

# The Impact of South African Labour Unions in Workplace HIV/AIDS Programmes

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## **ABSTRACT**

The threat of HIV/AIDS on humanity still remains one of the most challenging issues of our time. In South Africa, labour unions play a significant role in the economy. Their role in the fight against HIV/AIDS is therefore vital in workplace HIV/AIDS programmes. The research objective was to identify the impact that the partnership between business and labour unions is having in these programmes. The role that labour unions play is also assessed.

The first phase of the interviews entailed conducting face to face semi-structured interviews with fifteen large companies based in Gauteng province employing a minimum of 1000 employees. All the companies were and had to have union representation amongst their staff members. Phase two of the interviews involved interviewing representatives from the three largest labour unions in South Africa.

The findings clearly show that labour unions have a role to play in the fight against the pandemic. It is evident that they are to a large extent being successful in their identified roles. The impact of the partnership between labour unions and business has resulted in the objectives of the HIV/AIDS programmes being met. Areas for improvement are also suggested as the battle is yet to be won.

## DECLARATION

I declare that this research project is my own work. It is submitted in partial fulfilment of the requirements for the degree of Master of Business Administration at the Gordon Institute of Business Science, University of Pretoria. It has not been submitted before for any degrees or examination in any other university. I further declare that I have obtained the necessary authorisation and consent to carry out this research.

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Antony Kamwaro

10 November 2010

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# 1. CHAPTER 1: INTRODUCTION TO THE RESEARCH PROBLEM

## 1.1 *Research Title*

The impact of South African labour unions in workplace HIV/AIDS programmes.

## 1.2 *Research Problem*

According to the International Labour Organisation (ILO) (2008), “the HIV/AIDS epidemic is now a global crisis, and constitutes one of the most formidable challenges to development and social progress. In the most affected countries, the epidemic is eroding decades of development gains, undermining economies, threatening security and destabilising societies. In sub-Saharan Africa, where the epidemic has already had a devastating impact, the crisis has created a state of emergency”. The Joint United Nations Programme on HIV and AIDS (UNAIDS) December 2009 reports that the total number of people newly infected with HIV in 2008 was 2.7 million, of which 1.9 million were in Sub-Saharan Africa.

Concomitant with this finding, it is estimated that 5 million South Africans are HIV-positive (Bureau for Economic Research (BER), 2006). The BER

report goes further to state that by the end of 2010, despite treatment and various other interventions, a total of 3.5 million South Africans will have died of HIV/AIDS related deaths. In South Africa, the gross domestic product (GDP) growth rate could be lower by as much as 0.5 percentage points lower on average per annum over the period 2000 to 2020 as compared to what would have been the case in the absence of HIV/AIDS (BER, 2006). Concomitant with this view is UNAIDS (2008) which states that in the countries most affected by HIV/AIDS, the pandemic has reduced life expectancy by more than 20 years, slowed the economic growth rate, and deepened household poverty.

The Actuarial Society of South Africa (ASSA) released its ASSA2003 model, which found that approximately 18% of the South African population between the ages of 15 and 49 has been infected with HIV. This highlights the devastating effect that HIV/AIDS has on the working population of South Africa. This is the most economically active age of the economy:

Firstly, the number of matriculants that will be expected to enrol into tertiary institutions will be quite high. The knock-on effect is that without proper disease management intervention mechanisms, the chances of graduating will be lessened.

Secondly, there is likely to be skills shortage due to the expected increase in the number of AIDS mortality rate amongst this age group.

The table below clearly illustrates the HIV prevalence rates in South Africa on a province by province basis.

**Table 1: ASSA2003 model projections: HIV Prevalence**

| Province      | Total HIV (000's) | Total HIV Prevalence (%) | 15 – 49 age group HIV Prevalence (%) | Life Expectancy (Years) |
|---------------|-------------------|--------------------------|--------------------------------------|-------------------------|
| Kwazulu Natal | 1,520             | 16                       | 26                                   | 43.3                    |
| Gauteng       | 1,370             | 14                       | 22                                   | 52.4                    |
| Free State    | 380               | 14                       | 22                                   | 47.2                    |
| Mpumalanga    | 440               | 13                       | 22                                   | 46.5                    |
| North West    | 470               | 12                       | 20                                   | 50.7                    |
| Eastern Cape  | 630               | 9                        | 17                                   | 49.4                    |
| Limpopo       | 380               | 7                        | 12                                   | 56.4                    |
| Northern Cape | 60                | 7                        | 11                                   | 57.8                    |
| Western Cape  | 250               | 5                        | 8                                    | 61.8                    |
| South Africa  | 5,200             | 11                       | 18                                   | 51.0                    |

Source: <http://www.assa.org>

The ILO states that nine out of ten adults who are living with HIV/AIDS are in their productive and reproductive prime (ILO, 2010). Beyond the suffering

it imposes on individuals and their families, the HIV/AIDS pandemic has profoundly affected the social and economic fabric of societies. HIV/AIDS is a major threat to the world of work: it is affecting the most productive segment of the labour force and reducing earnings, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience ILO (2001). Leather (2008) goes on to state that “the majority of people who are HIV-positive are at work. So the workplace is the ideal place to respond to HIV and AIDS”.

UNAIDS highlights the important role that labour unions play in the response to the HIV/AIDS epidemic in countries around the world (UNAIDS, 2009). The National Economic Development and Labour Council’s (Nedlac) code of good practice on key aspects of HIV/AIDS and employment has also stressed on the importance of involving labour unions in workplace HIV/AIDS programmes. Cosatu’s draft policy on HIV/AIDS in the workplace highlights the deadly effect that HIV/AIDS has had on its union members. The policy goes on to state that the survival of its members is likely to be threatened in the future as a result of the pandemic (Cosatu, 2010).

During a breakfast meeting held on 16 February, 2010 between the South African Business Coalition on HIV and AIDS (SABCOHA) and representatives of the South African labour unions, the Chief Executive Officer of SABCOHA, stated that "in light of the government’s renewed

commitment to combating the spread of the Human Immunodeficiency Virus (HIV) and treating those already infected, business and labour are presented with a unique challenge in finding ways to collaborate. How do business and labour ensure cordiality in the way that they manage relationships, HIV programmes are extended and strengthened? How can business and labour effectively collaborate outside the cut and thrust of collective bargaining, to prevent further infections and improve access to treatment?"

The literature shown above highlights the importance that partnerships between business and labour unions have on the fight against HIV/AIDS. There is however a need to assess how this relationship impacts on the success or failure of workplace HIV/AIDS interventions.

### ***1.3 Research Motivation***

Further results from the BER (2006) report suggest that the South African economy will be 8.8 percent smaller by the year 2020 than it would have been if HIV/AIDS did not exist. This is cause for alarm among all stakeholders, both in government and business. It is therefore vital that the HIV/AIDS pandemic is addressed with greater urgency. The socio-economic havoc rendered on the society cannot be ignored.

The HIV/AIDS & sexually transmitted infections (STI) Strategic Plan (2007) provides a broad framework for government, NGO's, business, organised labour, women's organisations and all sectors of society in responding to HIV/AIDS and STI's.

Despite the clear requirement for the involvement of trade unions in the fight against HIV/AIDS in the workplace, there is little evidence of what exactly is required of them. Furthermore, there seems to be scant, if any, evidence of measurement in terms of how successful unions have been in this endeavour. Smith (2008) highlights the importance of, amongst other things, measuring, monitoring and evaluating HIV/AIDS programmes.

#### ***1.4 Research Objectives***

The research seeks to establish the impact of the partnership between business and labour unions in South Africa in workplace HIV/AIDS programmes. Further to this, it aims to identify those organisations where this partnership has produced results, both positive and negative, and those where union involvement is non-existent.

The study will therefore seek to determine the following:

- a) To define the role that labour unions can play in workplace HIV/AIDS programmes.



- b) To assess the results, thus far, of labour unions involvement in workplace HIV/AIDS programmes.

### **1.5 Research Aim**

The aim of the research will be to determine how labour unions could be more effectively involved in workplace HIV/AIDS programmes, which will therefore lead to the objective of winning the war against HIV/AIDS.

It is expected that the results of this research could be beneficial in strengthening the partnership between labour unions and business in the fight against HIV/AIDS.

## **2 CHAPTER 2: LITERATURE REVIEW**

### ***2.1 Introduction***

The headings of the research report as well as some of the literature contained in these headings are set out in this section.

This section will firstly highlight the broader macro environment of business in South Africa. The second step will be to look at the effect of HIV/AIDS on the South African population. The business sector will be looked into with a view to addressing whether it is doing enough to address the impact of HIV/AIDS on its workforce. This will be through assessing the workplace programmes that are in place to address this pandemic.

Since the research is primarily focused on the impact of labour unions, the review will therefore progress to the general role as that South African labour unions play in the economic sector. Their partnership with business in the fight against the pandemic will be addressed.

## **2.2 The Macro Environment of Business**

The landscape that businesses operate in is greatly influenced by macroeconomic factors, environmental as well as social issues (Davis and Stephenson, 2006). Drucker (2001) goes on to state that for any organisation to become sustainable, a balance is required between its goals, needs and resources.

Businesses in South Africa face numerous challenges. A PESTEL (political, economic, social, technological, environmental, and legal factors) analysis could be used to describe the macro environment that these organisations face. These factors are discussed below (King and Hutchings (2006)).

**Political factors:** These refer to government policy such as the degree of intervention in the economy. What goods and services does a government want to provide? To what extent does it believe in subsidising firms? What are its priorities in terms of business support? Political decisions can impact on many vital areas for business such as the education of the workforce, the health of the nation and the quality of the infrastructure of the economy such as the road and rail system.

**Economic factors:** These include interest rates, taxation changes, economic growth, inflation and exchange rates.

**Social factors:** Changes in social trends can impact on the demand for a firm's products and the availability and willingness of individuals to work.

**Technological factors:** new technologies create new products and new processes.

**Environmental factors:** environmental factors include the weather and climate change.

**Legal factors:** these are related to the legal environment in which firms operate.

King and Hutchings (2006) provide a sample PESTEL analysis of the South African macro-environment as illustrated in the table below:

**Table 2: Macro-environment factors impacting businesses in South Africa**

| Force                | Key Issues  |
|----------------------|---|
| <b>Political</b>     | <ul style="list-style-type: none"> <li>➤ Legislation, for example, minimum wage.</li> <li>➤ Tariffs, trade agreements.</li> <li>➤ Voluntary codes and practices, such as BBBEE (broad-based black economic empowerment).</li> <li>➤ Tax levies.</li> </ul>                    |
| <b>Economical</b>    | <ul style="list-style-type: none"> <li>➤ GDP growth rate.</li> <li>➤ Inflation targeting approach from the Reserve Bank.</li> <li>➤ High unemployment rate.</li> <li>➤ Low skilled workers.</li> </ul>  |
| <b>Social</b>        | <ul style="list-style-type: none"> <li>➤ Abject poverty amongst the majority of the population.</li> <li>➤ High crime rate.</li> <li>➤ High levels of illiteracy.</li> <li>➤ High infant mortality rates.</li> <li>➤ The highest HIV/AIDS infections in the world.</li> </ul> |
| <b>Technological</b> | <ul style="list-style-type: none"> <li>➤ Low level access to broadband connectivity.</li> <li>➤ Expensive means of internet access.</li> </ul>  |
| <b>Environmental</b> | <ul style="list-style-type: none"> <li>➤ Pollution of the environment.</li> <li>➤ Inadequate access to clean drinking water.</li> </ul>   |
| <b>Legal</b>         | <ul style="list-style-type: none"> <li>➤ Black economic empowerment legislation.</li> </ul>   |

- Slow judicial process.
- Low level of competent police force.
- Highly regulated labour environment.

**Source: King and Hutchings (2006)**

### **2.3 HIV/AIDS in Business**

According to the BER (2006) report, HIV/AIDS related diseases and deaths of managers, employees and their families will have an impact on South African businesses. The report goes on to say that businesses will incur huge costs in providing increased healthcare benefits arising from the pandemic. Mzolo (2006, pg. 3) states that “the HIV/AIDS epidemic is increasingly being recognised as a serious threat to productivity and profitability by South African organisations. Increased labour costs, changes in consumer spending and changes in the economic environment in which South African companies operate will have to be addressed by business if they are to survive the impact of the pandemic”. This is supported by the ILO (2008) which states that “there is a growing recognition among the business sector on the challenge of HIV/AIDS as a public health issue and how it will affect productivity and profitability”.

Lethbridge (2004) states that “the high prevalence of HIV/AIDS in South Africa, where up to 30 percent of the adult population is HIV-positive, and the lack of adequate treatment are having a severe impact on South Africa’s economic and social system, which will affect the country’s development for many decades to come”. According to Natrass (2004), the AIDS pandemic in South Africa is not just a public health concern; it poses a major threat to the country’s economic development as well as social solidarity. High unemployment and poverty rates are likely to increase.

In his study of the costs of HIV/AIDS of two companies in South Africa and one in Botswana, Ellis (2006) suggested that HIV/AIDS cost could vary by between 2% to 8% of annual salaries by 2010 depending on the employee benefit structures of those companies. This is further supported by Faull (2008) when he highlighted that large South African companies reportedly pay an 'AIDS tax' of between 1.8% and 5.9% of payroll as a result of increased costs brought about by the pandemic. Njobe and Smith (2004) have highlighted how business is affected by HIV/AIDS as well as the accompanying increase in costs associated with fighting the pandemic. Roedy (in Taback 2006:1) states that “HIV and AIDS is the defining moral issue of our time and businesses must play a critical role in the fight against the global spread of the epidemic”. Rosen et al (2004) state that

organisations incur both direct and indirect costs resulting from HIV/AIDS.

The table below summarises these costs:

**Table 3: The costs of AIDS to an employer**

|                         | Direct Costs  | Indirect Costs  |
|-------------------------|---|---|
| <b>Individual costs</b> | Benefit claims and pension payments                         | Reduced on-the-job productivity.<br>Reduced productivity due to absenteeism |
|                         | Burial fees   | Time off to attend funerals   |
|                         | Medical care  | Increased labour turnover   |
|                         | Training and recruitment                                    | Supervisor's time in dealing with productivity losses                       |
|                         | <b>Organisational costs</b>                                 | Insurance premiums  |
|                         | Accidents due to ill workers and inexperienced replacements | Production disruptions  |
|                         | Costs of litigation over benefits and other issues          | Depressed morale  |
|                         |   | Loss of experienced personnel   |



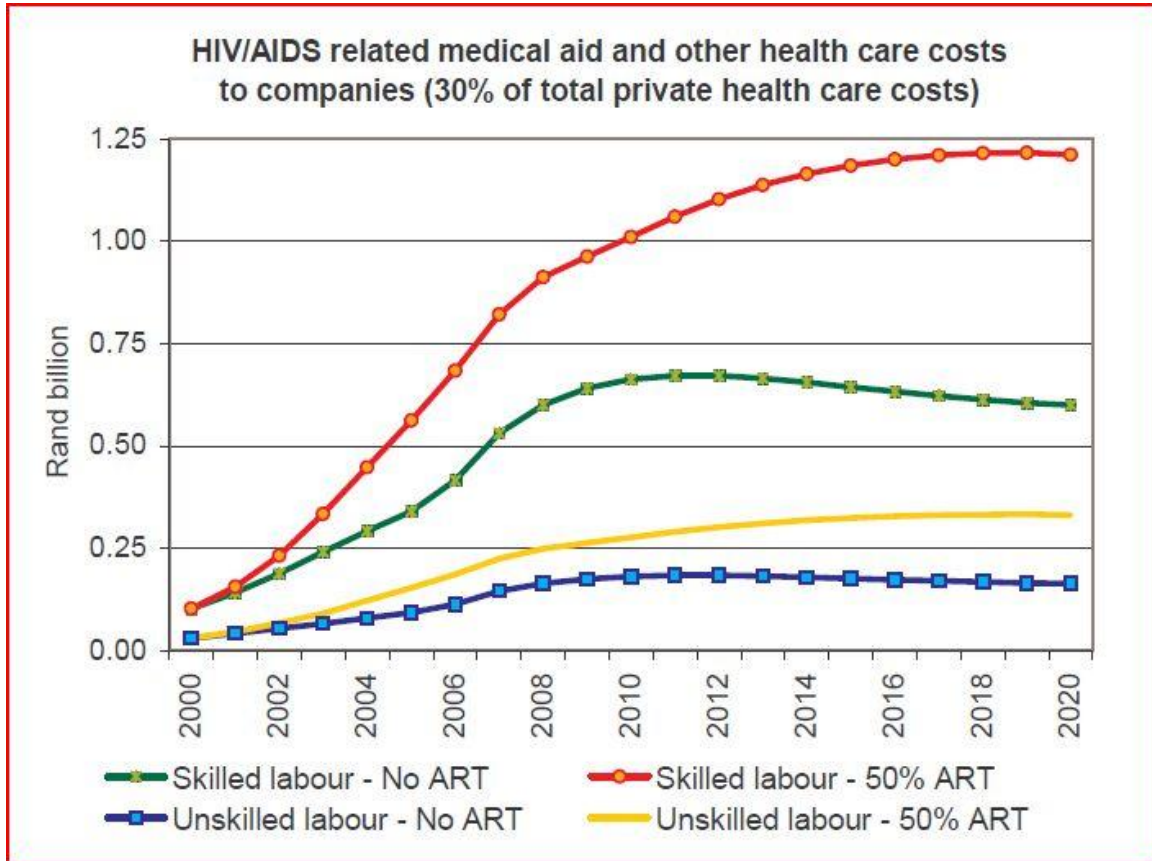


**Source: Rosen et al (2004)**

In a study conducted by Rosen et al (2004) states that on average, HIV/AIDS adds between 0.4% and 5.9% to an organisation's annual wage bill. This increases the cost of doing business. The study goes on to state that "the present value of an incident HIV infection ranged from 0.5 to 3.6 times the annual salary of the affected worker" (Rosen et al. 2004:317).

The BER (2006) report goes further to highlight that health care costs are significantly higher for skilled workers than for unskilled workers. This distinction is illustrated in the figure below:

**Figure 1: HIV/AIDS related medical aid and other healthcare costs to companies (30% of total private healthcare costs)**



**Source: BER (2006)**

The figure above shows that a substantially large percentage of the skilled workers have medical aid and are therefore expected to seek medical assistance as compared to the unskilled workers who do not have ready access to medical privileges.

## **2.4 Current HIV/AIDS Statistics**

Numerous statistics highlighting the effects of the HIV/AIDS pandemic have been released in the recent past (BER 2006). The report highlights the following statistics:

- ◆ South Africa currently has the world's largest population of people living with HIV/AIDS.
- ◆ The HIV/AIDS prevalence is higher amongst women compared to men. Between the 25-29 age group, 32.7% of women are HIV-positive. For men, the age group that is most affected is the 30-34 with an infection rate of 29.1%.
- ◆ The HIV/AIDS & STI Strategic Plan (2007) states that in 2007, 57% of deaths in children under the age of five years were as a result of HIV/AIDS.
- ◆ Babies who are HIV-positive are fifteen times more likely to die within the first six months than uninfected babies.
- ◆ In 2000 South Africa had 230 deaths per 100,000 births. This increased to 400 deaths per 100,000 births in 2005: An increase of 73.9%.
- ◆ The above report also states that South Africa's mortality rate is the third worst in the world with a figure of 69 deaths per 1,000 people.
- ◆ The average antenatal prevalence currently stands at 29.3%.
- ◆ Accumulated AIDS deaths are projected to reach 5.4 million by 2015.

## **2.5 Workplace HIV/AIDS Programmes**

The International Labour Organisation (ILO) (2008) states that “HIV/AIDS policies and programs in the workplace can, among other things, help ensure stable production by preventing high turnover of staff and decreasing absenteeism. Moreover, HIV/AIDS policies are beneficial for the corporate image, as the signs of social responsibility help enhance the company’s reputation with internal and external customers”.

There are three main reasons why it is necessary to deal with HIV/AIDS in the workplace (ILO, 2002: 15):

Firstly, because HIV/AIDS impacts on your world of work—reducing the supply of labour and available skills, disrupting the production cycle, under-utilizing equipment and temporary staff (UNAIDS, 2002), increasing labour costs, reducing productivity, threatening your and your workers’ livelihood, and undermining workers’ rights. For example, a study of large industries in Chennai, India reported that absenteeism was expected to double in the next two years, mainly due to STD and AIDS-related illnesses. Similarly, a number of firms in the US indicated an annual cost of US\$ 3,500-6,000 for each worker with HIV/AIDS (ILO, 2002: 11).

Secondly, because the workplace is a good place to tackle HIV/AIDS. Standards are set for working conditions and labour relations. Workplaces

are communities where people come together and they discuss, debate, and learn from one another. This provides an opportunity for awareness raising, education programs, and protection of individual rights. Lastly, because employers are leaders in the local community and people look up to you to set a positive example. Leadership is crucial in managing HIV/AIDS.

According to Taback (2006), the involvement of business in the fight against the HIV/AIDS pandemic could bring the epidemic into the open so that it can be dealt with appropriately. Douglas and Sutherland (2009) go on to say that “the business sector urgently requires information and tools in order to be equipped for an effective response, which includes best practice components and policies for HIV/AIDS interventions”. Ngozwana in Mzolo (2006:3) states that companies with world class HIV/AIDS programmes contribute to the national effort in fighting the pandemic. He goes on to say that organising an HIV/AIDS effort in the workplace will also underscore an organisation’s pro-active commitment to fulfilling your legal, international and corporate social responsibilities in preventing the spread of the virus.

## **2.6 South African Labour Unions**

In South Africa, there are three major labour (trade) unions. The Congress of South African Trade Unions (Cosatu) is the biggest of the country's three main labour federations, with a combined membership of 1.8 million workers grouped into 19 affiliated trade unions. Cosatu plays an important role, although highly debateable, in the country's policy formulation as it is a part of the tripartite alliance comprised of the African National Congress (ANC), the South African Communist Party (SACP) and Cosatu (Cosatu, 2010).

The Federation of South Africa (Fedusa) is the country's second largest federation, claiming 520 000 members organised into 27 affiliates. Its biggest affiliate union is the Public Service Association, with nearly 200 000 members. Lastly, the National Council of Trade Unions (Nactu) is South Africa's third largest federation, comprising about 20 affiliate unions with a combined membership of nearly 400 000. It is politically aligned to the Pan African Congress (PAC).

Based on Legislation in Section 8, Section 12, and Section 17, of the Labour Relations Act registered unions in South Africa have more rights than unregistered ones. Some of these rights include the following:

- organisational rights awarded by the Commission for Conciliation, Mediation and Arbitration (CCMA);
- a right to –
  - be a member of a bargaining or statutory council, subject to the admission requirements of the council;
  - enter into agency and closed shop agreements;
  - establish workplace forums;
  - conclude collective agreements;
  - enter an employer's premises (employer's permission is required to enter a private home) to recruit or meet members;
  - hold meetings with employees outside their working hours at the employer's premises; and
  - conduct elections or ballots among its members on union matters.

Furthermore, all trade unions have a right to:

- perform lawful activities;
- form or affiliate with national and/or international trade union or employers' federations; and
- fund or be funded by such international federations.

According to the South Africa Business Guidebook (2003), South Africa's labour market has undergone a transformation since 1994, with an

emphasis being placed on strategies that eliminate the labour inequalities of the past and improve general working conditions for all South Africans. The introduction of new labour legislation has had a profound impact on the SA labour market, notably in terms of the Labour Relations Act (LRA), the Basic Conditions of Employment Act (BCEA), the Employment Equity Act (EEA) and the Skills Development Act (SDA). In addition, it is highlighted that trade unions play an important role in South Africa's labour relations but are expected to experience an erosion of membership due to falling employment levels.

Lethbridge (2004) highlights that the issue of HIV/AIDS concerns unions in three major ways, namely:

- Their HIV-positive members need the right to treatment.
- All members need to be provided with HIV/AIDS education programmes.
- HIV/AIDS is a major health and safety issue in the workplace and also in collective bargaining.

The author goes on to highlight the partnership between Cosatu and the Treatment Action Campaign (TAC) which was provided a unifying voice in demanding a fundamental change in the South African government's HIV/AIDS policy. This could be viewed as a clear illustration of the influence that labour unions have in South Africa.



Gallin (2000) mentions the need for labour unions to realise the importance of working with other organisations if their relevance in the modern globalised world is to be sustained. His view is supported by Aarto (2001) who states that “the trade union movement will achieve the best results by engaging in broad cooperation with NGO’s, experts and policy-makers, - and, on an equal footing, also with employers”. This clearly further demonstrates the important role that South African labour unions could play bearing in mind the large workforce that they represent in the workplace.

SABCOHA highlights some important elements when it comes to partnerships between business and labour unions. "Before we can consider working together, there are some very basic philosophical hurdles we need to jump over. Does business want to work with labour, and does labour want to work with business? Do we trust each other sufficiently to work at the levels that we may need to? Can labour work with a sector it ultimately calls for the destruction of? Can business work with a sector which many would regard as an unnecessary evil?" SABCOHA (2010). These questions pose a serious threat to the partnership between labour unions and business.

Douglas and Sutherland (2009) state the importance of broad-based engagement between business and labour unions. They however mention the need for research around the role that labour unions play in workplace HIV/AIDS interventions. Their view is supported by the limited literature that exists around the area of this partnership.

## **2.7 Conclusion**

The impact of HIV/AIDS on society is of grave concern. The undeniable fact, supported by the available data, shows that more and more people are dying from the scourge cannot be ignored. The UNAIDS (2008) estimates that there are currently more than 5.7 million South Africans living with HIV/AIDS. This is a figure that cannot be ignored. HIV/AIDS undoubtedly poses the greatest risk to human survival in South Africa.

For the fight against HIV/AIDS to be won, all the relevant stakeholders (government, business, non-governmental agencies, labour unions, world bodies such as the United Nations, healthcare providers, religious bodies and the community at large) have to play their respective roles. This is a war that cannot be won by one entity working in isolation. It is noted that the business sector has come under heavy criticism in as far as its response to the pandemic is concerned. Jelley in Mzolo (2006) has levelled criticism by stating that business' response has been more of a brand promotion cum public relations exercise, with little emphasis being placed on the actual outcome of the process. The focus seems to be on how the organisation will

be perceived to be doing something around HIV/AIDS. This view is shared by Bloom *et al* (2006) who state that despite the vested interest business has in succeeding in the fight against the pandemic; its contribution has been dismal and disappointing.

The partnership between labour unions and business is of extreme importance in the fight against the pandemic. The labour unions have a combined membership in excess of 1.8 million (Cosatu, 2010). This is a significant number as the total number of employed South Africans was 13.6 million in 2007 (Statistics South Africa, 2007). In addition to this, the fact that Cosatu is part of the tripartite government in South Africa cannot be ignored. Its influence from a policy point of view places it in a very strong position in influencing how government partners with business specifically around HIV/AIDS. The available literature sources highlight the importance of this partnership. However, not much has been said as to whether this partnership is working. This research will therefore attempt to uncover how these partnerships are working. It is hoped that the insights developed will assist both the stakeholders in deepening their respective responsibilities with a view to enhancing the partnership in the fight against HIV/AIDS in the workplace is going to be won.

### 3 CHAPTER 3: RESEARCH QUESTIONS

Zikmund (2003) highlights the importance of formulating a series of research questions as they can add clarity to the statement of the business problem. The author goes on to say that “a research question is the researcher’s translation of the business problem into a specific need for inquiry”.

The research questions that will be answered are as follows:

- a) What is the role of labour unions in workplace HIV/AIDS programmes?
- b) What has been the impact of labour unions involvement in workplace HIV/AIDS programmes?

## **4 CHAPTER 4: RESEARCH METHODOLOGY**

### ***4.1 Introduction***

This chapter highlights the research methodology used to conduct the study.

### ***4.2 Research Design***

Majority of the research design was conducted using a qualitative method. This method has been chosen due to the fact that this project will be attempting to find out more about the role that labour unions can play in the fight against HIV/AIDS. In addition, Leedy and Ormrod (2001:101) state that “qualitative research attempts to answer questions about the complex nature of phenomena, often with the purpose of describing and understanding the phenomena from the participants’ point of view”. The authors further state that through the qualitative research it will be possible to dig deep into the topic rather than just skim through the surface.

A qualitative approach was undertaken in dealing with various workplace demographic details. These included age, gender, level of education, number of employees and skill distribution.

Face-to-face interviews were conducted with senior management of each company identified with a view to getting insights to answer the research questions. Questionnaires were designed which were used during the face-to-face interviews. The content of the questionnaire included those aspects that the literature review identified were vital to the success of workplace HIV/AIDS programmes. (See appendix 1 for the research questionnaire used).

### ***4.3 Population of Reference and Unit of Analysis***

A population is defined as any complete group sharing certain common characteristics (Zikmund, 2003). The population of reference consisted of large companies based in province of South Africa. A large company is defined as an entity with a minimum staff count of 1000 employees (South Africa Business Guidebook (2003). Gauteng was chosen since it is the economic hub of the South African economy contributing over 40% of the country's GDP (Gautengonline, 2010). Most of the large enterprises in South Africa have their head offices in this province. The senior executives were found to be based in the province.

The criteria used to determine which companies were selected were as follows:

- a) The company had to have an existing workplace HIV/AIDS programme.

- b) The employees within the companies had to be unionised. This does not mean compulsory membership since union membership is optional within South Africa (South Africa Information, 2007).

The details of the companies interviewed are provided in appendix 2.

Zikmund (2003) stresses the importance of determining the unit of analysis. The author defines a unit of analysis as the major entity being analysed in the research. In this research, the unit of analysis will be a large company.

#### **4.4 Sampling Method and Size**

Probability sampling was used in this research. Zikmund (2003) defines it as “a sampling technique in which every member of the population has a known, nonzero probability of selection”. To be more specific, stratified sampling method was used. This sampling method ensures that the sample will accurately reflect the population on the basis of the criteria used (Zikmund, 2003). The first step involved choosing the strata; the stratum in this research was large companies that had workplace HIV/AIDS programmes and union representation amongst their employees. Zikmund (2003) argues that a sample of less than fifteen should not be used.

The interviews were conducted with senior the companies’ human resource managers. The reason for not talking to the chief executive officers or the managing directors of the companies is due to the fact that they would not be expected to have the level of details that the human resource managers would possess. The CEO’s are not the custodians of workplace HIV/AIDS programmes. This is a function that is normally a function of the human resource department.

In terms of interviewing labour unions, the three major labour unions, namely, Cosatu, Fedusa and Nactu, were chosen. These unions were chosen due to the fact that they had representations across the companies interviewed above. The HIV/AIDS programme officers across the three



unions were interviewed. They were identified to be the main points of contact in all union matters relating to HIV/AIDS.

From an access point of view, “cold calling” was widely utilised in securing the interviews.

#### **4.5 Research Instrument Design**

The research instrument design followed a two-phase qualitative process. The questionnaire used was adapted from the research questionnaires of both Hawarden (2006) and Acott (2006).

##### **4.5.1 Phase 1**

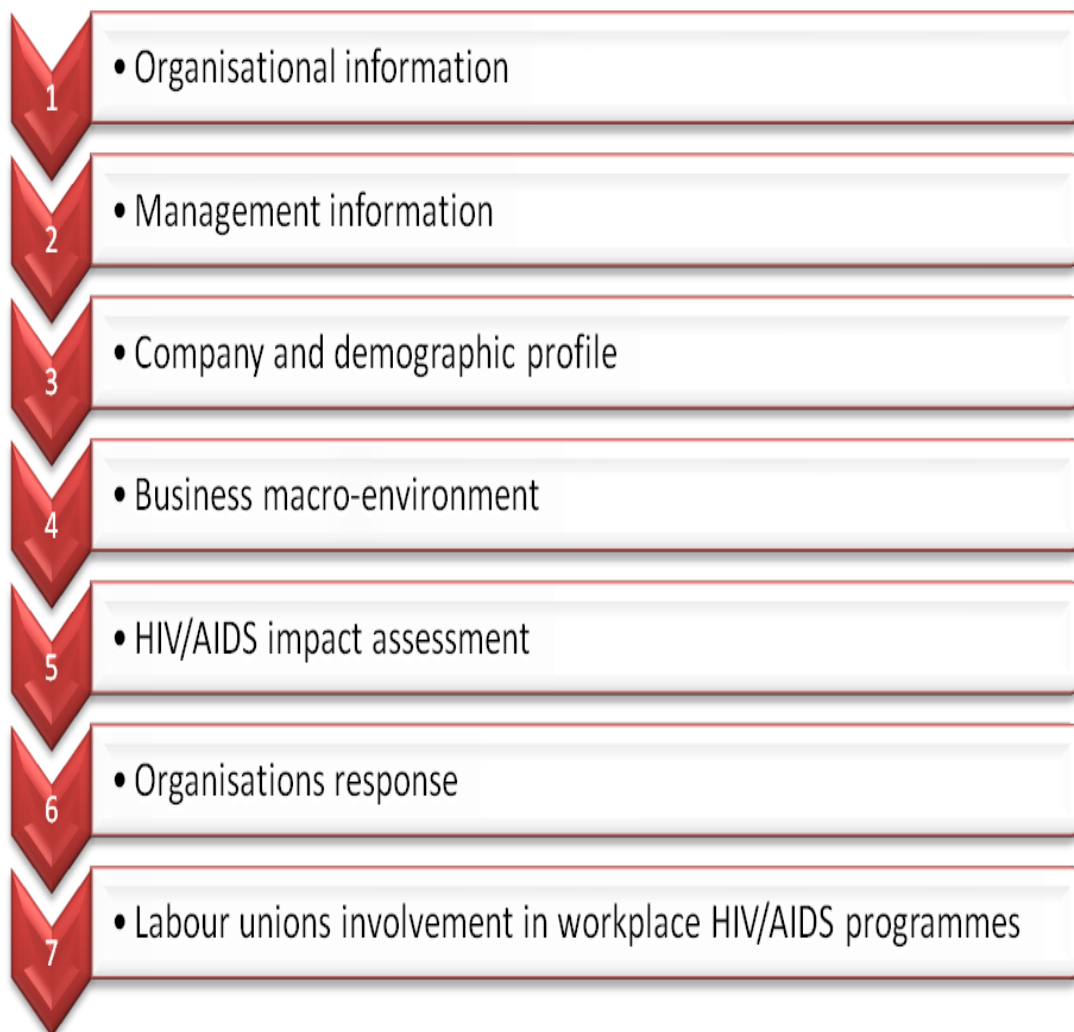
During this phase, face-to-face semi-structured interviews with senior representatives from business were conducted. The objectives for the interviews were as shown below:

- ◆ to establish whether they have involved their respective labour unions in the workplace HIV/AIDS programmes, and why;
- ◆ to get an understanding of how unions have added value to the HIV/AIDS programmes.

This phase was useful in hearing the business’ point of view in the fight against HIV/AIDS.

The questionnaire as shown in appendix 1 was used during the phase 1 interviews. The instrument was modified three times after going through pre-testing. The illustration in figure 2 below shows the steps taken in designing the questionnaire:

**Figure 2: Format of Research Questionnaire**



In the design shown above in figure 2, sections 1 to 3 dealt with company specific information. The staff demographics were also established for statistical purposes. Section 4 established the macro environment factors affecting the organisations in general. This section was useful in establishing whether the impact of HIV/AIDS on business is as high as the literature review highlighted it. Section 5 was used to assess the impact of HIV/AIDS on the companies interviewed.

The organisations' responses were addressed in section 6 of the questionnaire. The HIV/AIDS policy was addressed in this section so as to ascertain whether the intervention programmes were being implemented effectively. The last section dealt with the involvement of labour unions. Questions in this section formed the main theme of the research. It was however not possible to eliminate sections 1 to 6 from the questionnaire as they were all important in understanding how labour unions involvement affects the entire organisations' HIV/AIDS programmes.

The questionnaire contained both open-ended and closed questions. Multiple choice questions were widely used with the respondents choosing predetermined answers. There were questions which required a rating to be provided, for example, HIGH, MEDIUM or LOW. Section 8 of the questionnaire was not used in this phase as it only pertained to labour unions feedback as indicated in phase 2 below.

#### **4.5.2 Phase 2**

This phase also involved face-to-face interviews with the HIV/AIDS programme officers from the three labour unions that represent workers across the various companies interviewed in phase 1. The objectives of these interviews were as follows:

- to understand the extent to which the unions are actively involved in the workplace HIV/AIDS programmes;
- to understand the success factors that unions consider important in their engagement with business;
- to gauge whether unions were clearly aware of their roles in workplace HIV/AIDS programmes; and,
- to gauge the barriers that unions faced when dealing with business in workplace HIV/AIDS programmes.

In this phase, sections 1, 2 and 8 of the questionnaire were used. Section 8 was used to get feedback from the labour unions as to how they view the partnership with business.

#### **4.6 Data Collection**

Cooper and Schindler (2001) highlight that the two most commonly used methods of data collection are observation and communication. For this project, the most appropriate method was communication.

In the two phases of the interviews, semi-structured interviews were used. Welman and Kruger (2001) recommend the use of semi-structured interviews when conducting interviews in a sensitive topic such as HIV/AIDS.

#### **4.7 Interview Process**

Before the interviews were conducted, all the interviewees were briefed telephonically. The objectives of the interview were reiterated. Information of the length of the interview were also agreed beforehand so as to set reasonable expectations. Confidentiality of the interview was further reassured during the telephonic discussions. Zikmund (2003) recommends the following basic principles of interviewing:

- i. Have integrity and be honest.
- ii. Have patience and tact.
- iii. Pay attention to accuracy and detail.
- iv. Exhibit a real interest in the inquiry at hand, but keep your opinions to yourself.
- v. Be a good listener.
- vi. Keep the inquiry and respondents' responses confidential.
- vii. Respect others' rights.

All the interviews were recorded on a tape-recorder. But in cases where technology failure could have occurred, a back-up tape-recorder was used to record the interviews in parallel to the main tape-recorder. Hand-written notes were also taken during all the interviews.

#### **4.8 Data Analysis**

Creswell (1994) highlights the importance of using a combination of various analysis methods when conducting qualitative research. This is because there is no existence of one way that is superior to the others. Therefore, various methods will be used.

Content analysis will be used on the open-ended questions to gain a detailed examination of the content of the data collected. Leedy and Ormrod (2001) highlight that content analysis enables detailed and systematic assessment of the research contents; this aids in identifying themes, patterns and/or biases in the interview process. This will be done by analysing the interview notes, the use of certain important words or phrases during the interview. Once this is done, this information will be presented on a frequency table so as to gauge the importance of those words or phrases.

Frequency analysis was applied to the closed questions and those that were ranked. Page and Meyer (2000) describe it as a method of defining the number of observations for all values of a variable. The interview data were tabulated on an Excel spreadsheet and then the number of

observations was counted each time they occurred. The data presentation was then summarised and a ranking provided from highest to lowest.

#### ***4.9 Research Limitations***

This research will only cover large companies. The results of the research might therefore not be representative of all sizes of companies. An opportunity therefore exists to conduct further research in future addressing workplace HIV/AIDS programmes in those companies.

The same argument also applies to researching labour unions involvements with non-business entities such as government departments and state owned enterprises. This is vital as these entities employ quite a large number of employees that are affected by HIV/AIDS. These employees also belong to labour unions.

## 5 CHAPTER 5: RESULTS

### 5.1 *Introduction*

This section presents the results of the research. Face-to-face semi-structured interviews were conducted. The first phase of the interviews was with fifteen senior representatives of the companies identified. All the companies were based in Gauteng province and had a minimum staff count of 1000. The second phase entailed interviewing senior representatives from three of the largest labour unions in South Africa.

The questionnaire used contained seven sections which were applicable to business. Section eight was only used to interview labour union representatives.

It was important to firstly report the results of the research demographically so as to get a better understanding of the companies being researched. The results thereafter seek to address the two research questions. These questions were:

- a) What is the role of labour unions in workplace HIV/AIDS programmes?
- b) What has been the impact of labour unions involvement in workplace HIV/AIDS programmes?



The results from the questionnaire are discussed in great detail as shown in the sections below.

## **5.2 Results from interviews conducted with business sector**

### **5.2.1 Company description and demographic profile**

This section looked at the demographic structure of all the business organisations covered in the research.

**Table 4: Is your organisation local or multinational?**

|                      | Frequency (n) |
|----------------------|---------------|
| <b>Local</b>         | 11            |
| <b>International</b> | 4             |

The distinction between whether a company was local or international was based on the location of the company's heads office as well as whether the company is a subsidiary of an international company. The results highlighted that the majority of the companies were local.

**Table 5: Number of employees in the business (in South Africa)**

|                            | Mean   | Minimum | Maximum |
|----------------------------|--------|---------|---------|
| <b>Number of employees</b> | 69 870 | 8 000   | 356 800 |

There was quite a huge disparity between the number of employees employed by the various organisations.

**Table 6: Gender split within the company**

|        | Mean percentage |
|--------|-----------------|
| Male   | 74%             |
| Female | 26%             |

Male employees constituted the majority of employees across all the companies that were interviewed.

**Table 7: Racial profile of employees**

|          | Mean Percentage |
|----------|-----------------|
| African  | 70%             |
| Asian    | 8%              |
| White    | 16%             |
| Coloured | 6%              |

The majority of all employees were of an African descent. This was in line with the Statistics South Africa (2007) labour force survey which indicates that Africans account for 70.6% of the economically active population.

**Table 8: Age category distribution within the company**

|             | Mean percentage |
|-------------|-----------------|
| < 30 years  | 16%             |
| 30-45 years | 49%             |
| >45 years   | 35%             |

Majority of the employees fell within the 30-45 years age bracket. Bearing in mind that males constituted 74% of all employees as shown in Table 6 above, this could be an indication that HIV/AIDS is expected to have had a major impact on the companies interviewed. This is because the BER (2006) states that in men, the age group that is most affected is the 30-34 with an infection rate of 29.1%.

**Table 9: Skills level of the employees**

|                | Mean percentage |
|----------------|-----------------|
| Semi-skilled   | 65%             |
| Skilled        | 22%             |
| Highly skilled | 13%             |

The majority of the employees were semi-skilled. Highly skilled individuals formed the minority of the represented members of staff.

**Table 10: Employees with degrees**

|                       | Mean percentage |
|-----------------------|-----------------|
| <b>Degree holders</b> | <b>9%</b>       |

Statistics South Africa (2007) labour force survey highlights only 3.9% of all economically active South Africans have a degree qualification.

**Table 11: Industry of companies surveyed**

| Industry              | Number of companies |
|-----------------------|---------------------|
| <b>Banking</b>        | 2                   |
| <b>Mining</b>         | 4                   |
| <b>Communications</b> | 1                   |
| <b>Media</b>          | 1                   |
| <b>Motor</b>          | 2                   |
| <b>Transportation</b> | 1                   |
| <b>Retail</b>         | 1                   |
| <b>Manufacturing</b>  | 2                   |
| <b>Utilities</b>      | 1                   |

The mining sector formed the largest percentage of the companies that were interviewed.

Once the demographic information was recorded, the interview dealt with macro-environment factors affecting South African companies.

## 5.2.2 Business macro-environment

**Table 12: Macro-environment of business**

| Threats to the organisation   | HIGH | MEDIUM | LOW |
|---|------|--------|-----|
| Recent global recession   | 10   | 4      | 1   |
| Skills availability   | 9    | 6      | 0   |
| Decreasing customer demand  | 6    | 7      | 2   |
| Threat of HIV/AIDS on skills base   | 5    | 8      | 2   |
| Strict labour legislation   | 3    | 3      | 9   |
| Current macro-environment conditions<br>(inflation, volatile exchange rate,<br>interest rates, etc) | 2    | 3      | 10  |

The companies rated the major threats that they were facing. These threats were rank ordered as per the range of frequencies obtained. The effect from the recent global recession was identified as the highest threat closely followed by skills availability.

### 5.2.3 Assessment of the impact of HIV/AIDS on business

**Table 13: HIV/AIDS impact assessment**

| Causes of sickness or disability amongst your employees. | HIGH | MEDIUM | LOW |
|--|------|--------|-----|
| Stress-related illnesses                                 | 2    | 1      | 12  |
| Cardio-vascular diseases                                 | 1    | 1      | 13  |
| Respiratory diseases                                     | 3    | 4      | 8   |
| Cancer   | 1    | 1      | 13  |
| Alcoholism and other addictions                          | 3    | 2      | 10  |
| Accidents/injuries                                       | 4    | 4      | 7   |
| HIV/AIDS   | 2    | 2      | 11  |

This was used to assess the major causes of sickness or disability that had the most impact on the employee wellness. Accidents and injuries were identified as the highest cause of sickness or disability amongst the employees.

**Table 14: Employee absenteeism due to HIV/AIDS related illnesses**

|             |   |
|-------------|---|
| Much higher | 3 |
| Higher      | 3 |
| The same    | 6 |
| Lower       | 2 |
| Much lower  | 1 |
| Don't know  | 0 |

Most of the companies mentioned that the level of absenteeism as a result of HIV/AIDS illnesses had remained the same over the last three years. The explanation given for this observation was the fact that all the companies interviewed indicated that all their employees had access to ART treatment and this had decreased the level of absenteeism.

**Table 15: The impact of HIV/AIDS on the organisation**

|                     |   |
|---------------------|---|
| Little or no impact | 2 |
| Moderate impact     | 8 |
| Severe impact       | 4 |
| Don't know          | 1 |

More than half the respondents indicated that HIV/AIDS had a moderate impact on their organisations. For those that indicated that the impact was severe, the major impact was felt on the cost of replacing an employee retired on HIV/AIDS related grounds.

**Table 16: Employee awareness of the company's HIV/AIDS policy**

|                |    |
|----------------|----|
| Yes (Aware)    | 15 |
| No (Not aware) | 0  |

It was evident that all the organisations interviewed indicated that their employees were all aware of the organisation's HIV/AIDS policy. This is a

positive observation as it indicates that companies have educated their staff on the existence of this policy.

**Table 17: Implementation of HIV/AIDS intervention measures**

The following results are reported in rank order by the most frequent number of “Yes” responses.

| Measure   | Yes | No |
|---|-----|----|
| Facilitate easy access to treatment for HIV/AIDS-related illnesses              | 15  | 0  |
| Provide antiretroviral therapy (ART) to all infected employees                  | 15  | 0  |
| Anonymous pretesting (eg. “spit” test)  | 12  | 3  |
| Promote and facilitate access to condoms  | 11  | 4  |
| Provide access to voluntary counselling and testing (VCT)                       | 10  | 5  |
| Provide access to HIV/AIDS educational material (brochures, posters, etc)       | 10  | 5  |
| Arranging HIV/AIDS educational/training sessions (drama, training courses, etc) | 10  | 5  |
| Facilitate easy access to treatment for HIV/AIDS-related illnesses              | 10  | 5  |
| Provide antiretroviral therapy (ART) to all infected employees                  | 9   | 6  |



|   |          |          |
|---|----------|----------|
| <b>Provide service or support to families of HIV-positive employees</b> | <b>9</b> | <b>6</b> |
|---|----------|----------|

Provision of ART and easy access to treatment for HIV/AIDS related illnesses received the highest rating.

### **5.2.4 Research Question 1: What is the role of labour unions in workplace HIV/AIDS programmes?**

To answer this question, key themes were captured in the design of the questionnaire and are described below.

#### **5.2.4.1 HIV/AIDS programmes design and implementation involvement**

**Table 18: Involvement of labour unions in the design and implementation of HIV/AIDS programme**

This question was posed to the fifteen organisations interviewed.

|  | <b>Yes</b> | <b>No</b> | <b>Don't know</b> |
|--|------------|-----------|-------------------|
| <b>Did your organisation involve the labour unions in the design and implementation of the HIV/AIDS programme?</b> | <b>11</b>  | <b>4</b>  | <b>0</b>          |

Majority of the organisations mentioned that labour unions had been involved from the onset during the design and implementation of the workplace HIV/AIDS programmes. Furthermore, it was mentioned that any programme amendments also entail the involvement of the labour unions.

To get the views of the labour unions, the same question was posed to them as shown in the table below:

**Table 19: Labour unions’ involvement in formulation of workplace HIV/AIDS programmes**

|   | Yes | No | Don't know |
|---|-----|----|------------|
| <b>Was your labour union involved in the formulation of the respective workplace HIV/AIDS programmes where your members are employed?</b> | 3   | 0  | 0          |

Results showed that all the three labour unions were involved in this exercise. This was quite a positive observation as the union representatives mentioned that all their input had been taken into account during the HIV/AIDS policy design and implementation phases.

## 5.2.4.2 Communication

**Table 20: Feedback sessions with business**

This question was posed to the representatives of the labour unions.

|   | Yes | No | Don't know |
|---|-----|----|------------|
| <b>Do you hold regular feedback sessions with the companies' senior management?</b> | 0   | 3  | 0          |

All the labour unions expressed dissatisfaction with the frequency of regular meetings to discuss all aspects of the workplace HIV/AIDS programmes. When asked to elaborate, the reasons for the lack of holding such meetings are summarised below:

- Lack of funding which results on staff shortage from the unions. In essence, they are not able to meet with business as often as they would like as the HIV/AIDS coordinators are involved in other more pressing matters.
- Business does not initiate the meetings and has not expressed any desire to meet more regularly.

The same question was posed to the business sector and the responses were as shown below:

**Table 21: Feedback sessions with labour unions**

|   | Yes | No | Don't know |
|---|-----|----|------------|
| Do you hold regular HIV/AIDS feedback sessions with labour unions' representatives? | 6   | 9  | 0          |

The results showed that majority of the organisations did not hold regular feedback sessions with representatives from the labour unions. There was no specific reason why this was not happening despite the fact that all the respondents highlighted that they were aware that these feedback sessions were vital in measuring the success of the partnership between the two parties.

#### **5.2.4.3 HIV/AIDS education and awareness**

The labour unions were asked to assess their role in terms of educating their members as well creating awareness in the fight against the pandemic.

**Table 22: Educating labour union members on HIV/AIDS**

|  | Yes | No | Don't know |
|--|-----|----|------------|
| <b>Do you actively educate your members on any new developments around HIV/AIDS?</b> | 3   | 0  | 0          |

All the labour unions interviewed were of the opinion that they were doing enough in educating their members on HIV/AIDS. This training covered the following:

- Induction training for all new members.
- Awareness campaigns.
- Providing new HIV/AIDS statistics to members.
- Distribution of HIV/AIDS information during union meetings.

### **5.2.5 Research question 2: What has been the impact of labour unions involvement in workplace HIV/AIDS programmes?**

To answer this question, the respondents were asked to answer the questions shown below.

### 5.2.5.1 Partnership outcome assessment

**Table 23: Measurement criteria when it comes to the outcomes of the partnership with labour unions**

|  | Yes | No | Don't know |
|--|-----|----|------------|
| <b>Do you have any measurement criteria when it comes to the outcomes of the partnership with labour unions?</b> | 3   | 12 | 0          |

Results showed that an overwhelming majority of the organisations interviewed did not have any measurement criteria as to whether the partnership was working or not. This was of grave concern to the interviewees as most of them expressed a desire to have access to such a tool.

The follow-on question to the three companies that answered “Yes” in the question above was to ascertain what the results of that measurement were. This is shown in the table below:

### 5.2.5.2 Reduction in new infections

**Table 24: Reduction in new infections in the past three years**

|   | Yes | No | Don't know |
|---|-----|----|------------|
| If yes, has there been a reduction in new infections in the last three years? | 3   | 0  | 0          |

The results from this question clearly show a correlation between the existence of measurement criteria and a reduction in new infections. Upon further prodding, the three companies indicated that they always used the results of the measurement in helping them come up with new ideas of reducing new infections.

### 5.2.5.3 HIV/AIDS Testing

**Table 25: Encouragement from labour unions for employee testing**

|  | Yes | No | Don't know |
|--|-----|----|------------|
| Would you say that the labour unions have actively encouraged their members to get tested? | 13  | 2  | 0          |

Results showed that most of the organisations agreed that the labour unions do play an active in encouraging their members to get tested. This was a positive observation since a huge number of the employees belonged to the labour movement.

### 5.2.6 General feedback from the business sector

There was additional feedback from the respondents which added further insight in assisting to answer the two research questions.

**Table 26: Business’ view of success of the partnership**

|   | Yes | No | Don't know |
|---|-----|----|------------|
| <b>In your view, would you say that the partnership with labour unions has been successful?</b> | 14  | 1  | 0          |

With the exception of one organisation, all the other companies indicated that the partnership has been successful thus far. They viewed the labour unions involvement in workplace HIV/AIDS programmes as important and largely a success.



## 5.2.7 General feedback from the labour unions

**Table 27: Labour unions' view of success of the partnership**

|   | Successful | Somewhat successful | Unsuccessful |
|---|------------|---------------------|--------------|
| In your view, would you say that the partnership with business has been successful? | 1          | 2                   | 0            |

This question was important so as to compare the views of the labour unions with that of business. It was interesting to note that none of the labour unions felt that the partnership was not a success.

## 5.3 Conclusion

The purpose of the interviews was to assist the researcher in answering the two research questions stated earlier. Through the questions posed in the interviews, it is expected that the answers were able to provide insight in answering these two questions. A detailed discussion of the results is presented in chapter six.

## **6 CHAPTER 6: DISCUSSION OF RESULTS**

### ***6.1 Introduction***

The results confirm two important aspects. Firstly, it is clearly shown that labour unions do have a role to play in workplace HIV/AIDS programmes. It is also evident that the labour unions are aware as to what their roles are. Secondly, the results clearly confirm that labour unions are having a positive impact on the fight against the pandemic through their partnership with business.

This chapter uses the results obtained from the interviews with the objective of answering the two research questions identified earlier in chapter three. The theory base covered in chapter two will be used in the analysis of the results.

The chapter begins with a demographic analysis of the organisations interviewed. Thereafter the research questions will be addressed in detail.

## **6.2 Company Demographic Analysis**

Out of the fifteen companies that were interviewed, eleven were local while four were international. The number of employees varied greatly from 8,000 to 356,800 members of staff. The average number of employees per organisation was 69,870.

From a gender point of view, majority of the employees from the organisations was male (74%). This high number is contradicted by the Statistics South Africa (2007) labour force survey which indicates that male workers constitute 55.7% of the economically active population in South Africa.

The racial profile of the employees showed that people of African descent constituted 70% of the employees. This is concomitant with the Statistics South Africa (2007) labour force survey which states that Africans from constitute 70.6% of the economically active population in South Africa. Majority of the employees were within the 30 to 45 years age bracket. The BER (2006) report indicates that the HIV/AIDS prevalence is highest in men between the age of 30 to 34 years old. This is a vital statistic since 74% of the employees covered in this research are men.

The companies interviewed came from nine different sectors with the majority coming from the mining sector. The UNAIDS (2008) indicates that the mining sector has a prevalence rate of 23.8% which is far higher than the national average of 18.8%.

Majority of the employees represented were semi-skilled (65%). The BER (2006) report projected that by 2010, the highest number of infected employees would be semi-skilled.

### **6.3 Business Macro-environment**

The majority of the companies interviewed highlighted that the number one threat to their businesses was the effect of the recent global recession followed closely by skills shortage. Interestingly, the threat posed by HIV/AIDS was not given high priority by the organisations. This seems to contradict the findings of Mzolo (2006, pg. 3) who states that “the HIV/AIDS epidemic is increasingly being recognised as a serious threat to productivity and profitability by South African organisations. Increased labour costs, changes in consumer spending and changes in the economic environment in which South African companies operate will have to be addressed by business if they are to survive the impact of the pandemic”. There was no major reason given for the low rating given to the HIV/AIDS threat although it would be expected that the effects of the recent global recession is a

major concern to such large companies. This is because the effect of the recession was direct and greatly impacted the profitability of all the companies interviewed.

### **6.3.1 Assessment of the impact of HIV/AIDS on business**

The HIV/AIDS impact assessment as shown in Table 11 was used to assess the major causes of sickness or disability that had the most impact on employee wellness. Accidents and injuries were identified as the highest cause of sickness or disability amongst the employees. HIV/AIDS as a cause of sickness or disability was not highly rated. This could be attributed to the fact that all the employees within the companies interviewed have access to ART treatment. The fact that HIV/AIDS has become a manageable disease rather than a death sentence could offer a possible explanation for this observation. Connelly and Rosen (2005) highlight that about 79% of companies provide medical aid benefits to their members of staff. This number is expected to have gone up by now as all the companies interviewed indicated that all their full-time employees had some form of medical insurance. The findings in this research report whereby companies have provided medical benefits to all their employees could be attributed to the type of organisations that were interviewed whereby medical aid membership is compulsory for all full-time members of staff. This is currently not the case in all South African companies as compulsory

provision of medical aid to employees is still not a requirement from the government.

Table 12 looked at the level of absenteeism as a result of HIV/AIDS illnesses. The respondents indicated that the level of absenteeism had remained the same over the last three years. The fact that the level of absenteeism has not increased is supported by ILO (2008) which indicates that HIV/AIDS policies and programmes in the workplace can help decrease or maintain the level of absenteeism within organisations. It can therefore be concluded that despite the BER (2006) report highlighting that absenteeism has increased in South African organisations, most of the organisations interviewed have, through the partnership with labour unions, managed to keep the level of absenteeism constant within the last three years.

More than half the respondents indicated that HIV/AIDS had a moderate impact on their organisations as shown on Table 15. This observation is contradicted by Njobe and Smith (2004) as well as Rosen et al (2004) who indicate that HIV/AIDS greatly impacts organisations through direct and indirect costs. It is therefore worth noting that either the studies of these researchers are outdated or that the organisations in this research have become better at managing HIV/AIDS. They could also be in a state of denial on the actual impact of HIV/AIDS on the businesses (BER, 2006).

Table 16 highlights employee awareness of the HIV/AIDS policy within the organisation. The fifteen organisations interviewed indicated that their employees were all aware of the organisation's HIV/AIDS policy. This is a positive observation as it indicates that companies have educated their staff on the existence of this policy. The labour unions have also played an active role in ensuring that all their members are aware of the HIV/AIDS policy. The Nedlac's code of good practice on key aspects of HIV/AIDS and employment supports this view by stressing on the importance of organisations making their staff members to be aware of the HIV/AIDS policy. This assists in winning the fight against this pandemic.

The implementation of HIV/AIDS intervention measures as shown in Table 17 indicated that organisations are responding effectively to the pandemic. It is evident that all the measures highlighted in Table 17 received high ratings. There was no single clear measure that the organisations were performing in better than the rest. The ILO (2002) highlights the importance of organisations utilising various measures and tools in the fight against HIV/AIDS at the workplace. The fact that the organisations interviewed were performing well in this regard is a positive observation.

After performing the demographic analysis, the results of the two research questions are discussed in great detail in the sections shown below.

## **6.4 Research Question 1: What is the role of labour unions in workplace HIV/AIDS programmes?**

To answer the first research question the key roles that labour unions could play in partnership with business were identified. The outcomes of the questions posed to uncover these roles are shown below.

### **6.4.1 HIV/AIDS programmes design and implementation involvement**

Table 18 looked at the involvement of labour unions in the design and implementation of HIV/AIDS programme. Results of the interviews show that 73% of the organisations mentioned that labour unions had been involved from the onset during the design and implementation of the workplace HIV/AIDS programmes. Furthermore, it is mentioned that any programme amendments also entail the involvement of the labour unions. This observation is in line with Nedlac (2009) and Lethbridge (2004) who recommend that labour unions need to be involved in the design of workplace HIV/AIDS programmes. The question posed on Table 19 is used to obtain the labour unions' views as to whether they were involved in design and implementation of HIV/AIDS programmes. Results show that all the three labour unions interviewed highlighted that they had been actively



involved. They also indicated that their input is always treated with the respect that it deserves and they have not felt like a junior partner in these programmes. This therefore shows the important role that labour unions play in the design and implementation of workplace HIV/AIDS programmes as prescribed by, amongst others, the Nedlac's code of good practice on key aspects of HIV/AIDS and employment

#### **6.4.2 Communication**

To address the issue of communication respondents were asked to indicate whether regular feedback sessions were held between business and labour unions. Results of Table 20 highlight the response from the labour unions. All the labour unions were unanimous in highlighting that they were dissatisfied with the frequency of regular meetings to discuss all aspects of the workplace HIV/AIDS programmes. According to Douglas and Sutherland (2009), communication needs to be done on a constant basis and be broad-based. It is vital for the goals and activities of the HIV/AIDS programme be communicated to all the stakeholders, both internally (employees) and externally (labour unions, partners). The response from business (Table 21) shows that only six out of the fifteen companies interviewed were satisfied with the frequency of holding regular meetings.

This therefore clearly shows that as far as communication is concerned, the partnership between labour unions and business is failing.

### **6.4.3 HIV/AIDS Education and Awareness**

The results of Table 22 looked at the labour unions' role of educating their members on HIV/AIDS. The three labour unions interviewed were of the opinion that they were doing enough in educating their members on HIV/AIDS. This is an encouraging observation as education plays a key role in the fight against this pandemic. Lethbridge (2004) supports this by stating that labour unions must ensure that all their members are provided with HIV/AIDS education and awareness programmes. Her view is supported by Nedlac's code of good practice on key aspects of HIV/AIDS and employment which states that trade unions should include the Nedlac's code in their education and training programmes of shop stewards and employees. It has been established that the labour unions are following this guideline.

## ***6.5 Research question 2: What has been the impact of labour unions involvement in workplace HIV/AIDS programmes?***

Several questions were posed to both business and labour unions with a view to answering the second research question. The results of these questions are discussed below.

### **6.5.1 Partnership outcome assessment**

Table 23 dealt with whether there were measurement criteria when it comes to the outcomes of the partnership with labour unions. The results showed that 80% of the organisations interviewed did not have any measurement criteria as to whether the partnership was working or not. This was of grave concern to the interviewees as most of them expressed a desire to have access to such a tool. Smith (2008) stresses the importance of organisations measuring the performance of their workplace HIV/AIDS programmes so that the necessary improvements or enhancements can be implemented once the results of such programmes are known.. Jelley in Mzolo (2006) has levelled criticism by stating that business' response has been more of a brand promotion cum public relations exercise, with little

emphasis being placed on the actual outcome of the process. The focus seems to be on how the organisation will be perceived to be doing something around HIV/AIDS. This view is shared by Bloom *et al* (2006) who state that despite the vested interest business has in succeeding in the fight against the pandemic, its contribution has been dismal and disappointing. Since labour unions are actively involved in these programmes, it would therefore be vital to measure how effectively the partnership is working. This will begin with business and labour unions agreeing on the measurement criteria to be used and set measurable targets.

### **6.5.2 Reduction in new infections**

For the organisations that answered “Yes” to the question in Table 23, a follow up question was asked to ascertain whether there was any link between the existence of the measurement criteria and a reduction in new infections. This is important as the success of any workplace HIV/AIDS programme has to ultimately be a reduction in new infections. If the rate of new infections is to increase, then that programme would be deemed a failure. The primary aims of the HIV/AIDS & STI Strategic Plan (2007) are to reduce the number of new HIV infections by 50% as well as reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all people diagnosed with HIV. The set target for these objectives is 2012.

The results from this question as shown in Table 24 show a correlation between the existence of measurement criteria and a reduction in new infections. This therefore highlights the importance for the rest of the organisations that have not implemented measurement criteria to do so with great urgency.

### **6.5.3 HIV/AIDS Voluntary Counselling and Testing (VCT)**

The issue of employee testing is addressed in Table 25. The results highlighted that 87% of the organisations interviewed were of the opinion that the labour unions played an active in encouraging their members to get tested for HIV. The HIV/AIDS & STI Strategic Plan (2007) and Nedlac's code of good practice on key aspects of HIV/AIDS and employment both stress on the importance of VCT programmes. It is therefore encouraging to see that the labour unions are playing an active role in encouraging their members to get tested. This will have a marked impact on the reduction of new infections. In addition, the employees can make informed decisions about their behaviour once they know their status.

To gauge the overall success of the partnership, a question was posed to representatives from business. With the exception of one organisation, the rest indicated that they generally viewed the partnership a success (Table 23). It was important to ascertain areas that business felt needed to be

worked on so as to ensure that this success is sustained. A follow-on question was posed to the interviews and they were asked to give suggestions as to where they wanted to see an improvement in.

The views from this question are discussed below:

a) Communication:

- Regular feedback between the two parties is required; this needs to be scheduled on a monthly, quarterly and annually basis.
- Labour unions need to appoint liaison officers who have the reach within the office locations of the organisations. Currently, labour unions are greatly understaffed in this area with minimal countrywide representation.

b) Funding:

- Funds being allocated to workplace HIV/AIDS programmes are still too low. As compared to other functions within the organisations such as marketing, the funds allocated to HIV/AIDS programmes are still dismal. The organisations suggested that a way of ensuring increase in funding is through the government offering some form of tax relief to organisations that have allocated substantial budgets to HIV/AIDS workplace programmes. This is supported by Rosen

*et al* (2004) who state that the South African government is not providing adequate support and funding to the fight against HIV/AIDS.

c) Employee welfare:

- The issue of stigma is still a major concern to the employers. According to Nedlac's code of good practice on key aspects of HIV/AIDS and employment, one of its key objectives is preventing unfair discrimination and stigmatisation of people living with HIV/ AIDS through the development of HIV/AIDS policies and programmes for the workplace. It is therefore important to mention that despite all the effort by organisations to address stigma, a lot still needs to be done in this area.

From the labour unions point of view, a third of the respondents stated that the partnership is a success while the rest viewed as somewhat successful. It is worth pointing out that none of the labour unions described the partnership as being unsuccessful. Contrary to the views of SABCOHA highlighting the mistrust that exists between labour unions and business, one can draw a conclusion that when it comes to the issue of HIV/AIDS, the parties have found a way of working together without the mistrust that is normally evident during wage negotiations.

The follow-on question was to uncover areas for improvement. The various responses from the labour unions are summarised as follows:

- i. With the recent recession which resulted in massive job losses, union membership was at an all time low. This resulted in a shortage of funds since the main source of revenue is through membership premiums from the employees. This therefore threatens the sustainability of labour unions under the current model. It is expected that this shortage of funding will result in the labour unions cutting costs in various initiatives such as HIV/AIDS programmes.
- ii. It was highlighted that business needs to provide more funding to labour unions to enable them enhance their HIV/AIDS programmes. Currently, very little funding is being provided. The labour unions are of the opinion that due to the minimal funding that is being provided by government, business could supplement the funding gap.
- iii. Labour unions and business need to meet more often. Currently, most of the interactions take place during conferences that are organised by third parties, such as, SABCOHA and Nedlac. These events are only held few times



in a year and can therefore not be used as the only platform for engagement between labour unions and business.

## **7 CHAPTER 7: CONCLUSION**

### ***7.1 Introduction***

This chapter highlights the main findings of the research undertaken, pulling the results together into a set of findings. Recommendations are offered to the stakeholders based directly on the research findings. Lastly, recommendations of future research ideas are provided.

Roedy (in Taback 2006:1) states that “HIV and AIDS is the defining moral issue of our time and businesses must play a critical role in the fight against the global spread of the epidemic”. Various horrifying statistics on the HIV/AIDS pandemic in South Africa such as the prediction that accumulated AIDS deaths are projected to reach 5.4 million by 2015 display the severity of this epidemic. Each and every corner of the country has been affected by HIV/AIDS. This is a disease that has affected all people regardless of colour, gender or any other differentiating factor. It is therefore imperative that each and every person in the country does their part in ensuring that the war against this pandemic is won. This is one battle that the country cannot to lose.

The workplace has been identified as the best place to respond to HIV/AIDS as majority of the people that are infected and affected by

HIV/AIDS are in the workplace. It is also worth highlighting the enormous power that labour unions hold in South Africa both within the business sector as well as in government where they form part of the tripartite alliance that is currently in power. With the power that the business (private) sector holds in the capitalistic system that is in place in South Africa, one would therefore expect to see what the results of any partnership between labour unions and business would produce. The sections below address this key question by looking at areas where this partnership has worked whilst also offering suggestions in areas that need to be addressed or improved upon if this partnership is going to be a key lever in winning the war against HIV/AIDS.

## **7.2 Major successes**

Results from the interviews indicated the important role that labour unions have played when it comes to the design and implementation of HIV/AIDS programmes. Various governmental and world bodies such as the UNAIDS and ILO have highlighted the importance of using workplace HIV/AIDS programmes as a tool of addressing HIV/AIDS. It is therefore quite encouraging to see this partnership working in this regard.

HIV/AIDS education and awareness programmes are key weapons in addressing this pandemic (Nedlac, 2009). The labour unions which

represent a major segment of the workforce in South Africa can therefore play an important role in ensuring that such programmes are utilised effectively and efficiently. The unions have various platforms, such as during union meetings and workshops, which they could use in disseminating the required HIV/AIDS information to their members. Results of the interviews highlighted that the labour unions are performing well in this area.

Voluntary counselling and testing (VCT) is a vital aspect of treating HIV/AIDS. VCT aims to prevent the spread of infection and also to provide care for those infected. Results from this research indicate that labour unions are doing a great job in encouraging their members to access VCT services. This should however not allow complacency to creep in as the goal should be to ensure that all their members are tested.

Looking at the above areas of success, one would not have anticipated that anything positive could come out of a partnership between labour unions and business. This is supported by the fact that these two parties have often treated each other with a lot of mistrust which has developed over the years as a result of the harsh wage negotiations which occur year after year. Could it be that when it comes to the serious yet grave issue of HIV/AIDS these parties have learnt to cooperate? One would hope so. These areas of success can therefore be used as a blueprint of what could

be achieved when this partnership is taken seriously by both parties. There are enormous benefits to both partners if the war against the pandemic is won.

### ***7.3 Areas for Improvement***

The results of the interview clearly highlighted that both parties are not satisfied with communications aspects of the partnership. The frequency of communication is not acceptable. The suggestion offered is for communication to take place on a constant basis and needs to be broad-based. It is also important to communicate the success stories emanating from the programme. Frequent meetings should also be held so as to evaluate the progress of the programme implementation.

Looking at the issue of funding, it was evident from the respondents that more funding is required to fight the pandemic. The labour unions felt that business should do more in providing funding. From a business view point, the effects of the recent global recession are still a major concern. Expecting business to therefore provide more funding, which is an additional cost, is not something that will be viewed positively. It is therefore imperative that new and innovative ways of sourcing additional funding are found. These ways can only be found by getting business and labour unions stakeholders to work together government and agree where the funding will come from.

## **7.4 Future Research Ideas**

This research focused on the partnership between large companies and labour unions. It would therefore be important for research to be conducted on the partnership between labour unions and government departments as there are a large number of labour union members that work in government.

One of the themes emerging from this research is the necessity for businesses and labour unions to come up with a measurement tool to assess the progress and success of the partnership.

## **7.5 Conclusion**

It is expected that the research conducted will assist stakeholders from both business and labour unions to strengthen their partnership in the fight against HIV/AIDS. The fact that the labour unions represent a huge workforce in South Africa puts them in a strong position to have a direct impact in workplace HIV/AIDS programmes.

The research has highlighted that despite the mistrust that exists between these two parties during wage negotiations, when it comes HIV/AIDS, they have managed to put their differences aside and make the partnership work.

In closing, the fight against HIV/AIDS still remains the greatest test of the nation. All stakeholders, including all citizens, have a vital role in ensuring that the spread of HIV is contained.

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## **8 Appendices**

**Appendix 1: Research questionnaire**

**Appendix 2: List of respondents**

**Appendix 3: Summary of results**

## 8.1 Appendix 1: Research questionnaire

### The impact of South African labour unions in workplace HIV/AIDS programmes

I am conducting research on the impact of South African labour unions in workplace HIV/AIDS programmes. Our interview is expected to last an hour, and will help us understand how the partnership between business and labour unions is affecting the fight against HIV/AIDS. Your participation is voluntary and you can withdraw at any time without penalty. You are assured that all data will be kept confidential at all times. If you have any concerns, kindly contact me or my supervisor. Our details are provided below.

Researcher: Antony Kamwaro  
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Research supervisor: Verity Hawarden  
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Telephone: +27 82 331 3575

Signature of participant: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of researcher: \_\_\_\_\_  
Date: \_\_\_\_\_

#### SECTION 1: ORGANISATIONAL INFORMATION

|                    |  |
|--------------------|--|
| Date of Interview: |  |
| Company Name:      |  |
| Business Sector:   |  |
| Year in operation: |  |
| Physical address:  |  |
| Postal address:    |  |
| Telephone Number:  |  |

#### SECTION 2: MANAGEMENT INFORMATION

|                      |  |
|----------------------|--|
| Name of interviewee: |  |
| Designation:         |  |
| Telephone number:    |  |
| email address:       |  |

#### SECTION 3: COMPANY DESCRIPTION AND DEMOGRAPHIC PROFILE

|   |  |           |  |
|---|--|-----------|--|
| 1 | Is your organisation local or multinational?                 |           |  |
| 2 | What is the approximate number of employees in South Africa? | Permanent |  |
|   |  | Contract  |  |

|   |  |                |  |
|---|--|----------------|--|
| 3 | What is the approximate gender split within the company? (%)             | Male           |  |
|   |  | Female         |  |
| 4 | What is the approximate racial split within the company? (%)             | African        |  |
|   |  | Asian          |  |
|   |  | White          |  |
|   |  | Coloured       |  |
| 5 | What is the approximate age category distribution of your employees? (%) | < 30 years     |  |
|   |  | 30-45 years    |  |
|   |  | >45 years      |  |
| 6 | What is the approximate skills level of the employees? (%)               | Semi-skilled   |  |
|   |  | Skilled        |  |
|   |  | Highly skilled |  |
| 7 | How many employees have a degree? (%)                                    |                |  |

#### SECTION 4: BUSINESS MACRO-ENVIRONMENT

| 7 | How would you rank the following threats to your organisation?                                | HIGH | MEDIUM | LOW |
|---|---|------|--------|-----|
|   | Decreasing customer demand  |      |        |     |
|   | Recent global recession   |      |        |     |
|   | Skills availability   |      |        |     |
|   | Strict labour legislation   |      |        |     |
|   | Current macro-environment conditions (inflation, volatile exchange rate, interest rates, etc) |      |        |     |
|   | Threat of HIV/AIDS on skills base   |      |        |     |



## SECTION 5: HIV/AIDS IMPACT ASSESSMENT

|                        |   |  |  |   |                                     |
|------------------------|---|--|--|---|-------------------------------------|
| 8.                     | Rank HIGH, MEDIUM or LOW the following causes of sickness or disability amongst your employees.                                     | HIGH   | MEDIUM                                   | LOW                                     |                                     |
|                        | Stress-related illnesses  |  |  |   |                                     |
|                        | Cardio-vascular diseases  |  |  |   |                                     |
|                        | Respiratory diseases  |  |  |   |                                     |
|                        | Cancer  |  |  |   |                                     |
|                        | Alcoholism and other addictions   |  |  |   |                                     |
|                        | Accidents/injuries  |  |  |   |                                     |
|                        | HIV/AIDS  |  |  |   |                                     |
| Other (please specify) |   |  |  |   |                                     |
| 9.                     | In the last 3 years, how would you rate the level of absenteeism amongst the employees?<br>Please provide a reason for your answer: |  |  |   |                                     |
|                        | <input type="checkbox"/> Much higher  | <input type="checkbox"/> A little higher     | <input type="checkbox"/> The same        | <input type="checkbox"/> A little lower | <input type="checkbox"/> Much lower |
| 10.                    | Approximately how many employees have been diagnosed with a life threatening disease? (%)   |  |  |   |                                     |
| 11.                    | What have been the causes of the illnesses?   |  |  |   |                                     |
| 12.                    | Approximately how many employees were retired on medical grounds within the last three years? (%)                                   |  |  |   |                                     |
| 13.                    | What were the main causes?  |  |  |   |                                     |
| 14.                    | Approximately how many employees have died as a result of HIV/AIDS in the last three years?   |  |  |   |                                     |
| 15.                    | How many employees are HIV positive?  |  |  |   |                                     |
| 16.                    | How would you rate the impact of HIV/AIDS on your business?   | <input type="checkbox"/> Little or no impact | <input type="checkbox"/> Moderate impact | <input type="checkbox"/> Severe impact  | <input type="checkbox"/> Don't know |

## SECTION 6: ORGANISATION'S RESPONSE TO HIV/AIDS

|     |  |     |    |
|-----|--|-----|----|
| 17. | Are all employees aware of the company's HIV/AIDS policy?  | Yes | No |
| 19. | Has the organisation implemented any of the following intervention measures to respond to the HIV/AIDS pandemic? |     |    |
|     | Anonymous pretesting (eg. "spit" test)   | Yes | No |

|     |  |                                |                    |
|-----|--|--------------------------------|--------------------|
|     | Promote and facilitate access to condoms   | Yes                            | No                 |
|     | Provide access to voluntary counselling and testing (VCT)                          | Yes                            | No                 |
|     | Provide access to HIV/AIDS educational material (brochures, posters, etc)          | Yes                            | No                 |
|     | Arranging HIV/AIDS educational/training sessions (drama, training courses, etc)    | Yes                            | No                 |
|     | Facilitate easy access to treatment for HIV/AIDS-related illnesses                 | Yes                            | No                 |
|     | Provide antiretroviral therapy (ART) to all infected employees                     | Yes                            | No                 |
|     | Provide service or support to families of HIV-positive employees                   | Yes                            | No                 |
| 20. | What were the reasons behind your organisation implementing an HIV/AIDS programme? |                                |                    |
|     | Moral obligation   | Labour legislation requirement | Financial impact   |
|     |  |                                | Operational impact |
|     |  |                                | Other              |

## SECTION 7: LABOUR UNIONS INVOLVEMENT IN WORKPLACE HIV/AIDS PROGRAMMES

|     |   |     |    |            |
|-----|---|-----|----|------------|
| 21. | Who is/are the main labour unions represented amongst your employees?                                       |     |    |            |
| 22. | Did your organisation involve the labour unions in the design and implementation of the HIV/AIDS programme? | Yes | No | Don't know |
|     | Please provide a reason for your answer   |     |    |            |
| 23. | Do you hold regular HIV/AIDS feedback sessions with labour unions' representatives?                         | Yes | No | Don't know |
|     | Please provide a reason for your answer   |     |    |            |
| 24. | Do you have any measurement criteria when it comes to the outcomes of the partnership with labour unions?   | Yes | No | Don't know |
|     | Please provide a reason for your answer   |     |    |            |
| 25. | If yes, has there been a reduction in new infections in the last three years?                               | Yes | No | Don't know |
|     | Please provide a reason for your answer   |     |    |            |

|     |   |     |    |            |
|-----|---|-----|----|------------|
| 26. | Would you say that the labour unions have actively encouraged their members to get tested?    | Yes | No | Don't know |
|     | Please provide a reason for your answer   |     |    |            |
| 27. | In your view, would you consider that the partnership with labour unions has been successful? | Yes | No | Don't know |
|     | Please provide a reason for your answer   |     |    |            |
| 28. | What areas would you like to see an improvement in?   |     |    |            |

**SECTION 8: LABOUR UNIONS FEEDBACK IN WORKPLACE HIV/AIDS PROGRAMMES (Only applicable to Labour Unions)**

|   |  |            |                     |              |
|---|--|------------|---------------------|--------------|
| 29.                                     | Was your labour union involved in the formulation of the respective workplace HIV/AIDS programmes where your members are employed? | Yes        | No                  | Don't know   |
|   | Please provide a reason for your answer  |            |                     |              |
| 30.                                     | Do you hold regular feedback sessions with the companies' senior management?   | Yes        | No                  | Don't know   |
|   | Please provide a reason for your answer  |            |                     |              |
| 31.                                     | Do you actively educate your members on any new developments around HIV/AIDS?  | Yes        | No                  | Don't know   |
| 32.                                     | Do you actively encourage your members to get tested?  | Yes        | No                  | Don't know   |
| Please provide a reason for your answer |  |            |                     |              |
| 33.                                     | In your view, would you say that the partnership with business has been successful?  | Successful | Somewhat successful | Unsuccessful |
|   | Please provide a reason for your answer  |            |                     |              |
| 34.                                     | What areas would you like to see an improvement in?  |            |                     |              |
| .                                       |  |            |                     |              |

## 8.2 Appendix 2: List of respondents

| Company Name                                  | Contact Person       | Designation   |
|---|----------------------|---|
| <b>Anglo American</b>                         | Bryan Brink          | Group Medical Consultant  |
| <b>BMW</b>                                    | Dr Natalie Mayet     | GM: Health  |
| <b>COSATU</b>                                 | Jacqueline Mpolokeng | Co-ordinator: Health, HIV / AIDS, Safety and Environment Policy |
| <b>De Beers</b>                               | Joy Beckett          | HIV/AIDS Manager  |
| <b>Eskom</b>                                  | Penny Mkalipe        | Chief Medical Officer   |
| <b>FEDUSA</b>                                 | Anneline Conradie    | Social Projects Officer   |
| <b>Harmony Gold</b>                           | Khanya Maluleke      | Head: Sustainability  |
| <b>Mercedes Benz SA</b>                       | Clifford Panter      | Group Health & Safety Advisor                                   |
| <b>NACTU</b>                                  | Moemedi Kepadisa     | HOD: Education & Policy   |
| <b>Nedbank</b>                                | Kerri Savin          | Stakeholder Engagement Manager                                  |
| <b>Pick n Pay</b>                             | Isaac Motaung        | HR Director   |
| <b>Pioneer Foods</b>                          | Mkuseli Dlikili      | HR Director   |
| <b>SAB Miller</b>                             | Jenni Gillies        | Group HIV Consultant  |
| <b>Sasol</b>                                  | Pamilla Mudhray      | HR Manager  |
| <b>South African Airways</b>                  | Mbongeni Manqele     | Acting General Manager Human Resources                          |
| <b>South African Broadcasting Corporation</b> | Khabo Nheko          | GM: HR  |
| <b>Standard Bank</b>                          | Peter Philip         | Head: Corporate Health  |
| <b>Telkom</b>                                 | Tirelo Sibisi        | Head: Employee Wellness   |

### 8.3 Appendix 3: Summary of Results

#### BUSINESS QUESTIONNAIRE

*Each company is randomly positioned and has no relationship with the company list provided in appendix 2.*

|                 |          |          |          |          |          |          |          |          |          |           |           |           |           |           |           |
|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Company:</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>9</b> | <b>10</b> | <b>11</b> | <b>12</b> | <b>13</b> | <b>14</b> | <b>15</b> |
|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|

#### SECTION 3: COMPANY DESCRIPTION AND DEMOGRAPHIC PROFILE

**1 What is the approximate gender split within the company? (%)**

|        |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|--------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| male   | 79 | 73 | 71 | 76 | 81 | 73 | 70 | 68 | 72 | 73 | 75 | 75 | 77 | 72 | 74 |
| female | 21 | 27 | 29 | 24 | 19 | 27 | 30 | 32 | 28 | 27 | 25 | 25 | 23 | 28 | 26 |

**2 What is the approximate racial split within the company? (%)**

|          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| African  | 81 | 66 | 69 | 65 | 77 | 71 | 74 | 59 | 73 | 58 | 76 | 77 | 80 | 62 | 60 |
| Asian    | 8  | 4  | 5  | 4  | 4  | 10 | 15 | 15 | 10 | 7  | 2  | 8  | 8  | 14 | 6  |
| White    | 10 | 22 | 19 | 22 | 16 | 16 | 6  | 18 | 16 | 28 | 14 | 8  | 8  | 14 | 23 |
| Coloured | 1  | 8  | 5  | 9  | 3  | 3  | 5  | 8  | 1  | 7  | 8  | 7  | 4  | 10 | 11 |

**3 What is the approximate age category distribution of your employees? (%)**

|             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| <30 years   | 16 | 19 | 12 | 12 | 12 | 19 | 15 | 15 | 10 | 19 | 18 | 14 | 16 | 22 | 21 |
| 30-45 years | 48 | 48 | 51 | 53 | 55 | 56 | 53 | 52 | 45 | 44 | 52 | 51 | 46 | 41 | 40 |
| >45 years   | 36 | 33 | 37 | 35 | 33 | 25 | 32 | 33 | 45 | 37 | 30 | 35 | 38 | 37 | 39 |

**4 What is the approximate skills level of the employees? (%)**

|                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Semi-skilled   | 58 | 71 | 66 | 67 | 61 | 62 | 59 | 70 | 71 | 66 | 61 | 65 | 66 | 66 | 66 |
| Skilled        | 20 | 25 | 19 | 20 | 28 | 19 | 30 | 21 | 17 | 17 | 19 | 22 | 23 | 24 | 26 |
| Highly skilled | 22 | 4  | 15 | 13 | 11 | 19 | 11 | 9  | 12 | 17 | 20 | 13 | 11 | 10 | 8  |

5 How many employees have a degree? (%)

|                |    |   |    |    |    |    |   |   |   |    |    |   |   |   |   |
|----------------|----|---|----|----|----|----|---|---|---|----|----|---|---|---|---|
| Degree holders | 15 | 2 | 10 | 12 | 10 | 13 | 9 | 7 | 8 | 11 | 15 | 8 | 6 | 4 | 5 |
|----------------|----|---|----|----|----|----|---|---|---|----|----|---|---|---|---|

**SECTION 4: BUSINESS MACRO-ENVIRONMENT**

|    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6  | Decreasing customer demand  | 2 | 3 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 3 | 2 | 1 |
| 7  | Recent global recession   | 1 | 1 | 2 | 1 | 2 | 3 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| 8  | Skills availability   | 1 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 2 |
| 9  | Strict labour legislation   | 3 | 3 | 1 | 1 | 3 | 2 | 3 | 3 | 2 | 3 | 2 | 3 | 3 | 1 | 3 |
| 10 | Current macro-environment conditions (inflation, volatile exchange rate, interest rates, etc) | 3 | 3 | 3 | 3 | 1 | 1 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 3 | 2 |
| 11 | Threat of HIV/AIDS on skills base   | 1 | 3 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 3 | 2 | 2 | 2 | 2 | 2 |

**SECTION 5: HIV/AIDS IMPACT ASSESSMENT**

Rank HIGH, MEDIUM or LOW the following causes of sickness or disability amongst your employees.

|    |                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----|---------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 | Stress-related illnesses        | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 1 | 3 | 2 | 3 | 3 | 3 | 3 | 3 |
|    | Cardio-vascular diseases        | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|    | Respiratory diseases            | 2 | 1 | 2 | 3 | 3 | 2 | 1 | 2 | 3 | 1 | 3 | 3 | 3 | 3 | 3 |
|    | Cancer                          | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 |
|    | Alcoholism and other addictions | 1 | 1 | 3 | 3 | 3 | 3 | 3 | 1 | 2 | 3 | 2 | 3 | 3 | 3 | 3 |
|    | Accidents/injuries              | 3 | 2 | 1 | 1 | 1 | 3 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 1 |
|    | HIV/AIDS                        | 3 | 1 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 1 | 3 |
|    | Other (please specify)          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

In the last 3 years, how would you rate the level of absenteeism amongst the employees?

|    |             |   |   |  |   |   |   |   |   |  |   |   |  |   |   |   |
|----|-------------|---|---|--|---|---|---|---|---|--|---|---|--|---|---|---|
| 13 | Much higher | x |   |  |   |   | x |   |   |  | x |   |  |   |   |   |
|    | Higher      |   | x |  |   | x |   |   |   |  |   |   |  | x |   |   |
|    | The same    |   |   |  | x |   |   | x | x |  |   | x |  |   | x | x |

|            |  |  |   |  |  |  |  |  |  |   |  |  |   |  |  |
|------------|--|--|---|--|--|--|--|--|--|---|--|--|---|--|--|
| Lower      |  |  | x |  |  |  |  |  |  | x |  |  |   |  |  |
| Much lower |  |  |   |  |  |  |  |  |  |   |  |  | x |  |  |
| Don't know |  |  |   |  |  |  |  |  |  |   |  |  |   |  |  |

**14 How would you rate the impact of HIV/AIDS on your business?**

|                     |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| Little or no impact |   | x |   |   |   |   |  |   | x |   |   |   |   |   |   |
| Moderate impact     | x |   |   | x |   | x |  |   |   | x |   | x | x | x | x |
| Severe impact       |   | x | x |   | x |   |  | x |   |   |   |   |   |   |   |
| Don't know          |   |   |   |   |   |   |  |   |   |   | x |   |   |   |   |

**SECTION 6: ORGANISATION'S RESPONSE TO HIV/AIDS**

**15 Are all employees aware of the company's HIV/AIDS policy?**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| NO  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**16 Has the organisation implemented any of the following intervention measures to respond to the HIV/AIDS pandemic?**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Measure   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Facilitate easy access to treatment for HIV/AIDS-related illnesses              | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Provide antiretroviral therapy (ART) to all infected employees                  | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Anonymous pretesting (e.g. "spit" test)   | x | x | x | x | x | x | x | x |   | x | x |   | x |   | x |
| Promote and facilitate access to condoms  | x | x | x |   | x |   |   | x | x |   | x | x | x | x | x |
| Provide access to voluntary counselling and testing (VCT)                       |   | x | x | x |   | x | x |   |   | x | x | x | x | x |   |
| Provide access to HIV/AIDS educational material (brochures, posters, etc)       | x | x | x |   | x |   | x | x | x | x |   |   |   | x | x |
| Arranging HIV/AIDS educational/training sessions (drama, training courses, etc) |   |   | x | x | x |   | x | x | x |   |   | x | x | x | x |
| Facilitate easy access to treatment for HIV/AIDS-related illnesses              | x | x |   | x |   | x |   |   | x | x | x | x |   | x | x |
| Provide antiretroviral therapy (ART) to all infected employees                  | x | x | x |   |   | x | x |   |   |   | x |   | x | x | x |
| Provide service or support to families of HIV-positive employees                |   |   | x | x | x |   |   | x |   | x |   | x | x | x | x |

**SECTION 7: LABOUR UNIONS INVOLVEMENT IN WORKPLACE HIV/AIDS PROGRAMMES**

17 **Did your organisation involve the labour unions in the design and implementation of the HIV/AIDS programme?**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | x | x | x |   |   |   | x | x | x |   | x | x | x | x | x |
| NO  |   |   |   | x | x | x |   |   |   | x |   |   |   |   |   |

18 **Do you hold regular HIV/AIDS feedback sessions with labour unions' representatives?**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES |   |   | x | x |   |   | x | x |   |   |   |   | x | x |   |
| NO  | x | x |   |   | x | x |   |   | x | x | x | x |   |   | x |

19 **Do you have any measurement criteria when it comes to the outcomes of the partnership with labour unions?**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES |   |   |   | x |   |   | x | x |   |   |   |   |   |   |   |
| NO  | x | x | x |   | x | x |   |   | x | x | x | x | x | x | x |

20 **If yes, has there been a reduction in new infections in the last three years?**

|     |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |
|-----|--|--|--|---|--|--|---|---|--|--|--|--|--|--|--|
| YES |  |  |  | x |  |  | x | x |  |  |  |  |  |  |  |
| NO  |  |  |  |   |  |  |   |   |  |  |  |  |  |  |  |

21 **Would you say that the labour unions have actively encouraged their members to get tested?**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | x | x |   | x | x |   | x | x | x | x | x | x |   | x | x |
| NO  |   |   | x |   |   | x |   |   |   |   |   |   | x |   |   |

22 **In your view, would you consider that the partnership with labour unions has been successful?**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YES | x | x | x | x | x |   | x | x | x | x | x | x | x | x | x |
| NO  |   |   |   |   |   | x |   |   |   |   |   |   |   |   |   |



## LABOUR UNIONS QUESTIONNAIRE

| Union 1 | Union 2 | Union 3 |
|---------|---------|---------|
|---------|---------|---------|

### SECTION 8: LABOUR UNIONS FEEDBACK IN WORKPLACE HIV/AIDS PROGRAMMES (Only applicable to Labour Unions)

- 1 Was your labour union involved in the formulation of the respective workplace HIV/AIDS programmes where your members are employed?

|     |   |   |   |
|-----|---|---|---|
| YES | x | x | x |
| NO  |   |   |   |

- 2 Do you hold regular feedback sessions with the companies' senior management?

|     |   |   |   |
|-----|---|---|---|
| YES |   |   |   |
| NO  | x | x | x |

- 3 Do you actively educate your members on any new developments around HIV/AIDS?

|     |   |   |   |
|-----|---|---|---|
| YES | x | x | x |
| NO  |   |   |   |

- 4 Do you actively encourage your members to get tested?

|     |   |   |   |
|-----|---|---|---|
| YES | x | x | x |
| NO  |   |   |   |

- 5 In your view, would you say that the partnership with business has been successful?

|                     |   |   |   |
|---------------------|---|---|---|
| Successful          | x |   |   |
| Somewhat successful |   | x | x |
| Unsuccessful        |   |   |   |