CHAPTER 7

RESEARCH FINDINGS

7.1 INTRODUCTION

A theoretical perspective, the impact of HIV/AIDS, as well as the threat that HIV/AIDS have on the South African business sector, were clearly discussed within the scope of Chapter 2 and 3. The data for this particular study have been obtained from the research questionnaires that were distributed to various HR-managers and practitioners, as well as to medical officers, occupational health nurses and EAP advisors within the various organisations under investigation.

The first part of this particular chapter deals with the research findings in respect of all the general information, as well as specific issues related to HIV/AIDS within the work environment of organisations under investigation (Section A and B of the questionnaire). In the second part of this chapter, all relevant statements concerning the evaluation of action programmes, policies and strategies (Section C of the questionnaire) are being reported and results on the reliability presented. Some cross tabulations were also conveyed as part of the overall interpretation and presentation of the research results in question. All relevant results of the empirical findings towards this chapter are provided in tabular format as to make understanding and the interpreting of results easier and more understandable. Also important is the fact that all relevant abbreviations used within the descriptive literature and tables provide within the scope of Chapter 7, are explained within Chapter 1 under the heading acronyms.

7.2 GENERAL INFORMATION ON THE ORGANISATIONS THAT RESPONDED

Section A of the questionnaire relates to the general information and refers to the following.

- Respondent's position within the organisation.
- Primary end-product or service rendered.
- Number of permanent employees.
- Location of organisations within the area of study.

Each of these aspects will now receive some attention.

7.2.1 Respondents position

Table 7.1: Respondent's position within the organisation

Position	Frequency (n)	Percentage (%)
HR-Manager	16	30,19
HR-Officer	15	28,30
Medical Officer	7	13,21
Occupational Health Nurse	5	9,43
EAP Advisor	2	3,77
Other	8	15,10
TOTAL	**53**	**100,00**

According to Table 7.1, the majority of respondents were HR-managers and HR-officers responsible for policy formulation, representing 30,19 per cent and 28,30 per cent respectively. Implementation, however, is seen as the collective responsibility of both medical officers and occupational health nurses who are almost equally representatives of one another, representing 13,21 per cent and 9,43 per cent of the total response rate to this particular question. Others include SHE- and other officers who also play an important role in the effective management and control of

HIV/AIDS in the workplace, representing 15,10 per cent; while in the case of EAP advisors, who are not always representatives in all organisations, are therefore, marginally representative (3,77 per cent) in this case. It is clear that HR-officials, together with health care officials, play an important and vital role to ensure that HIV/AIDS are successfully and effectively managed and properly controlled within the working environment of organisations.

7.2.2 End product or service rendered

Table 7.2: Primary end product or services rendered

Product or Service	Frequency (n)	Percentage (%)
Chemical/Pharmaceutical	10	18,86
Manufacturing	23	43,39
Petroleum	4	7,55
Utilities	4	7,55
Mining	4	7,55
Construction	1	1,89
Other	7	13,21
TOTAL	**53**	**100,00**

The following table (Table 7.3) clearly indicates that more than 40,00 per cent (43,39 per cent) of the primary end-product or services are representative of the manufacturing sectors alone, followed by the chemical/pharmaceutical sector with a total response of 18,86 per cent, while the petroleum, utilities and mining sectors are more or less equally representative of one another, representing 7,55 per cent each of the total response rate. Others include various organisations that could not be clearly classified under the above categories but that were also representative of the economic sector within the particular area of study.

It is important to note that all the above sectors play an important role within the local economy of the area under study, although some sectors are only marginally representative.

7.2.3 Number of permanent employees

According to Table 7.3, the number of permanent employees that are the most prominent within the organisations under investigation, were between 500 and 1 000 employees that represented just more than 40 per cent (43,40 per cent) of the total respondents (organisations) employees. The second highest number of employees were between 1 000 – 1 500 respectively that represented 20,75 per cent of the total respondents, while the rest of the number of permanent employees are more or less evenly representative between the various levels of: 1 500 – 2 000 (9,43 per cent), 2 000-2 500 (7,55 per cent), 2 500 – 3 000 (11,32 per cent) and 3 000 or more (7,55 per cent). It is very interesting to note, that almost 8 per cent (7,55) of the total number of organisations that responded, had a permanent worker force of more than 3 000 employees per organisation. It is, however, a very important factor within the boundaries and nature of this particular research study. The intention was to identify organisations with a large number of employees, in order to allow the researcher to determine what the effect and implications will be of the HIV/AIDS epidemic on organisational resources, especially on human resources and the effective management and control thereof.

Table 7.3: Number of permanent employees within the organisation

Number of employees	Frequency (n)	Percentage (%)
500 – 1 000	23	43,40
1 000 – 1 500	11	20,75
1 500 – 2 000	5	9,43
2 000 – 2 500	4	7,55
2 500 – 3 000	6	11,32
More than 3 000	4	7,55
TOTAL	**53**	**100,00**

7.2.4 Location of organisations

Table 7.4: Location of organisations within the area of study

Location of Organisations	Frequency (n)	Percentage (%)
Vereeniging	12	22,64
Vanderbijlpark	15	28,30
Sasolburg	16	30,19
Meyerton	9	16,98
Carltonville	1	1,89
TOTAL	**53**	**100,00**

Table 7.4 illustrates the various locations of the different organisations under investigation and clearly indicates that these organisations are almost evenly distributed within the area of study. Vereeniging (22,64 per cent), Vanderbijlpark (28,30 per cent) and Sasolburg (30,19 per cent), were representative of the entire major and majority of industrial organisations within the area of study, while the opposite is evident in respect of Meyerton (16,98 per cent) and Carltonville (1,89 per cent). There can be different reasons for this, but the most obvious reasons in the case of Meyerton is, that industries are largely scattered (decentralised) and are normally insignificant (number of employees) to the nature of this particular study, while Carltonville has a very low response rate, due to its location (West Rand) and scope of industry (mining). Another important factor is, that Carltonville is actually part of the Greater Johannesburg Metropolitan area and does not play a major and significant role within the direct economic activities of the Vaal Triangle region as such. It is, however, important to at least include Carltonville, due to the inputs of information than can be obtained.

7.3 SPECIFIC ISSUES RELATED TO HIV/AIDS WITHIN THE WORK-PLACE

The purpose of this particular section of the questionnaires (Section B), was to determine and identify the following important aspects.

- What type of policy, action programmes (plans) and strategies were currently in use (operation) within the working environment (if any): questions 5 and 6.
- To determine (if possible) how many employees are HIV-positive (infected or may be infected): question 7.
- Does AIDS actually form part of the overall business strategy or policies concerning life-threatening diseases (that includes benefits and other plans to accommodate workers with HIV/AIDS): questions 8 and 9.
- What is the actual impact (effect) of HIV/AIDS on the organisation: question 10.
- What kind of discriminating practises or human rights violations are evident within the working environment regarding workers who are HIV-positive (if any): question 11.
- What is the organisation doing right with regard to the effective management and control of HIV/AIDS: question 12.
- What is the organisation doing wrong with regard to effective management and control of HIV/AIDS: question 13.

These are all important issues for the organisation and need to be discussed clearly and as openly as possible, so that a good idea and clear understanding of the impact that organisations face with regard to HIV/AIDS could be made and addressed. The aim, of this research study, therefore, is to investigate the various impacts that HIV/AIDS have in the workplace of organisations and to investigate and analyse action plans and strategies currently in operation or that can be implemented by the organisation to effectively manage and control the disease properly (if any).

These aspects are -

7.3.1 Type of action programme, policy or strategy currently in use

Table 7.5: Formal or informal action programmes, policy or strategy

Category	Frequency (n)	Percentage (%)
Formal	33	62,26
Informal	16	30,19
Don't know	4	7,55
TOTAL	**53**	**100,00**

The above table clearly indicates that almost two-thirds of the total respondents (62,26 per cent) do have a formal HIV/AIDS action plan, policy or strategy, while almost a third (30,19 per cent) of the total respondents indicated that they have an informal action plan, policy or strategy of some sort in place. Equally important is, that almost 8 per cent (7,55) of the total respondents indicated that they do not have any (formal or informal) form of action programmes, plans or strategies currently in place. This raises a very important issue: Although most of the respondents have some sort of plan, policy, programmes or strategy in place, are these plans, policies or strategies effective enough to manage and control the impact of HIV/AIDS, as well as to prevent infections from spreading further, especially within the workplace of organisations under investigation. Once again, the aim of the study lies in to determining and investigating whether organisations (respondents) have the necessary resources to adequately cope, manage and control the impact of HIV/AIDS. The next table attempts to determine just that.

7.3.2 Distribution of action programmes, policies and structures currently in use within organisations to effectively manage and control HIV/AIDS in the workplace

Table 7.6: Distribution of action programmes, policies and structures currently in use

Action programmes, policies and structures	Frequency (n) Yes	Frequency (n) No	Frequency (n) Don't know	Total number of respondents	Percentage (%) Yes	Percentage (%) No	Percenta (%) Don't kn
Peer-led programme	16	21	4	(41)	39,02	51,22	9,76
Education programmes	36	8	1	(45)	80,00	17,78	2,22
Presentations	32	11	1	(34)	72,73	25,00	2,27
Teamwork	14	25	2	(41)	34,15	60,97	4,88
Training sessions	29	10	2	(41)	70,73	24,39	4,88
Distribution of info. materials	43	4	0	(47)	91,49	8,51	0
Condoms sold and distributed to employees and dependants	31	15	1	(47)	65,96	31,91	2,13
HIV-positive workers are offered counselling and encouraged to act in a responsible manner	33	11	4	(48)	68,75	22,92	8,33
Group workshops	14	28	1	(43)	32,56	65,11	2,33
Distribution of educational items such as T-shirts, etc.	17	22	1	(40)	42,50	55,00	2,50
Employee assistance programmes, EAP	33	11	0	(44)	75,00	25,00	0
TOTAL	**53**	**53**	**53**	**53**	**100,00**	**100,00**	**100,00**

According to Table 7.6, the emphasis is to establish and determine which type of action programmes, policies and structures (if any) are currently in operation within the workplace of the various organisations (respondents) and how these policies, programmes and structures are distributed (applied).

The following results clearly indicate, that respondents responded positively to the action programmes, policies and structures that were the most popular methods currently used in order to educate and inform employees.

- Distribution of information measures (91,49 per cent).
- Education programmes (80,00 per cent).
- EAP programmes (75,00 per cent).
- AIDS presentations (72,73 per cent).
- Training sessions (70,73 per cent).
- Counselling services (68,75 per cent).
- Condom distribution (65,96 per cent).

The above information indicates that these methods are very popular in the prevention, management and control of the disease. It is also important to notice, that all the above methods currently in operation, represent more than two-thirds of the total number of respondents (organisations) under investigation. Other methods also used presently include: the distribution of education items such as T-shirts, coffee mugs, etc. (42,50 per cent), peer-led programmes (39,02 per cent), team work (34,15 per cent) and group workshops (32,56 per cent), which represent more or less one-third of the total number of respondents (organisations) responding.

However, the following respondents responded negatively and stated that they do not have some or a combination of the above-mentioned methods to inform or evaluate their employees properly. These include: the lack of group workshops for employees (65,11 per cent), less teamwork among employees (60,97 per cent), ineffective distribution or educational items such as T-shirts, coffee mugs, etc (55,00 per cent) and no peer-led programmes (51,22 per cent). Other methods also not adequately addressed, include: the ineffective distribution of condoms (31,92 per cent), ineffective EAP programmes and AIDS presentations, both representing 25,00 per cent of the total response rate as well as insufficient training sessions (24,39 per cent), the lack of proper counselling services to employees (22,92 per cent), lack of education programmes (17,78 per cent) and no distribution of information materials (8,51 per cent) to employees.

Due to the nature and scope of these particular questions, some respondents (organisations) also indicated, that they do not know or are not aware of some or combinations of the above mentioned action programmes, policies or structures (methods) within their organisation at present and present the following response rates:

- Peer-led programmes for employees who are or may be infected (9,76 per cent).
- Counselling and support (8,33 per cent).
- Teamwork and training sessions (4,88 per cent).
- Distribution of educational items (2,50 per cent).
- Group workshops (2,33 per cent).
- AIDS presentations (2,27 per cent).
- Education programmes (2,22 per cent).

Although most of the respondents clearly indicated that they do have some of the action programmes, policies and structures in place to manage and control the disease effectively, others indicated, that there are some that are under-utilised and not effectively implemented or properly applied. The fact that respondents did not know if they were using some of the methods, clearly indicate, that management can do more and be more aware of which adequate methods can be applied properly in order to manage and control the disease more effectively.

The following table gives an indication of the number of respondents who did not answer (react) to the particular question.

Table 7.7 to follows on p.189.

Table 7.7: Number of respondents that did not respond

Action programmes and structures	Frequency (n)	Percentage (%)
Peer led programmes	12	22,64
Education programmes	8	17,78
Presentations	9	16,98
Teamwork	12	22,64
Training sessions	12	22,64
Distribution of information materials	6	11,32
Condoms sold and distributed to employees and dependants	6	11,32
HIV-positive workers are offered counselling and encouraged to act in a responsible manner	5	9,43
Group workshops	10	24,39
Distribution of educational items such as T-shirts, mugs, etc.	13	25,00
Employee assistance programmes – EAP's	9	16,98

7.3.3 Estimated known HIV-status of employees

Table 7.8: HIV-status of employees

Category	Frequency (n)	Percentage (%)
Yes	38	73,08
No	14	26,92
TOTAL	**52**	**100,00**

The above table clearly indicates that 73 per cent (73,08) of the total respondents are aware of employees in service that might be HIV-positive, while almost 27 per cent (26,92) indicated, that they did not know of any employees who are HIV-positive within the organisation. Although the response is favourable enough (73 per cent), there is, however, a clear indication that a large percentage of respondents do not know of any employee or employees who are HIV-positive (27 per cent) within the organisation. The reasons for this can be, that respondents do not want to get involved, do not know or do not want to respond, due to the nature and confidentiality

related to the issue of HIV/AIDS within the workplace, or the lack of policies and action programmes within the particular organisations under investigation. Only one of the total number of respondents did not respond to the above question.

7.3.4 Percentage of possible infected employees within organisations under investigation

To support the above-mentioned information obtained, the following data were also collected and are clearly presented in the table to follow. The following table clearly indicates the estimated percentage of employees within the particular organisation who could have a positive HIV-status. It is important to note, that the information below presents only estimates by the respondents and must, therefore, be interpreted as such. Equally important, is that 24,49 per cent of the total number of respondents did not answer the particular question. The reasons for this can be due to the sensitive nature of the question, as well as the level of confidentiality attached. More than half (53,66) of the total number of respondents, however, indicated that they are aware or know of employees who are or might be HIV-positive, which amounts to 10 per cent or less of the total number of employees within the organisation, while only 2,44 per cent of the respondents indicated, that between 30-40 per cent of employees may or might have AIDS. Again, twelve respondents did not answer the particular question.

Table 7.9: Percentage of possible infected employees

Percentage of estimated HIV-positive employees	Frequency (n)	Percentage (%)
< 10%	22	53,66
Between 10-20%	10	24,39
Between 20-30%	8	19,51
Between 30-40%	1	2,44
Between 40-50%	-	-
>50%	-	-
TOTAL	**41**	**100,00**

7.3.5 HIV/AIDS as part of the overall business strategy or policies concerning life-threatening diseases and benefits that include workers who are HIV-positive

7.3.5.1 HIV/AIDS as part of the overall business strategy or policies concerning life-threatening diseases

According to Table 7.10, a clear distinction can be made between various options available to the respondents (organisations) under investigation, to include and address HIV/AIDS as part of a larger policy concerning life-threatening diseases or to deal with it on a separate basis, or not at all. The information gathered, are clearly represented within the table to follow.

Table 7.10: HIV/AIDS policies and strategies concerning life-threatening diseases

Category	Frequency (n)	Percentage (%)
Part of a larger policy concerning life-threatening diseases	34	65,38
Dealing with it on a separate basis	16	30,77
Not dealing with it at all	0	0
Don't know	2	3,85
TOTAL	**52**	**100,00**

It is clear from the above information, that almost two-thirds of the total respondents (65,38 per cent) indicated that HIV/AIDS must be part of a larger policy concerning life-threatening diseases, while a third (30,77 per cent) indicated that HIV/AIDS must be dealt with on a separate basis. Another 3,85 per cent of the total respondents also indicated that they do not know whether or not the organisation is addressing the whole issue to include HIV/AIDS as part of their policies and strategies, while one of the respondents did not answer the question.

7.3.5.2 *Organisational benefits that make provision for employees who are HIV-positive*

The next table deals with the provisions made by the organisations under investigation to accommodate employees who are HIV-positive, as part of their organisational benefit structures.

Table 7.11: Organisational benefits that include employees who are HIV-positive

Organisation benefits	Frequency (n) Yes	Frequency (n) No	Frequency (n) Don't know	Total number of respondents	Percentage (%) Yes	Percentage (%) No	Percentage (%) Don't know
Health Care	30	16	4	(50)	60,00	32,00	8,00
Pension and disability	19	24	3	(46)	41,30	52,17	6,53
Training	31	14	4	(49)	63,27	28,57	8,16
Work duties and performance	15	26	6	(47)	31,91	55,32	12,77
Recruitment	15	25	8	(48)	31,25	52,08	16,67
TOTAL	**53**	**53**	**53**	**53**	**100,00**	**100,00**	**100,00**

Table 7.11 clearly identifies the various organisational benefits. According to this question within the broad frame work of the research questionnaire, the emphasis was to determine and establish if organisations (respondents) do make actual provision within their specific benefit plans to accommodate employees who are HIV-positive. The following responses were achieved: Almost two-thirds (60,00 per cent) of the total respondents (organisations) have clearly indicated that they include health care and training on top of their priority list to include employees who are HIV-positive as part of their organisational benefit plans. In contrast to this, almost a third of the respondents clearly indicated that health care (32,00 per cent) and training (28,57) were not part of organisational benefits applied to accommodate HIV-positive employees. Other benefits also included within the organisation's benefits, to accommodate employees who are HIV-positive, were: the provision for pension and disability benefits (41,30 per cent), work duties and performance (31,91 per cent), as well as recruitment of HIV-positive employees (31,25 per cent). Equally important,

was the negative response rate to the above question, related to organisational benefits that included the following outcomes: the lack of provision for pension and disability to accommodate employees who are HIV-positive (52,17 per cent), work duties and performance (55,32 per cent), as well as the lack of recruitment of HIV-positive employees within the organisation (52,08 per cent).

It is very important to take note of the fact, that although health care and training sessions were addressed equally (more than 60,00 per cent) by organisations in respect of accommodating employees who are HIV-positive, the opposite applied to the pension and disability benefits, work policies and performance benefit structures, as well as the lack of effective recruitment of employees who are HIV-positive. In all the above-mentioned benefits, the negative response rate was higher than 50,00 percent, which is a good indication that more or less half of the respondents (organisations) do not effectively make provision for the accommodating of employees who are HIV-positive. Therefore, the conclusion can be made, that although health care and training are adequately addressed, many organisations still have to implement or better some organisational benefits and have to address employees who are or may be HIV-positive. By addressing all the above benefits, organisations will create a climate of openness, acceptance and most of all, security for those employees affected by the disease.

According to Table 7.11, some respondents (organisations) did not know whether or not they had any of the above-mentioned organisational benefits in place. It is important to state, that these so-called "non-responses" are very low and marginally representative of the overall response rate towards the specific question and do not have any impact as such.

The following table clearly indicates the number of respondents who did not responded

Table 7.12: Number of respondents not responding (organisational benefits)

Organisational Benefits	Frequency (n)	Percentage (%)
Health care	3	6,52
Employee benefits (pensions and disability)	7	13,21
Training	4	8,16
Work duties and performance	6	12,77
Recruitment	5	9,43
TOTAL	**53**	**100,00**

7.3.6 The negative impact of HIV/AIDS on the organisation

The following table indicates the negative impacts or effects that HIV/AIDS already have on the various organisations under investigation.

Table 7.13: Negative impact of HIV/AIDS in the workplace

Negative impact effects	Frequency (n) Yes	Frequency (n) No	Frequency (n) Don't know	Total number of respondents	Percentage (%) Yes	Percentage (%) No	Percentage (%) Don't know
Loss of experienced personnel – particularly at middle management and skilled workers levels	20	23	5	(48)	41,67	47,92	10,41
The need for increased resources to hire and retain replacements	20	24	1	(45)	44,44	53,33	2,23
An increase in absenteeism and labour turn-over	34	12	3	(49)	69,39	24,49	6,12
A decrease in productivity levels	22	22	6	(50)	44,00	44,00	12,00
An increase in healthcare costs	32	11	4	(47)	68,09	23,40	8,51
Loss of customer and consumer spending	8	29	9	(46)	17,39	63,04	19,57
TOTAL	**53**	**53**	**53**	**53**	**100,00**	**100,00**	**100,00**

It is a fact that HIV/AIDS will impact negatively on the organisation and its various resources. The way in which the organisation responds to these impacts, will have a contributing effect on how the epidemic is managed and controlled in future. The

following table needs to be explained and discussed in detail. Table 7.13 clearly identifies these negative impacts within the workplace.

The most important negative impacts identified, which will have some influence within the workplace and that represent more or less two-thirds (66,00 per cent) of the total number of respondents, were: an increase of absenteeism and labour turnover (69,39 per cent) and health care costs (68,09 per cent) followed by the following impacts that represents just more than 40,00 per cent of the total respondents: Loss of experienced and skilled personnel (41,67 per cent), a decrease in productivity levels (44,00 per cent) and the need for an increase in human resources (44,44 per cent). Only 17,39 per cent of the total number of respondents identified the loss of customers and consumer spending (buying power) as a negative impact. It is important to understand, that these above impacts could have a profound effect on the organisation and its resources, if not properly managed and controlled.

In total contrast to the above information obtained, over half (50,00 per cent) of the respondents (organisations) clearly indicated that there is no need for increased human resources (53,33 per cent) as well as for the loss of customer and consumer spending (63,04 per cent), while almost 50,00 per cent (47,62) of the respondents feel that the loss of experienced and skilled personnel will not impact negatively within the workplace. It is important to take note of this important trend. Either organisations (respondents) feel that there are adequate structures, policies or action programmes in place to deal with the epidemic, or it is a case of pure ignorance and reluctance by organisations to manage and control the disease. Other factors that organisations feel that may have very limited impact, are: the increase of absenteeism and labour turnover (24,49 per cent) and the increase in health care cost (23,40 per cent).

It is noteworthy, that the same number of respondents (organisations) (44,00 per cent) indicated that decreases in productively levels would either have an impact or have no impact at all. The reason for this result, can either be that the number of respondents that have not yet been effected, did not make provision for such an impact, while those respondents that indicated a definite impact, may already have been experiencing the effects and are taking them seriously. According to Table 7.13,

some respondents did not know if these impacts were effecting their organisations negatively or not. Again, these responses represent a small margin and do not have any influence as such.

The next table once again indicates the total number of respondents not having responded to the particular question.

Table 7.14: Number of respondents not responded (negative impacts)

Negative impact/effects	Frequency (n)	Percentage (%)
Loss of experienced personnel – particularly at middle management and skilled workers levels	5	9,43
The need for increased resources to hire and retain replacements	8	17,78
An increase in absenteeism and labour turn-over	4	8,16
A decrease in productivity levels	3	6,52
An increase in healthcare costs	6	12,77
Loss of customer and consumer spending	7	13,21
TOTAL	**53**	**100,00**

7.3.7 Discriminating practices and human rights violations regarding employees who are HIV-positive (if any)

According to this particular table the emphasis is to determine what the levels are within the organisations regarding discriminating practices or violation of human rights regarding to employees who are HIV-positive (if possible).

Table 7.15 to follows on p. 197.

Table 7.15: Discriminating practices and human right violations within the organisations under investigation

Discriminating practices and human right violation	Frequency (n)	Percentage (%)
None to our knowledge	31	58,50
Unwillingness to associate with person who is HIV-positive	6	11,32
Limited contact (interaction) with person who is HIV-positive	5	9,43
Disclosure of HIV-status will have a negative impact on person who is HIV-positive	7	13,20
Confidentiality will be impaired if person who is HIV- positive is known to their fellow colleagues	1	1,89
Limited medical support available	2	3,77
Affordable medical treatment not available	1	1,89
TOTAL	**53**	**100,00**

It is clear from the above table, that the majority 58,50 per cent of respondents to this particular question evaluating themselves as not being discriminatory towards employees who are HIV-positive, or that any other of human rights violations are taking place within the organisations under investigation. This high response could be due to the nature and sensitivity of this particular question and that respondents might feel to respond in a manner that is neutral and non-offensive. Another important factor to pay attention to, is that 13,20 per cent of the respondents saw the disclosure of an employee's HIV status as negative, rather than positive, which could have a possible influence on creating a climate of openness towards the disease within the workplace. Also contributing to this fact, is that many employees don't want to be associated (11,32 per cent) with, or did not want to have any contact (9,43 per cent) with employees who are HIV-positive, while 1,89 per cent felt that confidentiality will be impaired if a person's HIV-status will be made known by the organisation while 1,89 per cent of the total respondents indicated that affordable medical treatment was not available or almost non-existent.

7.3.8 The management and control of HIV/AIDS in the workplace (what is the organisation doing right?)

Table 7.16 indicates what the positive results are with regard to the proper management and control of HIV/AIDS in the workplace.

Table 7.16: Positive outcomes with regard to the effective management and control of HIV/AIDS

Positive outcomes	Frequency (n)	Percentage (%)
AIDS training and awareness programmes	15	29,41
Proper medical support	4	7,84
Multi-training skills	2	3,92
Better counselling services	5	9,80
Aid for AIDS	2	3,92
Management involvement and commitment	3	5,88
Effective distribution of condoms	6	11,76
Prevention of discriminating practices within the working environment	3	5,88
Regular and frequent testing of employees	3	5,88
Community investment and support structures	2	3,92
Employee care and support programmes (EAP)	5	9,80
Allocation and provision of funds	1	1,99
TOTAL	**51**	**100,00**

Table 7.16 identifies all the positive aspects with regard to the management and control of HIV/AIDS in the workplace of the various organisations under investigation. According to the information obtained, most of the organisations responding, indicated that AIDS training and awareness programmes were on the top of their list of priorities (29,41 per cent), followed by the effective distribution of condoms (11,76 per cent), EAP support programmes and better counselling services for employees (9,80 per cent) as well as proper medical support (7,84 per cent), the prevention of discriminating practices from occurring, regular and frequent testing of employees, as well as better management involvement and commitment (all which represent 5,88 per cent of the total response rate respectively). Other positive outcomes include aid for AIDS programmes (3,92 per cent), community involvement and support (3,92 per cent), and the allocation and provision of adequate funds (1,99 per cent). Only two of the respondents did not answer the particular question.

7.3.9 The management and control of HIV/AIDS in the workplace (what is organisations doing wrong?)

The next table pays attention to the aspect that has a negative influence on the effective management and control of HIV/AIDS within the working environments of the particular organisations under investigation.

Table 7.17: Negative outcomes with regard to the ineffective management and control of HIV/AIDS

Negative outcomes	Frequency (n)	Percentage (%)
Limited funds available	4	7,54
Limited or no facilities available	3	5,66
No AIDS training and awareness programmes	8	15,10
Lack of overall strategy and policies	5	9,43
No peer educators or proper counsellors	2	3,77
Management reluctance towards the epidemic	4	7,54
Insufficient condom distribution	3	5,66
Lack of proper support structures	2	3,77
Discrimination on basis of HIV-status	1	1,90
Lack of commitment and ignorance towards HIV/AIDS	4	7,54
Inadequate testing	1	1,90
Respondent is doing nothing wrong at present	16	30,19
TOTAL	**53**	**100,00**

According to the above table 30,19 per cent of the respondents indicated that they were not doing anything wrong at present in respect of the proper management and control of the disease within the workplace. However, there were sufficient negative outcomes, that included the following: 15,10 per cent of the total respondents indicated, that no AIDS training and awareness programmes were currently in operation, while 9,43 per cent indicated, that their organisations experienced a lack of sufficient policies and active strategies to combat the disease effectively. Other important aspects include: management's reluctance towards the epidemic (7,54 per cent), as well as limited funding (7,54 per cent), the lack of commitment, and

ignorance towards HIV/AIDS within the work environment, which represents almost 8 per cent (7,54 per cent) of the total number of responses, while 5,66 per cent represented negative aspects such as: Limited or no facilities available, as well as insufficient or under-utilised condom distribution, non-existent peer-educators and the lack of proper support structures both at work and at home, representing (3,77 per cent). Aspects such as the discrimination on the basis of an employee's HIV-status (1,89 per cent) and the inadequate testing of employees (1,89 per cent), were also representative of the total number of responses received. The organisation must, therefore, take notice of these various negative factors and influences that can have some effect on the management and control of HIV/AIDS within the workplace.

It is, therefore, absolutely imperative to take notice of all the above tables and the various responses that they represent, so that adequate measures can be taken towards the effective management and control of HIV/AIDS within the workplace of organisations under investigation. It is also important from management's perspective that clear and sound solutions are found to address the various impacts that HIV/AIDS pose. Management must therefore, be reactive in the way it is dealing with the disease and must also try to understand what threats and implications the organisation faces with regard to the way in which the disease is managed and properly controlled. Organisations must thus be effective in the way they manage, control and respond to the impact, effects and challenges that HIV/AIDS will have on the organisation and its resources.

Further attention will once again be given by analysing the various responses towards the evaluation of current action programmes, policies and structures for the implementation/formulation within the workplace (Section C of the Research Questionnaire). Attention will also be given to what specific actions and recommendations can be used and implemented in order to ensure a proper and more successful strategy formulation/implementation by management and officials responsible.

7.4 EVALUATING PROGRAMMES, POLICIES AND STRUCTURES

The aim of question 14 within the boundaries of this particular study, was to determine to what extent the listed statements/factors (items) have an effect or could have an effect or influence on current policies, action programmes and structures, as well as the important role that these statements/factors play within the formulation and implementation of such policies, action programmes or structures, to effectively manage and control the impact of HIV/AIDS within the workplace.

Respondents (organisations) were asked to indicate to what extent they agreed or disagreed in respect of the particular list of statements/factors. Thirty-one statements (factors/items) were presented and the respondents had to evaluate these factors (items) by means of the 5-point Likert-scale. The response to this question is set out in Table 7.18.

The total sum percentages (responses) of the two lower scales (scales 1 and 2) to each statement, are indicated first, followed by the two higher scales (scales 4 and 5). Scale 3 was not included within Table 7.18, due to its nature of uncertainty and the very low response rate it represents. These responses were thus automatically rejected, because they do not add any value to the nature and scope of this particular study.

The mean (average) of each factor (item), together with the variance and standard deviation of each item, is also clearly indicated within the specific columns within Table 7.18. In the last column, the item-scale correlation of each item is also indicated as to measure the statistical covariation or association between two variables.

Table 7.18 to follows on p. 202.

Table 7.18: Statements/factors that influence or might have an influence on action programmes, policy and structure formulation or implementation

Variable no.	Statement/ Factor/Item	Lower scales (scales 1 & 2) (%)	Higher scales (scales 4 & 5) (%)	Mean $(\bar{x})$	Variance (S^2)	Standard deviation (S)	Item scale-correlation
V41	Increased vulnerability as more employees get infected with HIV/AIDS	**92,45**	0	**4,340**	0,375	0,612	**0,54**
V42	Production costs will not increase as more employees are infected	13,21	66,04	3,755	0,902	0,950	0,70
V43	Absenteeism will impact negatively	**96,23**	1,89	**4,358**	0,381	0,617	**0,46**
V44	Reduced performance due to HIV/AIDS; sickness on the job	**92,31**	1,92	**4,404**	0,472	0,687	**0,39**
V45	Training and recruitment of employees will be severely affected	**83,02**	7,55	**4,132**	0,756	0,869	**0,48**
V46	Illness and death of key employees may prove disastrous for the organisation	**79,25**	13,21	**4,000**	0,943	0,971	**0,75**
V47	Employee benefit structures will be affected, with an increase of HIV/ AIDS cases	**90,57**	3,77	**4,075**	0,409	0,640	**0,55**
V48	An increase in direct costs	**84,62**	1,92	**4,115**	0,487	0,698	**0,57**
V49	Morale of workforce will not be affected as more co-workers get infected and ultimately die of full-blown AIDS	16,98	73,59	3,811	1,436	1,198	0,64
V50	Average age and experience of employees will be affected	**79,25**	9,43	**3,868**	0,643	0,802	**0,70**
V51	Accidents within the work environment will not be affected	11,32	58,49	3,566	0,774	0,880	0,66
V52	Organisational resources will not be affected	11,54	**88,46**	**3,942**	0,477	0,691	**0,64**
V53	No disruption of schedules, work teams or units	11,32	**88,68**	**4,113**	0,478	0,691	**0,58**
V54	An increase of organisational down-time due, to AIDS-related absences	**79,25**	7,55	**3,849**	0,656	0,810	**0,61**
V55	Unfair discrimination or stigma against an employee on the grounds of HIV-status	48,08	28,85	3,231	1,062	1,031	0,56
V56	Reduction in the average level of skill, performance, institutional memory and experience of work-force	**81,13**	7,55	**3,906**	0,576	0,759	**0,65**
V57	Business will not be affected if suppliers of key inputs fail to manage the HIV/AIDS impacts adequately	20,75	73,59	3,717	0,995	0,997	0,55
V58	Employees who are HIV/AIDS infected and who die or retire on medical grounds, do have to be replaced	**75,47**	13,21	**3,717**	0,769	0,877	**0,30**
V59	Employers don't have to increase the size of their work force to provide for deaths during apprenticeship and because of absenteeism generally	13,46	61,75	3,558	0,670	0,819	0,50

Table 7.18 continues

Variable no.	Statement/ Factor/Item	Lower scales (scales 1 & 2) (%)	Higher scales (scales 4 & 5) (%)	Mean $\bar{x}$	Variance (S^2)	Standard deviation (S)	Item scale-correlation
V60	The costs of health care, medical aid and hospitalisation will not be affected	3,77	**90,57**	**4,226**	0,515	0,718	**0,68**
V61	Consumer-base and credit loans will not be affected by the HIV/AIDS epidemics	5,66	**84,90**	**4,019**	0,547	0,740	**0,32**
V62	Growth in the volume of sales will remain unaffected	9,43	56,66	3,528	0,551	0,742	0,57
V63	HIV/AIDS will make it more expensive for an organisation to produce a given quantity of its products unless it can reduce its cost in other ways	71,15	5,77	3,904	0,702	0,838	0,47
V64	Well-designed programmes to reduce infection that leads to an increased awareness among employees, will have a positive impact on the management of HIV/AIDS in the workplace	**90,38**	1,92	**4,192**	0,425	0,652	**0,47**
V65	All persons with HIV or AIDS have the legal right to privacy in the workplace	**76,92**	7,69	**3,981**	0,865	0,930	**0,66**
V66	Methods should be created to encourage openness	**88,24**	1,69	**4,216**	0,483	0,695	**0,31**
V67	The risk of HIV transmission in the workplace is minimal	58,82	27,45	2,510	1,387	1,178	0,36
V68	Providing appropriate equipment and materials to prevent employees from the risk of exposure to HIV in the workplace, will have a significant impact on the spreading of the disease	63,46	21,15	3,558	0,939	0,969	0,50
V69	An employee may not be compensated if he or she becomes infected with HIV as a result of an occupational accident within the workplace	5,88	70,58	3,961	1,018	1,009	0,57
V70	Legislation aspects pertaining to HIV/AIDS in the workplace is non-existent	15,69	68,63	3,627	0,979	0,989	0,26
V71	HIV/AIDS will not affect business	3,85	**92,30**	**4,385**	0,660	0,812	**0,44**

According to Table 7.18 and Table 7.19 more or less 75 per cent of all the respondents (organisations) agreed that the following statements/factors play an important role in the formulation and implementation of policies, action programmes and structures, as well as the evaluation thereof. (The respondents responded either to 1: "agree strongly" or to 2: "agree" on the 5-point scale)

Table 7.19 to follows on p.204.

Table 7.19: Total number of respondents agreed

Statements/Factors	% agreed
Absenteeism will impact negatively (statement 3)	(96,23 %)
Increased vulnerability as more employees are infected (statement 1)	(92,45 %)
Reduced performance due to HIV/AIDS sickness on the job (statement 4)	(92,31 %)
Employee benefit structures will be affected with an increase of HIV/AIDS cases (statement 7)	(90,52 %)
Well designed programmes to reduce infection that leads to an increase awareness among employees will have a positive impact on the management of HIV/AIDS in the workplace (statement 24)	(90,38 %)
Methods should be created to encourage openness (statement 26)	(88,24 %)
An increase in direct costs (statement 8)	(84,62 %)
Training and recruitment of employees will be severely affected (statement 5)	(83,02 %)
Reduction in the average skills level, performance, institutional memory and experience of workforce (statement 16)	(81,13 %)
Illness and death of key employees may proof disastrous for the organisation (statement 6)	(79,25 %)
Average age and experience of employees will be affected (statement 10)	(79,25 %)
An increase of organisational down-time due to AIDS-related absences (statement 14)	(79,25 %)
All persons with HIV/AIDS have the legal right to privacy in the workplace, (statement 25) and	(76,92 %)
Employees who are HIV/AIDS infected and who dies or retire on medical grounds do have to be replaced (statement 18)	(75,47 %)

The mean average of all fourteen statements/factors obtained from Table 7.19 represents 3,7 out of a possible 5. Also important to note, is that the two factors (illness and death of key employees and the average age and experience of employees) are relatively high item scale correlation, which means that these factors are more or less strong and positive.

The following five factors received 80 per cent of the total statement (item) response rate and clearly indicate, that respondents disagree with these statements. (The respondents either responded to 4: "disagree" or to 5: "disagree totally" on the 5-point scale).

These statements (items) are clearly presented with the next table to follow.

Table 7.20: Total number of respondents that disagree

Statements/Factors	% disagreed
HIV/AIDS will not affect business (statement 31)	(92,30 %)
The costs of health care, medical aid and hospitalisation will not be affected (statement 20)	(90,57 %)
No distribution of schedules, work teams or units (statement 13)	(88,68 %)
Organisational resources will not be affected (statement 12)	(88,46 %)
Consumer base and credit loans will not be affected by the HIV/AIDS epidemics (statement 21)	(84,90 %)

The above results clearly indicate, that respondents believe that HIV/AIDS will have a negative impact on their business.

7.5 SPECIFIC ACTIONS AND RECOMMENDATIONS

The last question of the research questionnaire (question 15), was open-ended, asking respondents (organisations) to clearly indicate their own specific actions and to identify the most important recommendations towards effectively managing and controlling HIV/AIDS within the workplace.

The aim of this question was, to gather as much information as possible and also on the most important aspects to effectively manage and control the HIV/AIDS epidemics. Through these recommendations, suggestions and actions, managers and officials responsible for policy and strategic formulation or implementation, can gain important insight and valuable information on how to predict certain trends, as well as to assist them in the formulation and implementation of "new" action programmes, policies or strategies to "better" manage and control the impact of HIV/AIDS within the workplace. Other parties that can gain from these particular recommendations and suggestions, are counsellors, peer-educators, NGO's and academics and consultants concerned with the impact of the disease within the workplace of the organisation (respondents).

Table 7.21 clearly indicates these specific actions and recommendations identified by the various respondents under investigation.

Table 7.21: Specific actions and recommendations made by respondents

Specific Actions and Recommendations	Frequency (n)	Percentage (%)
Create a climate of "openness" towards HIV/AIDS	1	1,89
Greater management involvement and commitment	**4**	**7,54**
Better and more effective education and training programmes	3	5,66
Provision for family support structures	1	1,89
More "frequent" testing of employees	2	3,77
Better and more improved recruitment policy	3	5,66
More AIDS awareness campaigns	2	3,77
Better and more cost-effective prevention methods	1	1,89
Create an "open door" policy to accommodate employees who are or might be HIV-positive	1	1,89
More open and frequent group discussions on HIV/AIDS	2	3,77
More effective distribution of information materials	3	5,66
More freely distribution of condoms	2	3,77
EAP programmes for infected workers and their families	2	3,77
A more effective HIV/AIDS strategy needed	**4**	**7,54**
Peer-educator programmes driven by medical staff	1	1,89
Changed attitude and morals towards HIV/AIDS	1	1,89
Target youth and commercial sex workers	3	5,66
More effective leadership by management	1	1,89
Regular audit reports on costs and productivity regarding HIV/AIDS	1	1,89
Regular updates on absenteeism and medical registrations	1	1,89
More effective training of counsellors	2	3,77
Allocation of a separate HIV/AIDS budget (if possible)	1	1,89
The implementation of separate AIDS committees and forums	2	3,77
Better communication	3	5,66
Voluntary and anonymous surveillance with regard to HIV/AIDS within the workplace	1	1,89
Availability of resources to better manage and control the impact of HIV/AIDS	3	5,66
Better training methods and techniques to minimise the impact of HIV/AIDS	1	1,89
Involve trade unions and others in the fight against AIDS	1	1,89
TOTAL	**53**	**100,00**

According to Table 7.21, all the respondents (100,00 per cent) indicated some suggestions or recommendations. The reason for this can be, that all the respondents (organisations) felt that it was important and essential to contribute to the specific question and thus to the objective of this particular study. The two recommendations that represent the highest response rate (7,54 per cent), were clearly: greater management involvement and commitment and, that a more effective HIV/AIDS strategy is needed to accommodate and address the impact of HIV/AIDS more clearly and effectively. It is now very clear and evident that the primary objective of this research study, is becoming important. The question once again is: Do organisations have effective policies, action programmes and proper structures in place to successfully manage and control the impact of HIV/AIDS within the workplace. According to the above responses, it clearly is not sufficient enough.

7.6 RELIABILITY TESTING OF RESPONSES RECEIVED

As discussed within the scope of Chapter 6, it is a common misconception that if the Alpha level is low, it must be a bad measuring instrument. Usually a reliability level of 0,70 will be sufficient enough on predictor tests or measures of a construct. In the case of this particular research study, 31 statements/factors within the scope of question 14 (refer Section C and Table 7.18), were grouped into five main critical constructs, in order to make reliability testing more effective, followed by an item analysis. The five critical constructs identified include the following.

- *Construct 1: Vulnerability and absenteeism*

Statement no. 1	Increased vulnerability of employees.
Statement no. 3	Absenteeism will impact negatively.
Statement no. 7	Benefits structures affected.
Statement no. 14	Increase in organisational down-time.
Statement no. 18	Replacement of infected employees.
Statement no. 19	No replacements for infected employees.

- *Construct 2: Management and control*

Statement no. 5	Training and recruitment.
Statement no. 9	Morale of workforce unaffected.
Statement no. 11	Accidents not affected.
Statement no. 13	Minimum disruptions.
Statement no. 17	Business unaffected.
Statement no. 20	Costs unaffected.
Statement no. 26	Encourage openness.
Statement no. 30	Legislation non-existent.

- *Construct 3: Discriminating practices*

Statement no. 15	Unfair discrimination and stigma.
Statement no. 25	Legal rights to privacy.
Statement no. 29	No compensation for infected employees.

- *Construct 4: Structures*

Statement no. 21	Consumer-based and credit loans unaffected.
Statement no. 24	Programmes to increase awareness.
Statement no. 27	Risk of transmission is minimal.
Statement no. 28	Provide appropriate prevention materials.
Statement no. 31	Legislation is non-existent.

- *Construct 5: Production and organisational resources*

Statement no. 2	Production costs not affected.
Statement no. 4	Reduced performance due to AIDS.
Statement no. 6	Death of key-employees may prove disastrous.
Statement no. 8	Increase in direct cost.
Statement no. 10	Experience and age affected.
Statement no. 12	Organisational resources unaffected.

Statement no. 16	Reduction in the skill level and performance of employees
Statement no. 22	Sale figures unaffected.
Statement no. 23	Production costs affected.

Since correlation coefficients reveal the magnitude and direction of relationships (comparisons) it is important to analise the correlation coefficients of the above critical constructs identified. The Pearson (simple) correlation coefficient is a statistical measure of the covariation or association between two variables. The correlation coefficient (r) ranges from +1,0 to –1,0. If the value of r is 1,0 there is a perfect linear (straight line) relationship. If the value of r is –1,0 a perfect negative linear relationship or a perfect inverse relationship is indicated. No correlation, however, is indicated if r = 0. The correlation coefficient, therefore, indicates both the magnitude of the linear relationship and the direction or the relationship (Zikmund, 2000:511).

Table 7.22: Pearson correlation coefficients

Construct	Vulnerability and absenteeism	Management and control	Discriminating practice	Structures	Production and organisational resources
Vulnerability and absenteeism	1,000				
Management and control	0,592	1,000			
Discriminating practice	0,371	0,338	1,000		
Structures	0,151	0,440	0,500	1,000	
Production and organisational resources	**0,675**	**0,713**	0,334	0,321	1,000

The correlation coefficient of 0,713 within Table 7.22 is a good indication of the significant relationship between production and organisational resources affected or unaffected and that of management and control of the disease. There are also a significant relationship between production and organisational resources affect or unaffected and vulnerability and absenteeism. All the above correlation coefficients are relative large and significant at a 5 per cent level. This is an indication of how

important a production and organisational resources are with regard to the proper management and control of the disease within the workplace, as well as the aspects of vulnerability and absenteeism within the workplace. Production and organisational resources are thus positively related to the proper management and control, vulnerability and absenteeism towards the disease within the workplace.

The reliability of the above critical constructs were further tested by applying the Cronbach's Alpha reliability coefficient. The following table gives the Alpha coefficients.

Table 7.23: Cronbach's Alpha reliability coefficients

Group	Number of items	Range	Mean	Medean	Cronbach's Alpha
Vulnerability and absenteeism	6	6-30	2,168	2,142	0,567
Management and control	8	8-40	3,347	3,375	**0,710**
Discriminating practice	3	3-15	2,905	3,000	0,618
Structures	5	5-25	3,054	3,000	0,620
Production and organisational resources	9	9-45	2,630	2,625	**0,846**

The above information clearly indicate that although only two constructs are above 0,70 the remaining three is still high enough to represent fairly reliable information (evidence). An average Alpha coefficient of 0,672 was achieved for the above constructs.

7.7 CROSS-TABULATIONS

For the purpose of this study, cross-tabulations were included as a method of descriptive statistics within the scope of this particular chapter, and to identify and explain some important comparisons, and what effect they have within the scope and nature of this particular research study.

According to (Zikmund, 2000:439) cross-tabulations refer to "... a technique organising data by groups, categories or classes, thus facilitating comparisons; a joint frequency distribution of observations on two or more tests of variables". The purpose of categorisation and cross-tabulation, is to allow for the inspection (analysis) of differences among groups and to make comparisons.

The following cross-tabulations were done and will receive some attention.

- To establish if there is a direct comparison between the appearance (distribution) of HIV/AIDS and the type of industry (sector) which the organisation (respondents) is representing: questions 2 and 7.
- To establish, if there is any comparison between existing (action programmes, policies and structures and the appearance (distribution) of HIV/AIDS: questions 5 and 7.
- To establish if there is any comparison between the location of industries and existing (formal and informal) action programmes, policies and structures: questions 4 and 5.

7.7.1 Estimated distribution of HIV/AIDS within the particular type of industry (sector)

The following table clearly indicates the two variables: distribution of HIV/AIDS and the type of industry by means of cross-tabulation with relevant percentages.

Table 7.24 to follows on p.212.

Table 7.24: Distribution of HIV/AIDS by type of industry

		Distribution of HIV/AIDS				
Type of Industry	**Frequency (N) Total Percentage (%)**	**<10%**	**Between 10%-20%**	**Between 20%-30%**	**Between 30%-40%**	**Row total**
	Chemical and/or pharmaceutical	6 14,63	1 2,44	2 4,88	0 0	9 21,95
	Manufacturing	**9** **21,95**	**5** **12,20**	**4** **9,76**	0 0	**18** **43,90**
	Petroleum	2 4,88	1 2,44	0 0	0 0	3 7,32
	Utilities	2 4,88	1 2,44	0 0	0 0	3 7,32
	Mining	1 2,44	1 2,44	1 2,44	**1** **2,44**	4 9,76
	Construction	0 0	0 0	0 0	0 0	0 0
	Other	2 4,88	1 2,44	1 2,44	0 0	4 9,76
	Column Total	22 53,66	10 24,39	8 19,51	1 2,44	41 100,00

Number of missing observations = 12

According to the above cross-tabulation, the highest distribution of HIV/AIDS (21,95 per cent) was in the category of 10 per cent or less within the manufacturing sector, which also represents the highest number of respondents (9) while almost no responses were received within the category 30 – 40 per cent except for one respondent within the mining industry, which represented 2,44 per cent of the total response rate. Equally important is, that in the category 10 – 20 per cent, the highest distribution (appearance) of HIV/AIDS is from within the manufacturing industry (sector) in the area under study.

According to the above information the assumption that can be made that although quite a number of respondents indicated the level of infection within their particular organisations, many respondents responded actually do not know the exact number of infections within their particular organisation.

Also important, is that no organisation (respondents) within the construction sector responded positively, as well as the total number of missing observation (12) which also made it difficult to run any significant chi-square tests. Another important aspect was, that a total response rate of 43,90 per cent to this particular question was achieved within the manufacturing sector alone which is a good indication that this particular sector is representative of all main manufacturing industries under investigation.

7.7.2 Estimated distribution level of HIV/AIDS and the existence of any formal and informal action programmes, policies or structures.

Table 7.25 tries to determine, if there is any direct comparison between existing, current policies, action programmes or structures (formal or informal) and the distribution (appearance) of HIV/AIDS

Table 7.25: Distribution of HIV/AIDS by existing action programmes, policies or structures (formal or informal)

		Distribution of HIV/AIDS				
Existing actions programmes, policies pr structures	Frequency (N) Total Percentage (%)	<10%	Between 10%-20%	Between 20%-30%	Between 30%-40%	Row Total
	Formal	**15** **36,59**	8 19,51	5 12,20	0 0	28 68,29
	Informal	**6** **14,63**	2 4,88	3 7,32	1 2,44	12 29,27
	Do not know	**1** **2,44**	0 0	0 0	0 0	1 2,44
	Column total	22 53,66	10 24,39	8 19,51	1 2,44	41 100,00

Number of missing observations = 12

Table 7.25 clearly indicates, that the lowest distribution level of HIV/AIDS (<10 per cent) was evident within organisations who implementing and using formal action

programmes, policies and sufficient structures (36,59 per cent) in order to minimise the effect and the impact of HIV/AIDS within the workplace, while the opposite applies to those organisations who used only informal action programmes and policies (14,63 per cent). The above information, therefore, can be interpreted as a skew distribution of data towards the interpretation of the final results within the context of this specific research method applied.

Only one respondent (organisation) indicated, that it is not aware of any formal or informal action programmes, policies or sufficient structures currently in operation, representing 2,44 per cent of the total response rate. From the above information, it is also evident, that the more formal the action programmes, policies and structures are, the lesser the level of distribution will be of HIV/AIDS. A total of 12 respondents did not answer or respond in any way to the above questions, which made it very difficult to run any significant tests. The aim therefore, was to focus only on important aspects and to highlight these to make some fairly reliable comparisons.

7.7.3 Distribution of any formal and informal action programmes, policies or plans related to the specific location area of respondents

Table 7.26 is reflecting the relationships (comparisons) between the appearance of informal and formal action programmes, policies and plans within the specific location areas of respondents (organisations).

Table 7.26 to follows on p.215.

Table 7.26: Comparison between the appearance (distribution) of formal or informal action programmes, policies and plans by location area of respondents (organisations) under study

Distribution of formal or informal action programmes, policies and plans

Location area of respondents under study	Frequency (N) Total Percentage (%)	Formal	Informal	Do not know	Row
	Vereeniging	**8** **15,09**	3 5,66	1 1,89	12 22,64
	Vanderbijlpark	**8** **15,09**	**6** **11,32**	1 1,89	15 28,30
	Sasolburg	**12** **22,64**	3 5,66	1 1,89	16 30,19
	Meyerton	5 9,43	3 5,66	1 1,89	9 16,98
	Carltonville	0 0	1 1,89	0 0	1 1,89
	Column total	33 62,26	16 30,19	**4** **7,55**	53 100,00

Number of missing observations = 12

According to the above information it is evident that the distribution of most formal action programmes, policies and plans are found more or less evenly distributed within organisation (respondents) located in the more industrialised town within the area under study. These towns include Vereeniging (15,09 per cent), Vanderbijlpark (15,09 per cent) and Sasolburg (22,64 per cent), while the appearance of formal action programmes, policies and plans are very marginal or non-existent within the towns of Meyerton and Carltonville. The reason for this is already mentioned in that Meyerton is not part of the heavy industrialised towns within the area under study and also due to its location from these heavy industrialised regions while Carltonville is almost non-representative due to the low responses received as well as to its location on the far Western boundaries within the area under study. Another contributing factor that could have an indirect influence on the response rate of organisations under investigation are the population density within the relevant area under study. The

above reasons can be regarded as the most important reasons why Meyerton and especially Carltonville have such low response rates.

In the case of the distribution (appearance) of informal action programmes, policies and plans, Vanderbijlpark is representative as the town with the highest response rate (11,32 per cent) followed by the towns Vereeniging, Sasolburg and Meyerton that are similarly representative of one another (5,66 per cent), while Carltonville again was marginally representative (1,89 per cent). A total of 4 respondents (7,55 per cent) indicated that they do not know if their specific organisations both have formal or informal action programmes, policies or plans currently in operation. A total of 12 respondents did not answer the particular question.

7.8 CONCLUSION

From the above research findings and the information obtained and explained within the scope and boundaries of Chapter 7, the final results will be concluded as well as recommendations made regarding the evaluation and analysis of current action programmes, policies, plans and structures within organisations in order to efficiently manage and control the impact of HIV/AIDS in the workplace within Chapter 8. During the course of this particular chapter relevant information was obtained and explained by means of descriptive statistics. As already mentioned, all relevant data that were captured, were provided in tabular format so as to make understanding and the interpreting of results easier and more understandable. The various research techniques and methods as discussed within the scope of Chapter 6, have been practically applied (if possible) within Chapter 7.

The following were identified as limitations within the scope of Chapter 7 but do not restrict the importance of this particular study in any way. The only interdependency method that could not be used, was factor analysis, although it is explained in detail within Chapter 6. The main reason for this, was that the total response rate (n=53) was inadequate for the construction of an efficient test. This can also be attributed to the nature and scope of this specific study. An important criteria was to only identify respondents (organisations), with a number of 500 or more employees which made it

extremely difficult to obtain a relative high response rate. Where possible tests were conducted, analysed and interpreted.

For the purpose of this study, cross-tabulations were included as a method to determine if the relevant scores are reliable and therefore, valid. However, a significant Chi-square test could not be performed due to the low response rate and also to the total number of missing observations received which made it extremely difficult to calculate any significant Chi-square scores of 0,05 and less. However, some cross-tabulations were included to calculate and determine some comparisons.

Attention will now be given to the conclusion and most important recommendations as well as possible future research that could be done. This will be done by applying the information obtained within the boundaries and limitations of this particular research study.