxed to five pilot respondents, and they were requested to not only mark responses, but also to give their impressions of the introductory paragraphs, sensitivity of questions and whether confidentiality issues were understood. The interviews revealed a positive response to the survey. Valuable information was gained from the pilot study and some questions were adjusted according to the comments of the pilot respondents.

### 5.2 Study sample

There are approximately 1 825 long-distance operators in South Africa, of which about 80 per cent are members of the Road Freight Association (RFA). Operator human resource managers/directors or owners were requested to complete a questionnaire for the survey. The database from Road Freight Association was utilised for the sampling.

### 5.3 Sampling methodology

Long-distance operators:	1 825
RFA Registered long-distance operators:	1 460
Sample size of 10 per cent:	146

Each one of the operators registered was numbered and a random sample table (Mouton & Babbie, 1998: 576-578) utilised to randomly select 146 operators. A sample size of 10 per cent was generated. The questionnaire aimed at the human resource managers/directors or owners was administered to the sample.

### 5.4 Data collection

All potential responding companies were forwarded a briefing letter, followed by the questionnaire. The letter and questionnaire were faxed and e-mailed to all the selected respondents. A follow-up was done after the due date and a second follow-up was faxed and e-mailed a week after the second communication.

A total number of 54 respondents completed the questionnaire. The response rate is as follows:

Total number of potential participants	146
Number of respondents	54
% response rate	37%

Most assessments indicate that there is a high level of non-response in the private sector, and that most do not regard the management of AIDS risk as part of corporate responsibility (Shisana & Peltzer, 2003: 126). The Bureau for Economic Research obtained a 33 per cent response rate on a business survey they had conducted (Bureau for Economic Research, 2003: 16). A response rate of approximately 30 per cent was expected.

The degree to which the findings from a survey such as this one can be extrapolated to the entire South African long distance trucking industry depends on how representative the sample is. The simple sampling method was used and random numbers were selected from a published random number list (Babbie & Mouton, 1998: 576). The population is more or less homogenous with regards to the questions posed, and a ten per cent random sample can be seen as a good representation of the group. A response rate of 37 per cent may imply that the answers given by the respondents may also be valid for the operators registered at the Road Freight Association (RFA). Although there are approximately 1825 long distance operators in South Africa, only the 1460 registered clients of the RFA were used in the sampling. Many of the big companies in retail and food industry are not members of the RFA and have their own internal HIV/AIDS Programmes and policies. The results should thus be perceived as only valid for RFA clients and not the whole industry.

The survey questions were kept simple, asking few figures, as the operators are in the private sector, with limited time to spend on questionnaires. Terminology used is value, frequency and percent. The value represents the scale from one to five which respondents choose from, for example 1 Extreme impact, 2 Large impact, 3 Moderate impact, 4 Small impact and 5 No impact. The frequency shows the number of times a specific value appeared as a percentage.

This methodology was selected to optimise participation as well as to confirm the anonymous participation of the respondents. Anonymous participation enhances the honesty of the participant and the fact that no information is linked to individual operators gives a higher response rate.

## 5.5 Results

The first part of the questionnaire asked for the details of the people employed. Respondents were asked to give employee numbers; whether their labour force was unionised or not; the number of male and female employees; the percentage of employees in each skills category and the percentage of employees in each of three specified age categories.

The majority of the questionnaires were completed by the managing director, chief executive officer or owner of the company, while 22.2 per cent were completed by the human resource manager. Almost 60 per cent of the respondents reported their workforce not to be unionised.

**Table 1**  
Breakdown of employees by age group and gender for the current year (2004)

	<b>Frequency male</b>	<b>%</b>	<b>Frequency female</b>	<b>%</b>	<b>Total</b>	<b>%</b>
<30 years	857	18.6	62	1.3	919	19.9
30–45 years	2328	50.5	113	2.5	2441	53.0
=46 years	1196	25.9	54	1.2	1250	27.1
<b>Total</b>	<b>4381</b>	<b>95</b>	<b>229</b>	<b>5</b>	<b>4610</b>	<b>100</b>

Table 1 presents the labour force details per operator. The companies surveyed employed 4 610 workers, of whom most were male (approximately 95 per cent). About half of the employees were between the ages of 30 and 45 years. The age distribution of the HIV epidemic shows that the economic and socially active age groups between 30 and 45 years of age are most affected.

**Table 2**  
Skill levels of employees

	Frequency	%
Semi-/unskilled	3272	60.6
Skilled	1794	33.2
Highly skilled	334	6.2
	5400	100

The respondents reported 6,2 per cent of their employees as highly skilled, while 33,2 per cent and 60,6 per cent were reported as skilled and semi-/unskilled respectively. The trucking industry is dependent on a skilled workforce. Many transport industries carry the costs of

training personnel. This is true of long-distance hauliers who invest in training long-distance truck drivers through in-house training programmes or through training boards to meet accreditation requirements.

The survey showed that almost 64 per cent of operators apply a certain HIV/AIDS policy (Table 3), but only half of the respondents said that there is leadership and management commitment towards the HIV/AIDS programme. The National Bargaining Council for the Road Freight Industry provided a generic HIV/AIDS policy to all their members for adaptation to their specific companies. Because of the "Trucking against AIDS" initiative many of the operators may feel that they do not need additional policy and programme initiatives. Only 24,2 per cent of the respondents felt that there are adequate overall management strategies on HIV/AIDS. Less than half reported that they celebrate World AIDS Day on 1 December each year. Less than 15 per cent of the operators have done any research into the impact of HIV/AIDS on their business and those that reported risk assessments were from larger companies.

**Table 3**  
Management strategies of company with regard to HIV/AIDS (Smart, 2004: 39)

	Yes %	No %	Don't know
Organisational HIV/AIDS audit	16.7	79.6	3.7
Workplace HIV/AIDS policy	64.8	31.5	3.7
Co-ordinator and workplace HIV/AIDS structure	9.3	88.9	1.9
HIV/AIDS risk impact assessment	9.3	88.9	1.9
Behavioural surveillance KAP (knowledge, attitude, practices) survey	11.1	87.0	1.9
Biological HIV surveillance	1.9	96.3	1.9
Managing the human resource implications of the HIV/AIDS epidemic	25.9	70.4	1.9
HIV/AIDS risk and impact assessment	14.8	83.3	1.9
HIV/AIDS leadership and management commitment	50.0	48.2	1.9
HIV/AIDS corporate social investment	16.7	79.6	2
Monitoring the effectiveness and results of HIV/AIDS programmes	18.5	77.8	3.7
Advocacy with customers, suppliers and other business partners	29.6	68.5	1.9
Commemorate World AIDS Day, 1 December	44.4	53.7	1.9

**Table 4**  
Elements in the workplace HIV/AIDS programme (Smart, 2004: 107)

<b>Percentage of companies that have implemented HIV/AIDS programmes</b>	<b>%</b>
Prevention of HIV/STI through behaviour change communication programmes	31.5
Prevention of HIV/STI through behaviour change education programmes	33.3
Condom promotion and distribution at the workplace	50
Voluntary counselling and testing (VCT) programme	9.3
STI management	7.4
HIV/AIDS care, support and treatment programme for employees	3.7
Anti-retroviral therapy at the workplace	0
Employee assistance programme	29.6
Peer education programme	11.1
Wellness programme e.g. nutritional advice, lifestyle education	25.9
Safe working environment	61.1
Prevention of mother-to-child transmission of HIV	3.7
Reproductive health services for women	3.7
Prevention of opportunistic infections (e.g. TB)	3.7
Psychosocial support to employees	24.1
Support to families of employees	29.6
Home-based care programmes	1.9
Referral networks and partnerships with other organisations	25.9
Targeting and addressing high risk and vulnerable groups (e.g. women, migrant workers, youth)	14.8
Continuous training of clinical staff	5.6

Half the operators reported condom promotion and distribution at the workplace while 61.1 per cent said they provide a safe working environment for their employees. About a third of the respondents have behaviour change communication and education programmes for their employees. The reason why one business responds differently to HIV/AIDS than another one often depends on issues such as the perception of HIV prevalence within the company, the field in which the company operates, benefits available to employees and the commitment and levels of understanding among the leadership of the company (Bureau for Economic Research, 2003: 26).

Prevention of new infections and mitigating the affects of HIV/AIDS are the minimum standards in a workplace-based HIV/AIDS

programme. A communication strategy informing all employees about the AIDS programme is also important. The prevention and care and support programmes will only be effective if they are communicated to all the employees (Bureau for Economic Research, 2003: 27).

Employers often think that an HIV/AIDS workplace policy, condom distribution and commemorating AIDS on specific days are sufficient to prevent HIV infection and mitigate the impact of AIDS. Unfortunately this is not enough and until employers embark on a serious HIV/AIDS workplace programme and enforce the AIDS policy they will lose some of their employees and it will cost the company extra money.

**Table 5**

Operators' perceptions of increased costs to their companies regarding employee benefits, recruitment and training and insurance

Value	Frequency	%
Extreme increase	3	0.70
Large increase	47	10.9
Reasonable increase	57	13.2
Small increase	129	29.9
No increase	196	45.3
Total	432	100

About three quarters of the operators reported that they have small or no increased employee benefit costs, and only 3 per cent said that they have had a very large increase in costs. This may be a indication of few AIDS cases, or that people who become infirm with AIDS leave the company when they become too ill to work.

**Table 6**

Operators' perception of the overall impact of HIV/AIDS on their companies, in 2004 and in 2009

Value	% 2004	% 2009
Extreme impact	1.4	3.7
Large impact	3.0	14.8
Reasonable impact	15.1	25.9
Small impact	36.7	33.4
No impact	43.8	22.2
Total	100	100

The perception of operators is that the impact of HIV/AIDS on their companies will only be an issue in the future. Approximately half of the respondents indicated that there should be a small or no impact on their companies by 2009.

**Table 7**

Perception of operators of the general communication about HIV/AIDS in their companies

	Frequency	%
Open and accepting?	8	14.8
Fairly open with a bit of stigmatisation?	34	63.0
Closed and stigmatised?	12	22.2
Total	54	100

Stigma and discrimination towards people infected with HIV are realities of the South African society. When there is stigma and discrimination at the workplace, it can negatively affect the morale of the workforce, and also affect productivity (Smart, 2004: 24). More than 77 per cent of respondents said that although there is some stigmatisation, generally communication regarding HIV and AIDS in their organisations is fairly open. Only 22.2 per cent of the respondents reported a closed and stigmatised environment in the workplace. The questionnaires were completed by the owner/manager of the companies and this result may be biased towards what they believe is the answer they should give. It is well known that one of the biggest challenges in combating HIV/AIDS is the issue of stigma and the resultant discrimination. Truck drivers on average earn better salaries than employees working at the company head office, and they could fear losing their jobs when confronted with the choice to disclose a positive HIV status.

**Table 8**

Operators' perception that HIV/AIDS will have a considerably unfavourable impact on their business, now and in five years' time

	% 2004	% 2009
Yes	11.1	35.2
No	83.3	57.4
Don't know	5.6	7.4
Total	100	100

In the final analysis, respondents were asked whether they believed that AIDS would have an influence on their companies now and in five years' time. Only 11 per cent of all companies surveyed indicated that HIV/AIDS has already had an impact on their business. The perception is that by 2009 HIV/AIDS will have a greater impact on their businesses. It seems as if the trucking industry is only now starting to see the effects of HIV/AIDS on their companies. More than a third of the companies surveyed expect that HIV/AIDS will only affect their companies by 2009.

## 6 Conclusion

It seems that many companies are hesitant to develop and implement HIV/AIDS workplace programmes. This may be due to lack of reliable data, or a lack of leadership commitment. The survey results however reveal that many operators are already facing the consequences of the epidemic.

The global spread of HIV/AIDS and especially the burden of the disease in sub-Saharan Africa show that government, communities, non-governmental organisations and business all need to respond to HIV/AIDS. The results from this survey propose that most operators in the long-distance trucking industry in South Africa have failed to respond to the epidemic. Although 65 per cent of all the operators surveyed have indicated that they have an HIV/AIDS policy, only 25 per cent have implemented the policies in the workplace. Operators' responses to the epidemic seem to be linked to the size of the company, where large companies appear to have more resources to develop and implement HIV/AIDS policies and programmes. The overall perception of most companies seems to be that HIV/AIDS will have a small to moderate impact on their business and some operators have implemented HIV/AIDS policies and programmes to reduce the impact of the epidemic. These perceptions and workplace-based initiatives may be based on insubstantial or inaccurate information, as less than 10 per cent of all operators surveyed

have conducted surveillance or research to appraise the impact of HIV/AIDS on their companies. Many companies participate on a national level in programmes for the trucking industry, doing the minimum or nothing at company level, which also give a false sense of security.

The private sector needs to speed up its response to HIV/AIDS. Although AIDS will not have a dramatic impact on the macro-economy, it will have an impact on company level, especially on a vulnerable industry such as the trucking industry. With the rising HIV prevalence in South Africa and clear indication of the negative impact of the epidemic on companies, operators should be encouraged to develop and implement HIV/AIDS policies and programmes as a matter of urgency. It is recommended that companies develop and implement HIV/AIDS workplace-based policies and programmes to prevent new HIV infection and to mitigate the effect of the disease on the infected and affected. Each company should be encouraged to develop a risk profile of its workforce, involving all employees, to personalise individual risk.

Prevailing guidelines, policies and legislation in South Africa relating to HIV/AIDS should be enforced more rigorously, and only if the government provides the necessary political commitment and guidance will the private sector follow suit. South Africa has a vibrant labour sector and labour movements should encourage and motivate their membership to enforce the laws that exist to promote safety and prosperity for all citizens.

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