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Impact of HIV/AIDS to the tourism sector human resources: Case of selected hotels in Harare

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Abstract

The study investigated the impacts of HIV/AIDS on human resources in the tourism sector in Zimbabwe's capital city, Harare. Harare Hotels were used as a case study establishing how HIV/AIDS affects the workforce in the tourism sector and the consequent effects on service delivery. Visitors' inflows into Zimbabwe have declined since the year 2000. To understand the reasons and related aspects, data was collected by way of questionnaires which were administered to 9 human resources managers and 9 marketing managers from hotels in Harare during the period of 2008 and 2009. These questionnaires were individually distributed and collected which resulted in 100% return rate. Human resources managers were used because they are involved directly with the social welfare of employees and marketing managers were used because they work in customer care and analyse service delivery. The findings of the study were that HIV/AIDS impact negatively to the hotel sector through deaths of skilled members. This was said to consequently leading to the reduction in service delivery and inconsistency in service delivery. Besides losing skilled members through death it was also discovered that the hotels were now moving HIV/AIDS effected victims to the back of the house to minimise their contact with guests. It was also discovered that hotels were using lot of funds to implement mitigation measures.

Keywords: HIV&AIDS, Impact, Human resources, Tourism and hospitality sector

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1. Introduction

Tourism is the world's largest industry, employing, according to the World Tourism Organization (WTO, 2008), 10% of the global workforce. It is an industry characterized by high job mobility that in itself creates increased vulnerability to HIV/AIDS infection. Tourism is also of major importance to the economy of Zimbabwe, particularly in terms of foreign currency earnings and job creation (Zimbabwe Tourism Authority Statistics 2007). The study investigated the impacts of HIV/AIDS on the tourism sector's Human Resources and the following specific objectives were used in guiding the study, namely:

- a) Establishing the specific human resource impacts of HIV/AIDS to the tourism industry with specific reference to hotels.
- b) Establishing the relationship between HIV/AIDS pandemic and service delivery in the hotel industry.
- c) Establishing the cost incurred by the hotel industry in its endeavor to combat the HIV/AIDS pandemic and.
- d) Identifying and describing suggestions to enhance the prevention and mitigation of the HIV/AIDS pandemic to ensure sustainable production and service delivery.

In its scope, the study intended to establish how HIV/AIDS is affecting the people working in the tourism sector and how the same extends to service delivery. There has been a noted decline in visitors' inflow into Zimbabwe since 2000 (Zimbabwe Tourism Authority 2005) this should not detract from the sector's contribution to the nation's wealth (Veal 2006).

Ranked third after agriculture and mining, tourism in Zimbabwe plays a major economic role (Zimbabwe Tourism Authority 2007). Due to job mobility the sector could be affected by HIV&AIDS because workers can be changed and stay away from home for a long period resulting in them engaging in prostitution. The impact is most severe among adults in the prime working ages i.e. 16 to 55. The amount of skilled labour being lost through HIV/AIDS requires serious attention from both tourism industry players and government. Like in any other economic sector, replacing key personnel who are dying from HIV/AIDS remains a major challenge to the tourism industry and the country at large (Beach 1985). 37. In 1997 Nelson Mandela told an economic forum that "the severity of the economic impact of the disease is directly related to the fact that most of the infected persons are in the peak productive and reproductive age groups. AIDS kills those on whom society relies on to grow the crops, work in the mines and factories, run schools and hospitality as well as and govern nations" (AIDS Analysis Africa 1997). In light of these challenges this study was carried out to measure the degree at which HIV/AIDS had impacted on tourism industry's most important set, the human resources. Figure 1 shows the estimated and projected annual deaths in Zimbabwe among persons aged 15-49, 1988-2008.

HIV/AIDS pandemic has resulted in the loss of professionals in the country (Insight and Foresights 2001). This has greatly affected the service delivery in industries including tourism. The loss of professionals and 46 qualified personnel in the hotel sector has resulted in additional operational costs. The pandemic has also created the decline in service delivery due to employment of untrained and inexperienced staff to replace the

professionals (Beach 1985). How HIV&AIDS has impacted on the human resources of the hotel industry remains little understood.

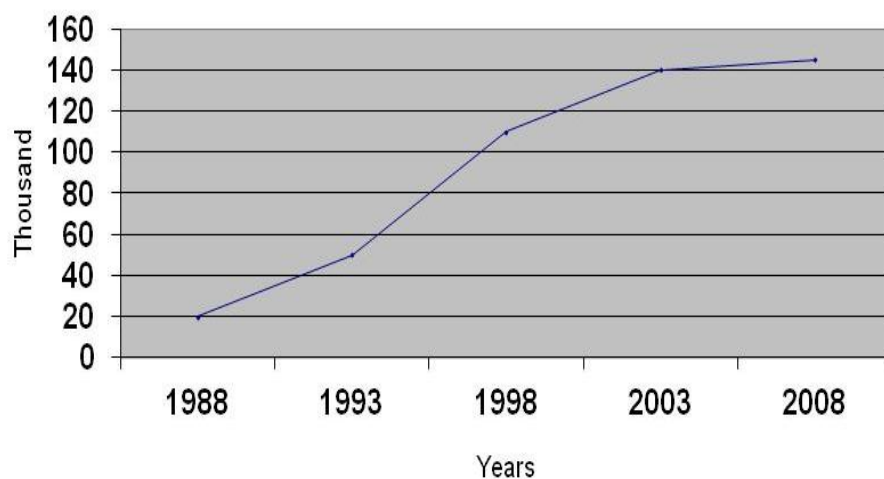


Figure 1. Estimated and projected annual deaths among persons ages 15- 49, 1988-2008 (National AIDS Council, 2004)

2. Literature review

AIDS (Acquired Immune Deficiency Syndrome) emerged in the 1980s as the most terrifying epidemic of modern times (Jackson 2002). AIDS is a sexually transmitted disease/infection that can also be transmitted through blood transfusion including mothers to their babies in utero, and through breast feeding (Polit 1991). AIDS is caused by a virus called Human Immune deficiency Virus (HIV). It causes gradual weakening of the immune system until the body is not resistant to infections. People may seem healthy for many years, but eventually they are likely to become ill with different diseases and cancers (Adler 1998). The incubation period, or the period after infection before the virus causes disease is highly variable. In developing countries like Zimbabwe, this may be about seven years in adults. Whilst babies, it is usually two years (National AIDS Council, 2005).

The pandemic was first reported in Zimbabwe in 1982 (Jackson 2002). Southern Africa, of which Zimbabwe is part, remained the epicentre of the global HIV pandemic (Jackson 2002). In the region Zimbabwe is the first country to record a decline in HIV prevalence from 26% to 18.1% (Zimbabwe National AIDS Strategic Plan 2006). The government has put in place a multi-sectorial approach to fight HIV and AIDS to ensure that all sectors play a synergistic role in the fight against the pandemic this includes HIV/AIDS education in all organisations (Jackson 2002).

In 1999 the government of Zimbabwe introduced the National AIDS Trust Fund (NATF) commonly referred to as AIDS levy, which is based on 3% tax of all taxable income (Insight and Foresight 2001). Its

main purpose is to support HIV prevention research and care for those with AIDS. The funds are managed by the National AIDS Council which was created through an act of Parliament in 1999.

3. Tourism and HIV& AIDS: The interrelationship

Tourism plays an important and growing role through providing jobs, income, tax revenues, and foreign currency (Bollinger, 2001). The interaction between HIV/AIDS and tourism is complex; due to riskier behaviours adopted by a percentage of tourists while on vacation, the HIV/AIDS epidemic is exacerbated (Hannum, 2004). Bollinger (2001) also states that sexual activity increases, both with other tourists and with local people; however, the use of condoms is not consistent during these sexual encounters. Young people in particular, increase sexual contact during tourist visits, with a large percentage of these contacts being unsafe, also the increase in alcohol consumption that occurs during holidays increases risky behaviour even further (Apostolipoulos 1996). Tourism is significantly affected by HIV and AIDS due to the mobility of the workforce, the nature of the industry, the presence of 'sex tourism' and the heavy reliance of many countries on tourism revenue (Abbot 1992). Hotel employees have been found to be at high risk of becoming infected with HIV as evidenced by their perception of life. The risk appears to be especially high among male entertainment workers who frequently engage in sex with female tourists. These relationships occasionally involve payment for sex and are not always protected by condoms (Ford 1991). Ford (1991) further explains why the tourism industry is susceptible to HIV and AIDS as follows:

- The tourism industry hires a large number of young single employees who are highly sexually active.
- Employees are frequently mobile and away from their families for prolonged periods of time.
- There is significant access to commercial sex, both by employees and tourists.
- There are frequent opportunities for sexual interaction between tourists and employees.
- There is heavy use of alcohol and drugs by tourists and employees.

Today, sex tourism is a multibillion dollar industry that supports an international workforce estimated to be millions (Hannum 2004). Because prostitution is illegal in most countries, exact statistics about sex workers, their international clients, money generated within the industry itself are unavailable (Hannum 2004). Employees benefiting are both males and females, as well as directly or indirectly; members of the entire travel and tourism, from taxi drivers to airline staff, hotel and restaurant workers (Hannum, 2004).

3.1. HIV/AIDS and service delivery in the hotel industry

The hotel industry is a service intensive industry which makes its delivery very complicated compared to manufacturing industries (Lovelock and Wirtz 2005). There are three main characteristics which make the delivery of hotel service more difficult and more susceptible to HIV and AIDS. These characteristics are:

- *Intangibility*: Unlike physical products, services cannot be seen, tasted, felt, heard or tasted before they are purchased (Kotler 2004). When guests leave, they go with the memories that they can share with others. There is a need to intangibilise the service delivery and staff appearance is one of the ways to achieve it.
- *Inseparability*: This is another hotel service characteristic which makes tourism service delivery affected with HIV/AIDS. Both the service provider and the customer must be present for the transaction to occur. Customer- employee contact is an essential requirement of service delivery. Therefore staff appearance is of paramount importance.
- *Variability*: Services are highly variable. Their quality depends on who provides them, when and where they are provided. The high degree of variability means that product consistency depends on the service provider's skills and performance at the time of the exchange. HIV/AIDS affected or infected employees have often not able to provide the same quality of service on a consistent base. Variability or lack of consistency in the service delivery could be a major cause of customer disappointment in the hospitality industry.

One of the ways that a service firm can differentiate itself is by delivering consistently high quality service than its competitors (Kotler 2002). Many service industries have now joined the total quality movement. The key is to exceed the customer's service quality expectations. As the chief executive at American Express puts it: 'Promise only what you can deliver and deliver more than your promises' (Kotler, 2004). It is posited that, service delivery may diminish as sickness and death increase. Contributory factors include reduced staff productivity, increased staff turnover, increased projected expenditure due to cost related to HIV/AIDS, increased workload to the remaining staff and lost in knowledge, skills and expertise among staff. The loss of well trained and experienced staff can have a significant impact on service delivery as junior staff may not have the expertise needed to meet the demand of the service (Lovelock, 2005). Professional and healthy human resources in the tourism industry ensure memorable experiences for the guests (Kotler 2002). People employed in the tourism sector should do it with the necessary passion and as they love the type of work they are involved in.

To mitigate the spread of the virus and provide care and support to those already infected or otherwise affected by the pandemic the hotel industry has teamed up with other stakeholders in the country, which include National AIDS Council, government ministries, non-governmental organisation (NGOs), churches, communities, support groups for people living with HIV and AIDS, the media and international collaborating partners (Strategic Plan 2006). The following are the ways which can be used by the hotel operators.

3.1.1. HIV and AIDS education

Ignorance and incorrect information are two factors that contribute to the spread of HIV/AIDS. This is also reasons why people living with HIV/AIDS are so often stigmatised and do not receive the support they need, both at work and at home. Providing your staff with factually correct information on various HIV/AIDS issues

will help to address these problems. It will also help to prevent HIV infections in tourism and it can also help manage various HIV/AIDS workplace- related issues more effectively (South Africa AIDS hand book 2007).

3.1.2. Peer education

Often employees are more comfortable talking to their co-workers about HIV and AIDS related issues and getting advice from them, rather than talking to their managers or supervisors. The idea of peer education is about using employees to educate, inform and advise their co- workers or peers on HIV and AIDS issues provided they are correctly trained.

3.1.3. Condom distribution

Condoms are vital for preventing the spread of HIV and AIDS and all sexually transmitted infections such as syphilis. Given the fact that many of employees may have more than one sexual partner, combined with the amount of sexual activity in the tourism and hospitality sector, making condoms freely available to both employees and guests is definitely one very easy and cost effective way in which the industry can reduce the spread of HIV and AIDS (Insights and Foresight 2001). This can be done through:

- Installing condom dispensers in staff toilets, canteen as well as public cloakrooms used by guests.
- Using peer educators to distribute the condoms.
- Inserting condoms in employees' pay packets.
- Leaving condoms in guest rooms or bathrooms

The impact of HIV/AIDS in the Tourism industry will be empirically recorded

4. The challenges of hotel work

Human resources skills have always been important for the hospitality industry since the late 1980s (Mary 2001). All industries including the hotel industry need to have these skills for them to stay competitive and survive. This means that one's Human resources need to be fare greater than those of the people competing against you. They are challenges associated with the hotel work and these challenges will increase the chances of the industry being sustainable to HIV/AIDS. These challenges will include:

4.1. Low salaries

All workers need to be paid what they are worth (Withiam 2005). People work for long hours against very low salaries compared to other industries. As a result employees given a chance would want to supplement the low salaries with commercial sex resulting in them exposed to high chances of HIV/AIDS.

4.2. Long working hours

In most countries including Zimbabwe the hotel industry does not necessarily follow regulated working hours which are eight (8) hours per day. If it's a busy, an employee can work for 24 hours non-stop. This means that a person will be away from his/her family for long hours resulting in them finding other partners, can be visitors or co-workers to cover up for lost social life.

4.3. Disturbance of family social life

Long working hours in hotel industry affect social life of employees as they do not have much time to spend with their family and friends. Hotel employees usually either go early on duty or come home during late hours. In both conditions they are not able to give proper time to their family. As a people centred industry the worker will find other alternative means to cover up for the disturbances and engage in vulnerable sexual activities with people who might be affected by the virus or them spreading the virus.

5. Research methodology

This research was done using the survey strategy. A sample of hotel's key informants was used. This was derived from 9 selected Harare Hotels and it comprised of 9 human Resource managers and 9 Marketing Managers. Robson (1993) defines population as all cases/units target for research. There are two types of population, namely the target population and the study population. The target population is the universe to which the researcher expects to generalise results and the study population is the population of subject who are actually available to the researcher. The target population for the study comprised all human resource and marketing managers working in designated 12 hotels in Harare Zimbabwe. It is from this target population that a study population was derived. In this study, Harare human resources and marketing managers working in nine three star (3*) to five star (5*) which is 75% of total hotels in Harare were selected to constitute an appropriate sample size. Purposive sampling was used in this study. "Purpose sampling involves handpicking cases to be included in the sample on basis of judgement of their typicality", (Cohen & Manion 1989:103). The cases under study were picked by virtue of their typicality, that is, by virtue of their being human resources and marketing managers of nine Harare hotels. A total number of nine (9) human resources and nine (9) marketing managers were purposively selected for the study. Data was collected using structured questionnaires. The questionnaires were personally delivered to the sample and personally collected resulting in 100% return rate. Data was presented and interpreted qualitatively.

6. Demographic data

Table 1 shows the demographic characteristics of the participants in this study in terms sex, age, education and marital status.

Table 1. Personal attributes of the Human Resources and Marketing Managers

Responses	Number of respondents
<u>Sex</u>	
Male	12
Female	6
Total	18
<u>Age</u>	
Above 40	7
30-39	7
25-29	4
Total	18
<u>Academic Qualifications</u>	
Masters Degree	3
Bachelor's Degree	13
Advanced level	1
Ordinary level	1
Total	18
<u>Marital status</u>	
Married	13
Single	4
Single parent	1
Total	18

The majority of the informants were males that is 12 and only 6 informants were females. This means that the industry is male dominated. 13 were married and 4 were single and 1 indicated as single parent. Most people view the hotel industry as an industry where sexual activities are mostly done and where HIV/AIDS is mostly acquired (Ford 1991). As a result married people, especially husbands, will not allow their wives to go and work in the industry. It is also discovered that the respondents are still in the age group 25- 40 which The National AIDS council statistics say it is the age group which is most infected by the pandemic.

7. Research findings and discussions

Table 2 shows the variation in the provision of HIV/AIDS education in hotels. From this table, it can be noted that out of the 9 hotels, 8 of them do provide HIV/AIDS education to staff members. Companies discovered that it is worth to invest in HIV/AIDS education. Most employees are dying because of lack of

knowledge and fear of stigmatisation. Ignorance and incorrect information are two factors that contribute to the spread of HIV/AIDS.

Table2. Provision of HIV&AIDS education

Response	Number of respondents
Provision of HIV&AIDS education	16
Do not provide HIV&AIDS education	2
Total	18

Table 3 shows the response from the hotels indicating if they have any staff members who have died due to HIV/AIDS related diseases

Table 3. Staff that has died of HIV/AIDS

Response	Number of respondents
5 and below	12
6 and above	0
Not applicable	6
Total	18

The majority of the respondents (12) said there are staff members who have died of HIV/AIDS and only 6 respondents said it is not applicable the reason being that most people become so ill when they retire and eventually they will die and this cannot be included in the hotel statistics. The other reason was on giving good quality and healthy meals to staff helps to prolong the lives of those infected. The larger percentage has staff members that have died of HIV/AIDS. The sector is losing experienced and educated personnel to the pandemic, hence the need to take corrective measures. Table 4 indicated the sentiments on different hotels in the ways they think HIV/AIDS is spread.

From Table 4 all the respondents said that sexual contact is the number one mechanism of HIV transmission. From the statistics one can deduce that most people are now aware that unsafe sexual relationships are the major way in which the pandemic is being spread.

Table 4. Methods of HIV/AIDS spreading, N=18

Response	Number of respondents
Sexual	18
Mother to child	0
Other	0
Total	18

8. Why the hotel sector is said to be most susceptible to HIV/AIDS

All the 18 respondents had reasons why the hotel sector is said to be most susceptible to HIV/AIDS. These views helped to back up Abbott (1992) and Ford (1991)'s view on the same issue. The respondents' reasons were as follows:

- Because people who are customers for the industry are looking for fun and entertainment and in doing so they become susceptible to HIV/AIDS.
- High alcohol and drugs consumption by both tourist and employees causing poor self-control and judgement which will consequently result in unprotected sex.
- Travelling of both staff members and tourist and staying away from their spouses for prolonged periods exposes them to extra marital sex resulting in contracting HIV/AIDS.
- There is high contact between people during working hours, shift work and a favourable environment through availability of rooms, foreign contact with guests from abroad and abuse of hotels by some guests who take hotels as brothels.
- The advent of sex tourism in most parts of the world and Zimbabweans are also copying the practice.

9. Specific human resources impact of HIV/AIDS to the tourism and hospitality sector

The hotel sector relies more on qualified and experienced personnel in order to deliver their product and service to an increasingly demanding consumer market place. Because of HIV/AIDS, the human resources in the sector are being affected. In all production and service industries, the human factor plays a very important role in meeting targets. The hotel sector as a service delivering industry relies more on qualified staff. The following are the impacts which were highlighted by many respondents.

1. Death of skilled staff
2. Early retirement and forced retirement.
3. Staff deployment.
4. Causing low staff moral
5. Increased labour turn over
6. Over burdening healthy staff

From the above reasons, it can be noted that the hotel industry is truly being affected by the pandemic. Both the sector and the government have to develop policies to curb the pandemic. Due to the impact of the pandemic to the human resource in the hotel sector, the majority (16) of the respondents said they offer medical aid schemes for people living with HIV/AIDS in their hotels. The major problem they highlighted was that people are still afraid to disclose their status due to the stigmatisation. Only one hotel said they are still to offer the scheme.

10. The relationship between hotel service delivery and HIV/AIDS

All the respondents reported that there is a relationship between HIV/AIDS and hotel service delivery. This helped to support Kotler's (2004) view point that HIV/AIDS has a negative bearing to the service delivery in the tourism sector.

From the responses given it was noted that there is a relationship between service delivery and HIV/AIDS in the tourism sector mainly because of the type of product the sector offers. The product is inseparable, intangible and it is variable. The service provider compliments the product, they are part of the product as a result it will result in inconsistent service and its quality. The use of unskilled staff and new staff will result in inconsistent service delivery. This point helps to support Kotler 2004's idea that there is need to maintain the consistent of service delivery in the service industry.

11. The challenges of replacing employees lost through HIV/AIDS

It was said to be very difficult to replace staff members and very difficult to find the good match for the job. In the long run these challenges will cause vacancies in the tourism industry. Due to the large number of people being unemployed, this industry could absorb some of those unemployed provided retraining programmes are developed and implemented.

Often businesses are not prepared to train people but are looking for suitably qualified and experienced staff. One cannot talk of many people in the labour market when the qualifications of those people are not known. From the challenges given above it was found that skilled personnel have been lost and are hard to replace.

12. Cost of preventing and mitigating HIV/AIDS

There are many challenges facing the hotels industry. The hoteliers did not disclose what is the monetary value of preventing and mitigating HIV/AIDS. From the research it was ascertained that the costs are very high. The challenges can be summarised as follows.

- Lack of adequate financial resources to educate staff and to arrange awareness campaigns. Staff need to be educated about the disease and the educational material is expensive. Also the issue of organising seminars is costly for there is usually a need to engage an outsider to facilitate the seminar. There will be need to budget for everything and it is eroding the hotels income.
- Lack of commitment from management to introduce HIV/AIDS schemes to help those with disease.
- Absence of medication for those who are sick. The hotels are contributing a certain percentage towards the medication for staff members who will be sick.

- Training of peer educators. The peer educators need to be trained in counselling HIV/AIDS patients and people affected.

13. Solution to prevent and mitigate HIV/AIDS

Respondents were indicating if there are any solutions, so the answer was supposed to be Yes or No. All the 18 respondents believe there are solutions to the HIV/AIDS challenge and provided the following solutions:

13.1. Condoms in all public areas

This point was expressed by all the respondents. This helped to support the point from the journal Insights and Foresight (2001) which says that condoms are widely used as a way to prevent the spread of the pandemic. Given the fact that many of employees may have more than one sexual partner, combined with the amount of sexual activity in the tourism and hospitality sector, making condoms freely available to both employees and guests is definitely one easy and cost effective way in which the industry can reduce the spread of HIV/AIDS. The respondents also listed the ways in which these condoms can be distributed as follows:

- Using of peer educators to distribute the condoms.
- Putting some condoms in guest rooms.
- Putting condoms in staff toilets and cloakrooms.
- Putting condom dispensers in staff canteens.

13.2. Workshops focusing on behavioural change

It is opine that all Zimbabweans know how HIV/AIDS is spread. The point of focusing on behavioural change helps straighten the point raised by National AIDS Council in their book National Behavioural Change Strategy for prevention of sexual transmission of HIV 2006-2010. As everyone in Zimbabwe is affected by the pandemic, every family has lost a member or are taking care of infected family member. Everyone has felt the impact and the only thing left is behavioural change. Behavioural change elements which are being put in place include reducing multiple partnering, faithfulness in marriage, long term relationships and abstinence before marriage.

13.3. Training of peer educators

This is believed to be a method of preventing and mitigating HIV/AIDS. The hoteliers have ascertained that employees are comfortable talking to co-workers about HIV/AIDS related issues and accepting advice from them. Hoteliers believe this has a positive impact on cost reduction.

13.4. Introduction of HIV/AIDS free testing rooms in the hotels

This acts as a motivator to other staff members who will be shy to go to New Start Centres. They get motivated when they see their other co-workers being tested. This would help to get those infected to start living positively and prolong their lives.

13.5. Educate staff about the dangers of the disease

Education is the only medicine to stop the spread of HIV/AIDS. When staff members lack knowledge they will continuously engage in unsafe sex. Most hoteliers said the only way to curb the disease is by educating staff members on the dangers of the disease and how they can stay longer when positive and how to remain negative.

13.6. ARV schemes for all staff

This was the only way the hoteliers said helped to make their HIV positive staff remain stronger and look healthy for a long period of time. The cost of not helping staff member with medication is worse and more costly than helping.

14. Conclusions

As the first objective sought to establish specific human resources impact of HIV/AIDS to the tourism sector with special interest to hotels, a major impact which was highlighted by most respondents was the of death of skilled manpower resulting in compromised service delivery due to the use of unskilled labour. The study discovered that although the majority of the hotels now offer AIDS education a gap still remains since the industry is still losing skilled staff at an alarming rate.

Regarding the second objective of the relationship between service delivery and HIV/AIDS, it was established that a relationship do exist. The uses of staff members who are infected or affected by the pandemic to deliver tourism service do affect the service presentation. It was concluded that the tourism product needs to be delivered by physically and mentally presentable staff for it to maintain its quality.

Moreover, in light of the third objective which sought to establish the cost of mitigating and preventing HIV/AIDS, most hotels said that the channelling of finances to mitigate the pandemic was eroding their profits. The use of group training and government intervention were said to be helpful in reducing the cost. It was then concluded that there was a great need for government intervention especially in the tourism sector. The most favoured and effective solution to mitigate and prevent the pandemic was the condom distribution and peer education. The study concluded that all hoteliers were now aware of prevention mechanisms however mechanisms were still hard to realise and this included behaviour change.

15. Recommendations

There is need to encourage all food handlers and service providers in the hotel sector to undergo HIV/AIDS testing before they assume their duties so that if they are positive they can be helped with positive living schemes. There is a need for compulsory HIV/AIDS education in all hotels. Furthermore, the Ministry of Tourism and Environment through the Zimbabwe Tourism Authority (ZTA) has to ensure that all tourism service providers, especially hotels provide HIV/AIDS education. All tourism sectors need to have an HIV/AIDS policy which states their position regarding handling of HIV/AIDS related issues at workplace. In hotels, there must have a department which deals with HIV/AIDS related issues which would help them to mitigate and prevent the pandemic, that is, the safety and health department or the human resources department. Lastly but not least, the government through the ministry of tourism and environment has to implement a revolving fund which can be drawn from the 3% AIDS levy for the tourism sector to make sure that all HIV/AIDS related projects which the industry might want to implement are fully funded.

References

- Abbott, G. (1992), *A Long for the Ride: HIV and Sex Tourism*, Routledge Company, London.
- Adler, M. (1998), *Sexual Health and Care*, (2nd Ed.), Department of International Development. London.
- AIDS Analysis Africa (1997), South Africa's Addition, South Africa, Pretoria.
- Apostolipoulos, Y., Leivadi, S. and Yiannakis, A. (1996), *The Sociology of Tourism Theoretical and empirical investigation*, London New York.
- Beach, S.D. (1985), *The Management of People at Work*, Macmillan Publishing, London.
- Bollinger, L. (2001), *HIV/AIDS and its Impact on Trade and Commerce*, The Futures Group International. Washington.
- Cohen, L., Manion, L. (1989), *Research Methods in Education*, (3rd Ed) Routledge Company, New York.
- Ford, N. (1991), Sex on Holiday, The HIV – related Sexual Interaction of Young Tourist Visiting Turban.
- Hannum, A.B. (2004), "Tricks of the Trade: Sex Tourism in Latin America", Available at <http://www.fas.harvard.edu/%7Edrclas/publications/revista/Tourism/hannum.html>
- Insight and Foresights (2001), *A Collection of Extracts and Activities about AIDS for 'A' Level and College Students*, University of Zimbabwe, Zimbabwe Harare.
- Jackson, H. (2002), *AIDS AFRICA Continent in Crisis*, Published by Safaids, PO Box A509, Avondale, Harare, Zimbabwe.
- Kotler, P. (2002), *Marketing Management*, The Mellennium Edition, Pentice Hall of India Private Limited.
- Kotler, P. Bowen, J. and Makens, J. (2004), *Marketing for Hospitality and Tourism* (3rdEd).
- Lovelock, C., Wirtz J. (2005), *Service Marketing People, Technology, Strategy*, (5th E) Pearson Prentice Hall.

Mary, L.T. (2001), *Human Resources Management for the Hospitality*, 2nd edition, Printed in the United Kingdom.

National Aids Council Handbook (2005), AIDS, its impact and prevention, National Aids Council, Zimbabwe Harare.

National AIDS Council (n.d.), *The HIV/AIDS Epidemic in Zimbabwe, Where are we, Where are Going*. Zimbabwe Harare, May 2004.

National Tourism Development and Marketing Strategy (2006), Zimbabwe Tourism Authority, Zimbabwe, Harare Pearson Education.

Polit, D., Hungler, B. (1991), *Nursing Research Principles and Methods*, Toronto, Lippincott Company.

Robson, C. (1993), *Real World Research: Resources for Social Scientists and Practitioners- Researchers*, Oxford, Cambridge, Blackwell.

South Africa AIDS Handbook (2007), South Africa AIDS Council, South Africa, Pretoria.

Tourism Trends and Statistics Annual Report (2005), Zimbabwe Tourism Authority, Zimbabwe Harare.

Veal, T. (2006), *Research Methods for Leisure and Tourism: A practical Guide*, Third Edition, Financial Times prentice Hall/ Pearson Education.

Withiam, G. (2005), Today's young managers want career planning, challenges, *Hotel & Motel Management*, Vol. 220 No. 5, pp. 10-10.

Zimbabwe National AIDS Strategic Plan (2006), *Zimbabwe National Aids Council*, Zimbabwe, Harare.