AIDS in the Workplace: Experiences and HR Practices in Thai Business Organizations

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งานวิจัยนี้ศึกษาประสบการณ์และการบริหารงานทรัพยากรบุคคลในองค์กรธุรกิจของประเทศ ไทยเกี่ยวกับโรคเอดส์ โดยเลือกศึกษาบริษัทที่มีรายชื่ออยู่ในตลาดหลักทรัพย์แห่งประเทศไทย การเก็บ ข้อมูลทำโดยใช้แบบสอบถามที่ส่งทางไปรษณีย์และการสัมภาษณ์องค์กรที่คอบแบบสอบถามบางบริษัท จากจำนวนบริษัททั้งหมดที่กลุ่มผู้วิจัยส่งแบบสอบถามไปให้ 46.1% (199 จาก 432 บริษัท) ส่งแบบสอบถาม กลับพร้อมทั้งคำตอบที่นำไปวิเคราะห์ได้ ผลการศึกษาพบว่า หากพิจารณาจากจำนวนพนักงานที่ป่วย ด้วยโรคเอคส์, วิธีการบริหารงานต้านทรัพยากรบุคคล, และการเตรียมองค์กรเพื่อจัดการกับปัญหาแล้ว เอดส์ไม่ใช่ประเด็นที่ผู้บริหารองค์กรธุรกิจให้ความสำคัญมาก ถึงแม้ผลการวิจัยจะแสดงว่าผู้บริหารองค์กร ธุรกิจเห็นด้วยว่า เอดส์เป็นปัญหาสังคมที่สำคัญและจะมีผลกระทบต่องานบริหารทรัพยากรบุคคลในองศ์กร ธุรกิจ รวมทั้งเห็นด้วยว่าองค์กรธุรกิจนั้นมีบทบาทที่สำคัญต่อการช่วยลดการแพร่ระบาตของโรค และการ ช่วยเหลือผู้ที่มีเชื้อไวรัสโรคเอดส์ แต่องค์กรธุรกิจอาจเลือกวิธีการบริหารทรัพยากรบุคคลที่หลีกเลี่ยงไม่ให้ บริษัทเข้าไปเกี่ยวข้องกับผู้ที่มีเชื้อไวรัสโรคเอดส์โดยไม่จำเป็นและไม่เป็นภาระที่เพิ่มรายจ่ายขององค์กร มากเป็นระยะเวลานาน บริษัทที่ตอบแบบสอบถามไม่ด่ำกว่า 60% จะไม่รับผู้ที่ตรวจพบว่ามีเชื้อไวรัส โรคเอตส์เข้าทำงาน และน้อยกว่า 8% ของบริษัทที่ตอบแบบสอบถามมีนโยบายการดำเนินงานด้าน ทรัพยากรบุคคลที่เขียนไว้เกี่ยวกับเอลส์ การให้ความรู้โดยการฝึกอบรม, การปรับปรุงระบบการบริหาร เงินและการดำเนินงานด้านกองทุนประกันสังคม, และการออกกฎหมายเพื่อปกป้องสิทธิของทั้งผู้ที่มีเชื้อ และผู้ที่ไม่มีเชื้อโรคเอตส์ เป็นข้อเสนอแนะในงานวิจัยนี้ว่าเป็นกระบวนการที่หน่วยงานราชการควรให้ ความสำคัญและดำเนินการให้มีผลทางด้านปฏิบัติเพื่อแก้ไขปัญหาที่เกิดขึ้นในองค์กรธุรกิจอันเนื่องมาจาก โรคเอคส์

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Abstract

This study investigated Thai business organizations' experiences and HR practices regarding AIDS in the workplace. The population for this study was Thai business organizations listed on the Stock Exchange of Thailand (SET). Data were collected through questionnaires and follow-up interviews. A response rate of 46.1% (199 of 432 companies) was obtained. The findings indicate that, in terms of incidence, practices and preparedness; AIDS is not a significant HR issue for the surveyed companies, and they regard AIDS as an awareness issue. Despite the understanding of their role in controlling the spread of AIDS and a willingness to help and support people infected with AIDS, at least sixty percent of the respondents indicated that their companies would not hire or promote such people, and less than eight percent of the surveyed companies have a written policy on AIDS. Providing continuing training and education, improving management of the Social Security Fund, and creating legislation to protect the rights of both AIDS-affected and non-affected people are activities public agencies should undertake.

AIDS is the acronym for Acquired Immune Deficiency Syndrome, a fatal viral infection which has no cure. It is a set of diseases--a syndrome--resulting from the destruction of the body's defenses which is caused by the Human Immunodeficiency Virus (HIV). AIDS was discovered in 1981 when five men in Los Angeles were found to have suffered from an unusual type of pneumonia caused by a parasite that is normally harmless to humans, named Pneumocystis carinii. HIV causes AIDS by attacking white blood cells called lymphocytes, which are a critical factor in coalescing the defense mechanisms of the human immune system.

It may take years, depending on the individual, before HIV triggers an infection and manifests a full-blown case of AIDS. People with HIV can live a normal life for 2 to 15 years before their immune system is severely affected. The problem in controlling AIDS lies in the fact that HIV seems to have changed its structure over time and in different places. This has made scientists' efforts in making vaccines for AIDS prevention unsuccessful to date.

Thailand reported its first case of AIDS in 1984 (Human Resource Planning Division, The National Economic and Social Development Board [HRPD-

NESDB],1994; Institute of Population Studies, Chulalongkorn University, 1993). Since then, AIDS has changed from an unknown disease, sporadically reported, to a national health crisis. During the last fourteen years, there has been an AIDS epidemic, with more than 20,000 Thais having died from it ("AIDS incidence," 1998a; 1998b). This number may be higher as many deaths from AIDS may not have been reported as such. AIDS has cost the country a tremendous amount in terms of social and economic development. At the beginning of 1998, it was estimated that 800,000 Thais were infected with HIV. Without effective prevention, the number of infected people may increase to between 2 to 4 million by the year 2000 (The International Bank for Construction and Development/The World Bank, 1993; The World Bank, 1997; World Health Organization [WHO], 1998a).

National policy-makers of Thailand put AIDS on the national agenda in the early 1990s. AIDS was identified as a national health crisis that needed to be curbed by all parties involved, government and private. Under the framework of the Seventh National Social and Economic Development Plan, the National AIDS Prevention and Control Master Plan (1992-1996) was formulated by the National AIDS Prevention and Control Committee chaired by the Prime Minister. Carrying on research to provide better understanding about AIDS and its related issues has been an important task

encouraged by both local government and international agencies. Many reports compiled since the beginning of the 1990s have dealt mostly with feelings, attitudes, problems, and responses related to HIV infected people (HIVIP), their family members, and health officials (Ministry of Public Health, 1990, 1992, 1993, 1994, 1996a). Not much research, however, has been carried out regarding the Thai business sector's response to AIDS in the workplace.

The nation's AIDS prevention and control program could be helped significantly by an investigation of AIDS in the workplace as there are a large number of people working in the business sector. Of the 30.3 million people employed in the labor market of Thailand, 40% are private sector employees, of which 4 out of 5, or around 9.6 million people, are business employees (National Statistical Office, 1997). The surveillance data about AIDS in Thailand shows that the number of HIVIP is highest among people between 20 and 49 years of age (Division of Epidemiology Ministry of Public Health, 1998). Based on WHO's estimate of 2.23% AIDS rate among adults between 15-49 years old (WHO, 1998b), approximately 200,000 AIDS victims may be working in the Thai business sector. These figures underscore the importance of the business sector in the Thai AIDS national control scheme since its responses to, and policies on, AIDS affect a great number of people who are in the prime of their life.

AIDS creates one of the most difficult dilemmas for people in the workplace. It presents a company with two challenges: one is taking care of healthy employees, and the other is taking care of HIV-infected employees. While IIIV has been identified by researchers as a serious problem for employers, it is probably more serious for those actually affected with AIDS as AIDS-affected employees often encounter prejudice and discrimination when their illness becomes known to colleagues and employers (Adam-Smith, Goss, Sinclair, Rees, & Meudell, 1992; Banas, 1994; Commerce Clearing House, 1994; Human Rights Committee on AIDS/HIV, 1996; Kohl, Miller, & Pohl, 1997; Milkovich & Boudreau, 1994; The Panos Institute, 1990; Trebilcock, 1989). It has been recommended that organizations have a written policy on AIDS because (a) having to come up with a written policy helps sensitize and create awareness among top management and middle management about the AIDS issue; (b) a written policy helps prepare organizations to cope with the ramifications of AIDS, such as fears, prejudices, and discrimination against employees with AIDS; and (c) it serves as a tool to protect the company from tangible and intangible adversities (Adam-Smith et al., 1992; Baumhauer, 1998). The problems of AIDS in the workplace are illustrated as follows:

AIDS creates a conflict between individual and public interests... For people who have AIDS and those who do

not to live harmoniously in our society, the proper balance of interests of involved parties is required. The superlative protection of either a specific group of people or public rights will unfairly affect the rights of others.....IIaving blood tested for AIDS among job applicants is a discriminatory selection method which is unfair to HIV infected people. It should not be used for keeping HIV infected people from getting a job. (stated by Dr. Vitoon Uengprapan; Ministry of Public Health, 1996b, p. 41).

The government must pay more attention to the AIDS issue because there are so many effects from it.... The government must regard this as an important task; employers' and employees' organizations must participate in this together. There is no precedent in Thai history for such a social crisis. Our most painful social problem at present is the deterioration of three institutions: education, religion, and family. These are connected with some form of sexual misconduct. AIDS is also.] (stated [in Thai] by Nikom Chantaravitoora; Ministry of Public Health, 1996c, p. 145)

AIDS (acquired immune deficiency syndrome) is a medicul time bomb. With 340,000 diagnosed cases in the United States and 1.5 million people with the human immunodeficeincy virus (HIV) that causes AIDS, employers are fast having to deal with increasing numbers of AIDS victims in the workplace. Unlike victims of other life-threatening illnesses, such as Alzheimer's or heart disease, the vast

majority of those with HIV or AIDS are of working age-between 25 and 44. AIDS is a bottom-line business issue. (Cascio, 1998, p. 583)

In recent years, few workplace issues have received as much attention as AIDS... While there is still no evidence that AIDS can be spread though casual contact in the typical workplace, one of the major problems employers face is the concern that many people have about contracting it. Employers have found it important to have programs to educate managers about the transmission of AIDS and to educate the entire workforce through newsletters, posters, and seminars." (Sherman, Bohlander, & Snell, 1998, pp. 484, 485)

There are only a few studies on Thai employers' responses to AIDS. However, those studies have identified issues commonly associated with AIDS. In Rasmeepaethaya's work (1994), it was found that the increased cost of production and the specific types of business were major factors preventing Thai employers from strictly following the laws which would make firing or not hiring HIV infected people illegal. The findings by Priyatruk, Pholnuangma, Chanwattana, and Sirihongtong (1996) also showed that; even though Thai employers understand that AIDS cannot be transmitted easily through eating, touching, working, or sharing rest rooms together, they would avoid direct contact with HIV infected people if possible. And it is reported that

fear of losing a job or being rejected by family members and friends are common feelings of Thai people who contract AIDS/HIV (Boonmongkol, Pradubmuk, & Ruengsorn, 1998).

The literature review verified the importance of research into AIDS in the workplace. The specific questions to be explored in this research, in the context of Thai business organizations' experiences in and responses to AIDS, included:

- 1. How extensive is AIDS in Thai business organizations?
- 2. To what extent do Thai business organizations recognize AIDS in the workplace as an issue?
- 3. To what extent are Thai business organizations prepared to handle AIDS in the workplace with a written policy on AIDS?
- 4. How do Thai business organizations respond to AIDS in the workplace in terms of human resource management, specifically in the areas of selection and hiring, employment, compensation and medical care, training and promotion, and safety and health of employees.

Methodology

Sample

HR professionals working as directors or managers with companies listed on the Stock Exchange of Thailand (SET) were selected as target respondents. As of January, 1998, there were 432 business organizations listed on the SET. A total of 199 completed questionnaires

were returned. Most responding companies in this study have fewer than 5,000 employees (92.4%) and are wholly owned by Thais (63.3%). Participating companies were from the following industries: agribusiness; banking, finance, and insurance; communications and information technology; construction and property; food and beverages; manu-facturing and packaging; natural resources, mining and energy; services; and trade.

Respondents were mostly HR managers or HR staff (82.5%) and had at least three years' experience in HR work (86.4%). Most of the respondents had at least a bachelor's degree (94.5%) and completed their education in Thailand (91.5%). Respondents majored in business administration (21.6%), HR or HRD (20.1%), political science (19.1%), law (8.5%), psychology (7.6%), social science (6.0%), science and applied science (4.1); economics (4.0%), education (4.0%), and others (5.0%).

Measures

Questionnaires and follow-up interviews were the data-collection techniques used in this research. Questions were constructed by two researchers in consultation with a few colleagues, based on the review of the literature and a preliminary interview (January, 1998) with a director of Thailand Business Coalition on AIDS (TBCA). Questions were tested for clarity with a pilot group of 20 HR professionals.

There are four parts in the questionnaire:

- (a) the company's and the respondent's profiles;
- (b) the company's experience with and policies on AIDS;
- (c) the company's HR practices towards employees with AIDS/HIV; and
- (d) the respondent's attitudes towards AIDS in general and AIDS in the workplace.

In the first stage of the study, during February 1998, questionnaires were sent to HR managers, or personnel directors heading HR divisions, of the 432 companies. The source of the returned questionnaires was anonymous to all researchers and research staff. Participant anonymity was assured by sending a postcard, having the returnee's address, along with the questionnaire. Participants were asked to return the postcards to the researchers, separately, some time after they sent the survey. Researchers know only the companies who returned the questionnaires. They do not know which questionnaire belongs to or came from which company. The postcard method also helped the researchers identify the companies who did not return the questionnaire. These companies were contacted later for follow-up.

Within a month of the first mailing, 161 questionnaires were returned. Phone calls were made to all companies who had not sent in their answers. Questionnaires were sent out again for the second round on March 13, 1998. Thirty-

eight additional questionnaires were returned by the end of April, 1998. After two rounds of mailings, 199 companies had returned completed questionnaires, for a response rate of 46.1%.

Interviews

From September to October 1998, six interviews were conducted to help the researchers explain the findings in the questionnaires which pertained to the four research questions. Participants were HR mangers/directors of the companies who returned the questionnaires. Of the six companies, three were food and beverage companies while the other three engaged in non-food industries. All the interviews were conducted in the interviewees' office. Before beginning each interview, the researcher explained the objectives of the research and of the interview. Each interview lasted one to two hours. A copy of the results of their interview was given to each interviewee in order to allow them to verify the accuracy of the results.

Results

The results of the research are presented according to the research question posed.

Research question1: How extensive is AIDS in Thai business organizations?

AIDS in the workplace is not seen to be extensive for the Thai business organizations participating in this survey. Fewer than 30% of the participants reported having any experience with AIDS in their workplace. Moreover, the number of AIDS cases in each company does not support the argument that AIDS is a serious threat (see Table 1: the highest frequency, by far, was only one to five cases from January 1994 January 1998). Note, however, that 46.4% of responding companies had experienced no incidents of AIDS during this same period, and 25% did not know whether or not there were AIDS cases in their workplace. Follow-up interviews of HR managers verified that they do not regard AIDS as a serious HR issue in the workplace.

Table 1. Frequency of reported cases of AIDS/HIV

| Size of Industry | % of i | eported | Do not know | Total | | |
|----------------------------|--------|---------|----------------|-------|------|--------|
| | 0 | 1-5 | 6-10 | >10 | (%) | , otal |
| Fewer than 1,000 employees | 33.2 | 14.3 | 1.5 | 0 | 18.4 | 67.4 |
| | (65) | (28) | (3) | (0) | (36) | (132) |
| 1,001 - 5,000 employees | 11.2 | 9.2 | 1.0 | 0.5 | 4.5 | 26.5 |
| - • | (22) | (18) | (2) | (1) | (9) | (52) |
| 5001 - 10,000 employees | 0.5 | 0.5 | 0 | 0 | 0.5 | 1.5 |
| | (1) | (1) | (0) | (0) | (1) | (3) |
| More than 10,000 employees | 1.5 | 0.5 | 1.0 | 0 | 1.5 | 4.6 |
| | (3) | (1) | (2) | (0) | (3) | (9) |
| Total | 46.4 | 24.5 | 3.6 | 0.5 | 25.0 | 100 |
| | (91) | (48) | (7) | (1) | (49) | (196) |

Note. Figures in parentheses are actual company numbers. Missing value is 3.

Thai business organizations recognize AIDS in the workplace as an issue?

The answers from the respondents were mixed. From the questionnaires, the responses were positive. On a scale of 1 to 6 (6 being the highest agreement score; see Table 2), the findings indicate that most of the respondents recognize AIDS in the workplace as a critical problem to both Thailand and HR departments, and that businesses have an important role in helping to deter the spread of AIDS. The respondents agreed that their company should cooperate with other companies and public organizations in trying to limit the spread of AIDS/HIV, and that they would cooperate more if they knew how.

Research question 2: To what extent do Even though the respondents agreed that their CEOs understand the extent of the AIDS impact upon their company, this item scored lowest of all items in this part of the survey.

> The results of the survey questionnaires seem to reflect what the respondents think about what business companies should do about AIDS in the workplace rather than what they are doing at present. The interviews with the six HR managers showed a low level of recognition of AIDS in the workplace and its impact on the business sector. All but one of the interviewees chose 2 (1 the least and 6 the highest score of importance) as an indicator of the significance of AIDS in their workplace.

Table 2. Attitudes of respondents towards AIDS and AIDS in the workplace

| | | Per cent and number of companies | | | | | | | |
|--|-------|----------------------------------|--------------|--------------|--------------|-------------------|---------------|----------|-----------|
| Statement | Ū | Strongly disagree | | | | Strongly agree | | <u>M</u> | <u>SD</u> |
| | | 1 | 2 | 3 | 4 | 5 | 6 | _ | |
| AIDS/HIV is one of the most important policy issues facing HR departments in Thailand | (197) | 2.0 (4) | 5.1 (10) | 16,2 (32) | 18.8 (37) | 19.3 (38) | 38.6 (76) | 4.6 | 1.4 |
| The CEO of this company believes that AIDS/HIV is one of the most important policy issues facing HR departments in Thailand | (194) | 9.3 (18) | 12.9 (25) | 23.7 (46) | 23.7 (46) | 11.9 (23) | 18.6 (36) | 3.7 | 1.5 |
| AIDS/HIV is a serious problem within Thailand | (197) | 3.0 (6) | 2.0 (4) | 9.1 (18) | 8.6 (17) | 17.3 (34) | 59.9 (118) | 5.2 | 1.3 |
| Businesses have an important role to play in arresting the spread of AIDS/HIV in Thailand | (198) | 4.0 (8) | 8.1 (16) | 15.7 (31) | 23,2 (46) | 21.7 (43) | 27.3 (54) | 4.3 | 1.4 |
| Businesses must cooperate with the public sector in arresting the spread of AIDS/HIV in Thailand | (198) | 0.5 (1) | 1.0 (2) | 10.6 (21) | 14.1 (28) | 25.8 (51) | 48.0 (95) | 5.1 | 1.1 |
| Our company cooperates with other companies in attempting to arrest the spread of AIDS/HIV | (197) | 6.6 (13) | 9.6 (19) | 21.8 (43) | 24.9 (49) | 16.8 (33) | 20.3 (40) | 4.0 | 1.5 |
| Our company would cooperate more with other companies in attempting to arrest the spread of AIDS/HIV if we knew how to do it | (198) | 1.0 (2) | 4.5 (9) | 15.7 (31) | 16.7 (33) | 27.8 (55) | 34.3 (68) | 4.7 | 1.3 |
| Our company cooperates with the public sector in attempting to arrest the spread of AIDS/HIV | (194) | 6.7 (13) | 7.7 (15) | 17.5 (34) | 16.5 (32) | 22.2 (43) | 29.4 (57) | 4.3 | 1.6 |
| Our company would be willing to cooperate more with the public sector in attempting to arrest the spread of AIDS/HIV if we knew how to do it | (194) | 1.0 (2) | 4.6 (9) | 10.8 (21) | 14.9 (29) | 24.2 (47) | 44.3 (86) | 4.9 | 1.3 |

Note. Figures in parentheses are actual company numbers

Research question 3: To what extent are That business organizations prepared for handling AIDS in the workplace with a written policy on AIDS?

Only 6.5% of the total respondents stated that they have a written policy on AIDS. Of the companies who have a written policy on AIDS, 38.5% said that their policy indicates their commitment to non-discriminatory treatment towards AIDS/HIV employees. Less than 35% of such companies have a written policy

regarding selection, promotion, transfer, and dismissal. But more than half have a written policy regarding education, training, and safety on AIDS (see Table 3). It should be noted that the findings indicate whether the surveyed companies have or do not have a written policy regarding HR practices on AIDS. The study did not investigate further whether the written policy and its elements were positive or negative towards AIDS/HIV affected employees.

Table 3. Written policies on AIDS

| I. | Have a written policy on AIDS? | | nber of | | | | | | |
|-----|--|-----------|-----------------|----------|------|----------|-------------|--|--|
| | Do have | | companies 13 | | 6.5 | | | | |
| | | | | | | | | | |
| | Do not have | | 182 | 91.5 | | | | | |
| | Did not answer | 4 199 | | | 2.0 | | | | |
| | Total | | | 100 | | | | | |
| | | | Yes | | No | | No response | | |
| II. | Written policies contained statements | <u>11</u> | % | <u>n</u> | % | <u>n</u> | % | | |
| reg | arding: | | | | | | | | |
| Ι, | General commitment to non-discrimination | 5 | 38.5 | 7 | 53.8 | 1 | 7.7 | | |
| 2. | Application Process - application forms | 3 | 23.1 | 10 | 76.9 | _ | - | | |
| 3. | Application Process - blood testing | 4 | 30.8 | 9 | 69.2 | _ | - | | |
| 4. | Selection | 4 | 30.8 | 8 | 61.5 | ı | 7.7 | | |
| 5. | Promotion | 4 | 30.8 | 8 | 61.5 | Ţ | 7.7 | | |
| 6. | Transfer | 4 | 30.8 | 8 | 61.5 | 1 | 7 .7 | | |
| 7. | Dismissal | 3 | 23.1 | 9 | 69.2 | 1 | 7.7 | | |
| 8. | Required blood testing for existing employees | 4 | 30.8 | 9 | 69.2 | - | - | | |
| 9. | Access to training opportunities | 7 | 53.8 | 5 | 38.4 | 1 | 7. 7 | | |
| 10. | Provision of education related to AIDS/HIV | 10 | 76.9 | 3 | 23.1 | _ | _ | | |
| 11. | Provision of safety training related to AIDS/HIV | 9 | 69.2 | 3 | 23.1 | 1 | 7.7 | | |

Research question 4: How do Thai business organizations respond to AIDS in the workplace in terms of human resource management, specifically in the areas of selection and hiring, employment, compensation, medical care, training, promotion, and safety and health of employees?

Selection and Hiring

The results show that, during the selection process, nearly 90% of the Thai business organizations surveyed will not directly ask applicants to reveal any information concerning AIDS. However, 27.6% require that applicants have their blood tested for HIV and 11.6% will request that applicants have blood tested to determine if they have AIDS (see items 1, 2, 3, and 4 of Table 4).

Employment

Forty-four per cent of the surveyed companies will deny employment to people suspected of having AIDS/HIV. If a person is known to have AIDS/HIV, however, 61.8% of the surveyed companies indicated that they would not hire such a person. Only 7% of the surveyed companies will dismiss employees suspected of having AIDS/HIV, but almost 17% will encourage such people to resign. The figures increase to 16.6% and 30.2%, respectively, if they know that the employees have AIDS/HIV (see items 5, 6, 7, 8, 9, and 10 of Table 4).

Compensation and Medical Care

Fifty-nine percent of the surveyed companies will provide AIDS/HIV affected employees with medical treatment, and nearly 80% will provide AIDS counseling. But fewer than half of the companies (43.7%) will ensure continuing access to medical insurance coverage (see item 26 of Table 4). And even fewer companies (30.2%) are willing to pay for blood tests if employees want to have their blood checked for HIV (see items 11, 12, 13, 26 of Table 4).

Training and Promotion

Sixty-two percent of the surveyed companies will provide employees suspected of having AIDS/HIV the same access to training related to job advancement as they do to normal employees. The figure decreases to 53.3% when employees actually have AIDS/HIV. In terms of job promotion, 38.7% of the surveyed business companies indicated that they would promote employees suspected of having AIDS/HIV. The figure decreases to 30.1% if it is known that the employees have AIDS/HIV. Thirty-two percent of the companies will transfer employees suspected of having AIDS/HIV to jobs that possess fewer contacts with others. More companies, 39.7%, will do so if they are certain that the employee has AIDS/HIV (see items 14, 15, 16, 17, 18, and 19 of Table 4).

Safety and Health

From 70 to 90 per cent of the participating companies indicate that they have been or are willing to do the following, if necessary: provide literature about AIDS/HIV (87.4%); provide training regarding the prevention of AIDS/HIV (79.9%): provide training/education regarding attitudes about AIDS/HIV (70.9%); guarantee confidentiality of personal information regarding AIDS (75.9%); and, refer employees to

organizations that might be able to assist them at their request (76.9%).

Fewer than half of the surveyed companies indicated that they distribute free condoms or provide supplies for protection. Only 16.8% distribute free condoms on their premises, and 44.9% provide supplies to protect employees who may come into contact with HIV through human fluids (see items 20, 21, 22, 23, 24, 25, and 27 of Table 4).

Table 4. Frequency of HR practices related to AIDS in Thai business organizations

| Item No. | HR practices | Per cent and number of companies | | | |
|-------------|---|----------------------------------|-------|-------------------|--|
| 110. | | Yes | | | |
| | | 1 68 | No | Missing values | |
| 1 | Ask applicants on the job application form whether | 6.5 | 91.0 | 2.5 | |
| ., | they have AIDS/IIIV | (13) | (181) | (5) | |
| 2. | Ask applicants during the job interview whether they have AIDS/HIV | 9.5 | 88.4 | 2.0 | |
| | | (19) | (176) | (4) | |
| 3. | Require applicants to take a blood test to determine if they have AIDS/HIV. | 27.6 | 70.3 | 2.0 | |
| | | (55) | (140) | (4) | |
| 4. | Request applicants to take a blood test to determine if they have AIDS/HIV. | 11.6 | 84.9 | 3.5 | |
| | | (23) | (169) | (7) | |
| 5. | Deny employment to someone who is suspected of having AIDS/HIV. | 44.2 | 52.3 | 3.5 | |
| | | (88) | (104) | (7) | |
| 6. | Deny employment to someone who is known to have AIDS/HIV | 61.8 | 35.2 | 3.0 | |
| | | (123) | (70) | (6) | |
| 7. | Dismiss someone who is suspected of having AIDS/IIIV | 7.0 | 87.4 | 5.5 | |
| | | (14) | (174) | (11) | |
| 8. | Dismiss someone who is known to have AIDS/HIV. | 16.6 | 77.9 | 5.5 | |
| | | (33) | (155) | (11) | |
| 9. | Encourage someone who is suspected of having | 19.6 | 75.4 | 5.0 | |
| | AIDS/HIV to resign | (39) | (150) | (10) | |
| 10. | Encourage someone who is known to have | 30.2 | 66.3 | 3.5 | |
| | AIDS/HIV to resign | (60) | (132) | (7) | |
| 11. | Provide medical treatment for someone suspected or | 59.3 | 36.2 | 4.5 | |
| | known of having AIDS/HIV | (118) | (72) | (9) | |
| 12. | Provide counseling for someone suspected or known of having AIDS/IIIV | 7 9.9 | 17.1 | 3 | |
| | | (159) | (34) | (6) | |
| 13. | Provide blood testing, on request, to any employee to | 30.2 | 65.3 | 4.5 | |
| | determine if they have AIDS/HIV | (60) | (130) | (9) | |
| 14. | Promote someone who is qualified, even if they are | 38.7 | 50.8 | 10.5 | |
| | suspected of having AIDS/HIV | (77) | (101) | (21) | |

Table 4 (continued) Frequency of HR practices related to AIDS in Thai business organizations

| Item No. | HR practices | Per cent and number of companies | | | |
|-------------|--|----------------------------------|---------------|----------------|--|
| | | Yes | No | Missing values | |
| 15. | Promote someone who is qualified, even if they are known to have AIDS/HIV | 30.1 (60) | 57.8 (115) | 12.1 (24) | |
| 16. | Transfer someone suspected of having AIDS/HIV to a position in which they will work with fewer other employees | 31.7 (63) | 62.3 (124) | 6.0 (12) | |
| 17. | Transfer someone known to have AIDS/HIV to a position in which they will work with fewer other employees | 39.7 (79) | 54.8 (109) | 5.5 (11) | |
| 18. | Provide suspected AIDS/HIV employees with normal access to training opportunities | 61.8 (123) | 30.7 (61) | 7.5 (15) | |
| 19. | Provide known AIDS/HIV employees with normal access to training opportunities | 53.3 (106) | 39.2 (78) | 7.5 (15) | |
| 20. | Provide literature about AIDS/HIV | 87.4 (174) | 9.0 (18) | 3.5 (7) | |
| 21. | Provide training regarding the prevention of AIDS/HIV | 79.9 (159) | 15.6 (31) | 4.5 (9) | |
| 22. | Provide training/education regarding attitudes about AIDS/HIV | 70.9 (141) | 23.1 (46) | 6.0 (12) | |
| 23. | Guarantee confidentiality to employees suspected of having or known to have AIDS/HIV | 75.9 (151) | 17.6 (35) | 6.5 (13) | |
| 24. | Distribute free condoms | 16.1 (32) | 79.4 (158) | 4.5 (9) | |
| 25. | Refer employees to organizations that might be able to assist them at their request | 76.9 (153) | 18.1 (36) | 5.0 (10) | |
| 26. | Guarantee continuing access to medical insurance coverage | 43.7 (87) | 50.3 (100) | 6.0 (12) | |
| 27. | Provide supplies to protect employees who may come into contact with human fluids, e.g., latex gloves | 41.7 (83) | 51.3 (102) | 7.0 (14) | |

Note. Figures in parentheses are actual company numbers.

Discussion

AIDS, despite its potentially harmful effect on Thai society, is not seen as a serious threat to Thai businesses in terms of human resource management. This may be because AIDS is still regarded by many business people as a disease associated with sexual misconduct. prostitution, and incurable fatal viral infections. Thus, most AIDS-affected employees keep quiet about their condition in order to avoid rejection and discrimination. They quit their jobs without making their illness known to others. In addition, AIDS takes a long time, 1 to 15 years, to show itself. The first case of AIDS was found in Thailand in 1984. Perhaps, the country will experience more significant impact of AIDS in all sectors, public and private, within the next few years.

The research findings indicate the business, alone, is not likely to formulate an effective AIDS-in-the-workplace perspective. While employers may understand the significance of AIDS as a social problem, they have not yet come to an understanding of the importance of the role they have to play. Their business understanding seems to limit their willingness to help, especially during this time of economic crisis. Most of the surveyed companies agreed that they would cooperate with public agencies to curb the spread of AIDS, but that the major leader in this task must be the public sector. Many businesses see AIDS as a personal health problem, not a job-related one. Therefore, businesses seem to think

that it is unreasonable to ask them to take equal responsibility with public organizations in taking care of AIDSaffected employees

Only a small number of the surveyed companies have any written policy regarding AIDS. There may be a number of reasons for this. First, because of the low number of AIDS cases reported, the surveyed companies may regard it as not important enough to have a specific policy. Second, AIDS seems to be an issue fraught with uncertainty and unpredictability. There may be too many complications with it to enable the writing of specific policies. Third, AIDS appears to be considered a non-job-related problem. Businesses may not believe that it is reasonable to ask them to take full responsibility for such personal problems of their employees. Fourth, many businesses would like to deal with AIDS quietly on a case-by-case basis. Having a written policy on AIDS may associate a company with a controversial issue that can result in a negative marketing image, And, finally, businesses may think of AIDS as a social problem which has to be handled at a national level by government and public agencies. They may feel that it should be the public sector that takes the leading role in controlling the spread of AIDS.

AIDS is a disease that creates dilemmas and difficulties for both businesses and employees who are AIDS/HIV affected. This is particularly apparent with HR management in such practices as selection and hiring, employment, compensation, medical care,

training, promotion, and safety and health. HR practices of the surveyed companies regarding AIDS in the workplace reflect attitudes of caution--for survival, for compliance with laws, and for sensitivity to social concerns. Thai businesses may acknowledge the existence of AIDS legislation and may be willing to provide some support to employees infected with AIDS/HIV; but they can not overlook the need to protect their companies from being financially affected by AIDS. More than 60% of the companies reported that they probably would not offer jobs to or promote a person having AIDS/IIIV. They also reported that they would be reluctant to guarantee access to full medical care or to provide employee compensation for an extended period.

Limitations

The respondents of this research are HR managers or HR personnel of Thai business organizations listed on the SET. The companies are quite large and have a certain level of organized management structure and systems. There may be a concern that the respondents are not indicative of the general business sector in Thailand and that, therefore, the findings cannot be generalized. However, most business organizations have one thing in common. They are all profit-oriented entities. In some ways and to varying degrees, they may be different, but business organizations seem to have similar attitudes and similar reactions in that they wish to control costs and to increase

productivity and profits. Further, studying what happens in larger companies in regards to AIDS may, in fact, overstate the sensitivity of Thai business to the issue of AIDS-related employment. Certainly, these larger companies have more opportunity and resources to respond to the demands of AIDS in the workplace than do smaller companies.

Recommendations

Local and international reports verify that AIDS could be a devastating social problem in Thailand unless proper interventions are applied. Although the main responsibility for coping with AIDS seems to lie with government agencies, That businesses have a major role in lessening the negative impact of AIDS upon society as well. These research findings show businesses' need for public agencies' support in helping them help their employees regarding AIDS by providing continuing training/education and counseling on AIDS; improving the medical support systems for AIDS victims; bettering the Social Security Fund management for employees with AIDS/HIV who need its services; and creating legislation to protect the rights of both AIDS affected and non-affected people. Moreover, the findings also show that there are vast opportunities for public agencies to help improve the attitudes of the majority of business employers and employees on AIDS and its victims. Public agencies might promote the creation of legislation which protects the rights of AIDS affected people because

simple misunderstandings or discrimination in HR practices towards employees with AIDS/HIV in the business workplace are reportedly evident. Also, there is a strong need for legislation to protect the rights of non-affected people from getting AIDS as a result of reckless behavior or malicious intent. It might also make sense for a consortium of businesses to explore developing a common written policy on AIDS/HIV. This would allow the best minds to work together to create a model policy, while also diverting attention from a specific company, thus preventing any negative marketing image from emerging.

Conclusions

Dealing with a complicated social issue like AIDS requires that one understand the views and opinions of

involved people. This would open the door to solutions which are both feasible and compassionate. This study may be useful in (a) sensitizing Thai business organizations to AIDS in the workplace so that there will be more understanding about AIDS; (b) generating compassion for employees with AIDS/HIV; and (c) helping involved people and public agencies in understanding the attitudes, strengths and constraints affecting Thai business organizations in dealing with AIDS in their workplace. The ultimate goal of achieving such understanding is to help Thai business organizations formulate HR policies and practices which balance the benefits of society, the companies, general employees, customers, and AIDS/HIV affected employees as a whole.

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