CHAPTER 6

RESULTS

6.1 INTRODUCTION

This chapter discusses the findings obtained from the research and endeavours to indicate the rural consumer's perceptions of the corporate image of Pharmaceutical organisations in the greater Bushbuckridge area.

The research questions are dealt with under ten headings relating to determinants of corporate image. The findings are reported as they occurred per instrument and without cross-referencing, as the integration of data follows in Chapter 7.

The 10 main aspects of the corporate image as investigated with the structured interview are reported under the following sections:

A: Corporate social conduct and company contribution;
B: Company business conduct;
C: Employee conduct;
D: Products;
E: Communication;
F: Price;
G: Support;
H: Distribution;
I: Sales force; and
J: Background information.

6.2 SECTION: THE BIOGRAPHICAL CHARACTERISTICS OF THE SAMPLE

Descriptive statistics were calculated for a number of biographical variables of the sample. Section J of the structured interview requested general information regarding the

respondents so as to facilitate comparisons between the independent variables (biographical) and dependant variables (questions in the other sections of the structured interview). The results from Section J of the structured interview are presented in frequency tables and interpreted in terms of frequency percentages.

A brief discussion of the data follows after each of the respective tables.

6.2.1. Frequencies by profession

The distribution of the sample of 850 respondents among the different professions is reflected in table 6.1 and pie chart 6.1. The results from table 6.1 and pie chart 6.1 indicate that the sample consisted of the unemployed (27.7%), professionals (15.4%) and services and sales workers (15.1%). In the minority were plant and machine operators (2.8%), craft and related operators (1.2%) and others (0.9%):

Table 6.1: Frequencies by profession

|	Professions	Frequency	Valid percentage
Valid	Legislators, senior officials and managers	46	5.9
	Professionals	120	15.4
	Technicians and associate professionals	29	3.7
	Clerks	81	10.4
	Services and sales workers	118	15.1
	Skilled agricultural and fishery workers	36	4.6
	Craft and related trades workers	9	1.2
	Plant and machine operators	22	2.8
	Elementary occupations	63	8.1
	Unemployed	216	27.7
	Retired	34	4.4
	Other	7	.9
	Total	781	100.0
Missing	System	67	
	Total	**848**	

Chart 6.1: Frequencies by profession
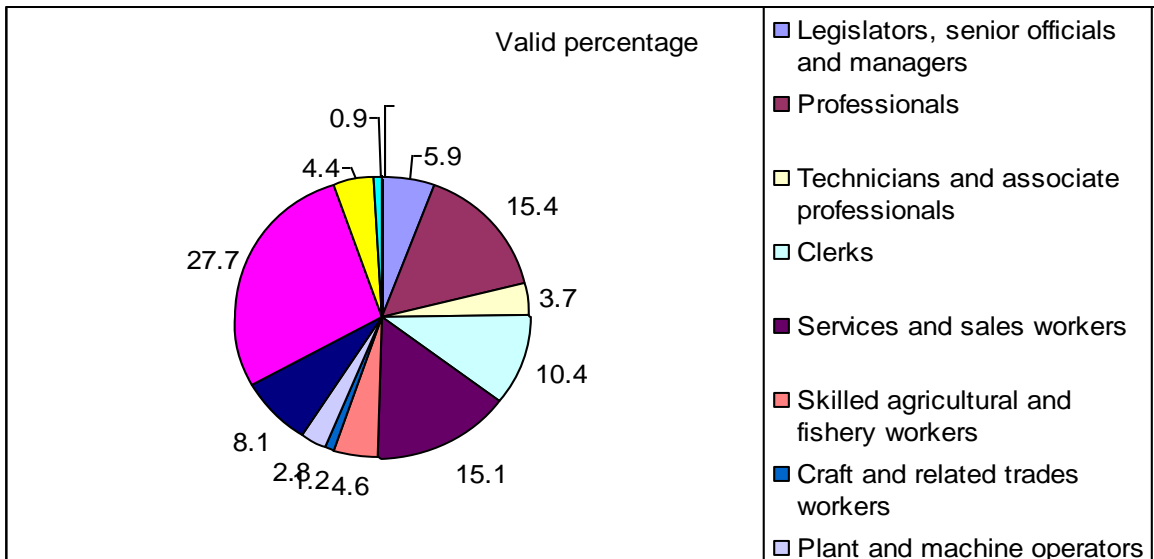
6.2.2. Frequencies by gender

From table 6.2 and chart 6.2 it is observed that 51.3% of the respondents were male and 48.7% female:

Table 6.2: Frequencies by gender

Gender		Frequency	Valid percent
Valid	Male	407	51.3
	Female	387	48.7
	Total	794	100.0
Missing	System	54	
Total		848	

Chart 6.2: Frequencies by gender
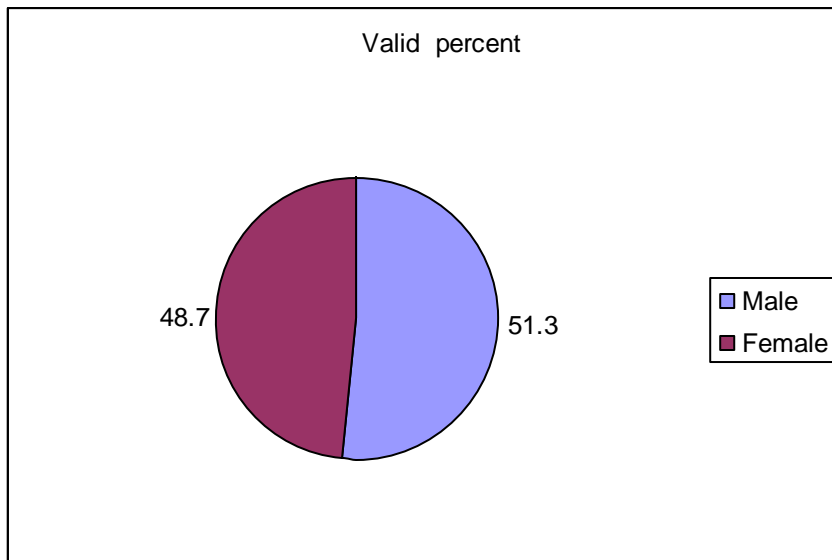

6.2.3. Frequencies by language

The distribution of respondents among different languages is presented in table 6.3 and chart 6.3. It is evident that the majority of respondents speak Xitsonga (36.6%) and minority English (1.5%) and isiXhosa (1.5%).

Table 6.3: Frequencies by language

Language		Frequency	Valid percentage
Valid	english	12	1.5
	afrikaans	18	2.3
	isixhosa	12	1.5
	isizulu	38	4.8
	sesotho	56	7.1
	setswana	32	4.1
	sepedi	142	18.0
	siSwati	117	14.8
	tshiVenda	33	4.2
	xitsonga	289	36.6
	isindebele	41	5.2

	Total	790	100.0
Missing	System	58	
Total		848	

Chart 6.3: Frequencies by language
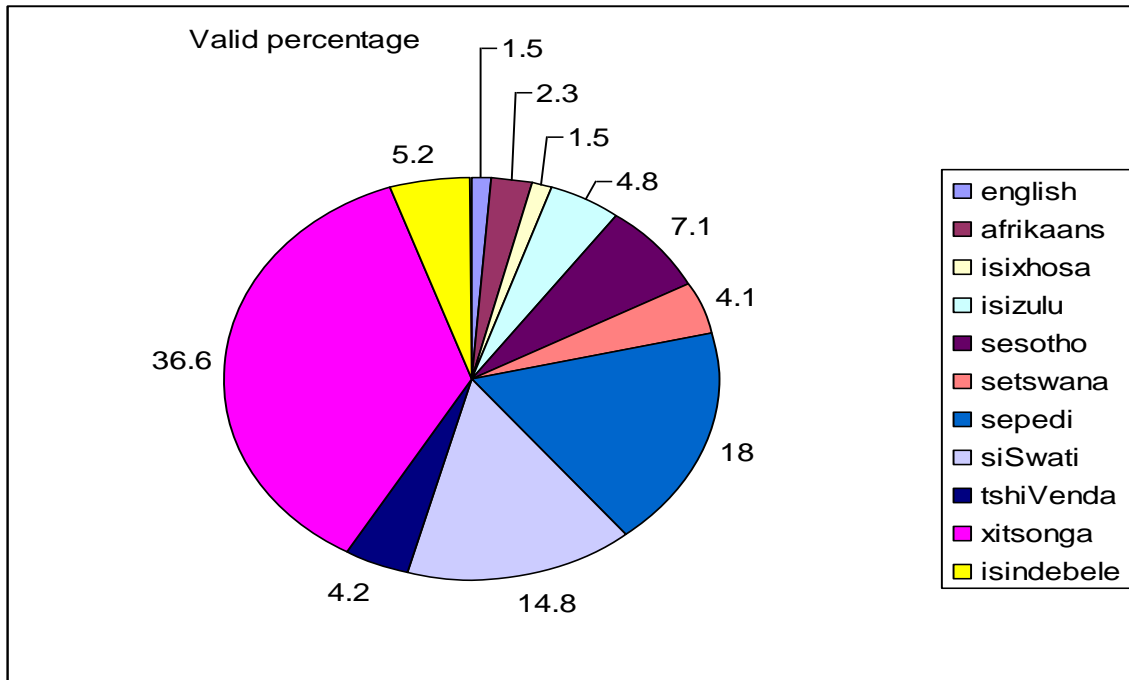
6.2.4 Frequencies by geographical location

As observed from in table 6.4 most respondents were from Busbuckridge village (20.4%), Dwarsloop (14.5%) and Thulamashe (9.8%).

Table: 6.4: Frequencies by location

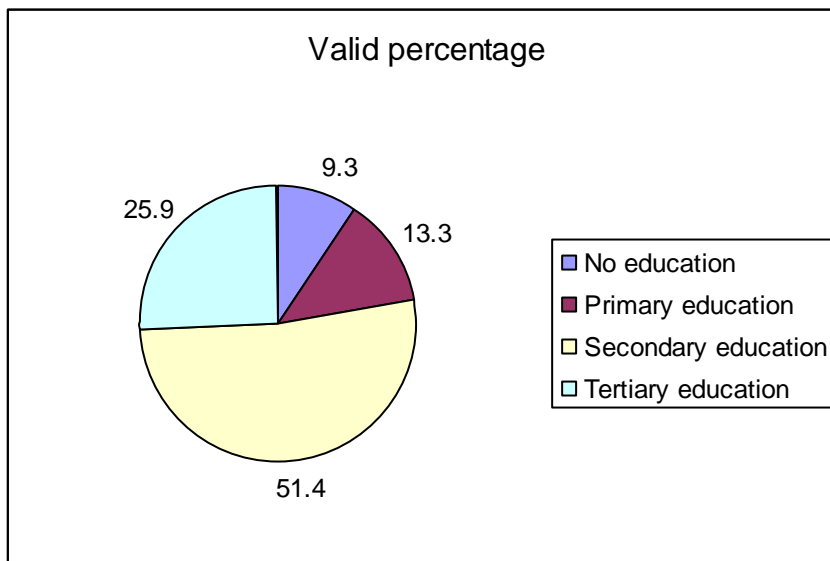|	Location	Frequency	Valid percentage
Valid	Thulamahashe	78	9.8
	Dwarsloop	115	14.5
	Acronhoek	41	5.2
	Bushbuckridge village	162	20.4
	Shatale	56	7.1
	Mkhuhlu	64	8.1
	Agincourt	51	6.4
	Hluvukani	8	1.0
	Green Valley	40	5.0
	Kasteel	43	5.4
	Other	17	2.1
		49	6.2
		42	5.3
		28	3.5
	Total	794	100.0
Missing	System	54	
Total		848	

6.2.5 Frequencies by qualification

The distribution of respondents among different qualifications is presented in table 6.5 and chart 6.4. It is evident from table 6.5 and chart 6.4 that most respondents have a secondary qualification (51.4%) and that only 9.3% are uneducated.

Table 6.5: Frequencies by qualification

Qualification		Frequency	Valid percentage
Valid	No education	72	9.3
	Primary education	103	13.3
	Secondary education	397	51.4
	Tertiary education	200	25.9
	Total	772	100.0
Missing	System	76	
Total		848	

Chart 6.4: Frequency by qualification

6.2.6 Frequencies by age

As observed from table 6.6 and chart 6.5, the majority (62.3%) were between 20 and 39 years old, only 5.1 % of the respondents were over 60 years of age.

Table 6.6: Frequency by age

	Age	Frequency	Valid percentage
Valid	16-19 years	74	9.4
	20-29 years	231	29.2
	30-39 years	262	33.1
	40-49 years	123	15.5
	50-59 years	61	7.7
	Over 60 years	40	5.1
	Total	791	100.0
Missing	System	57	
Total		848	

Chart 6.5: Frequency by age
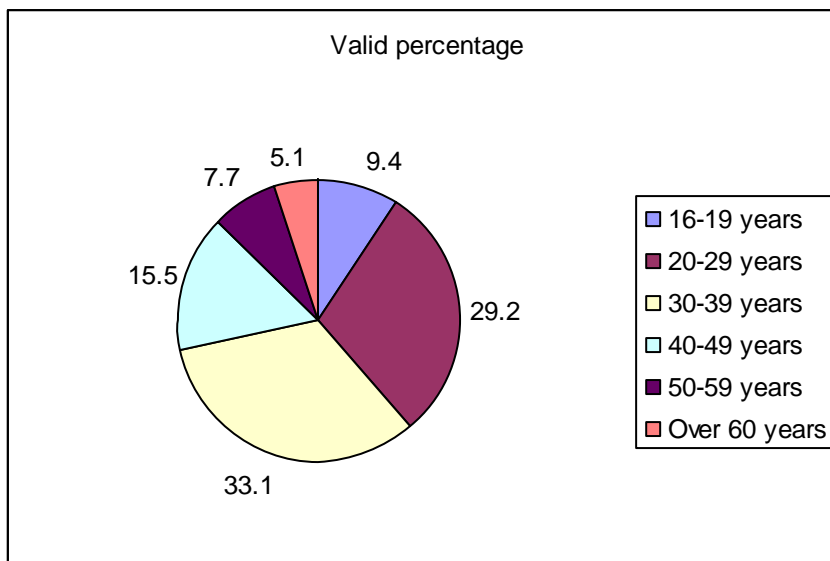
6.3 SECTION: CONSUMERS PERCEPTION OF CORPORATE SOCIAL RESPONSIBILITY

The purpose of this section of the interview is to establish what consumers perceive as adequate corporate social conduct and corporate contribution conduct.

Question 1: Corporate social conduct and company contribution

Question 1 was formulated in order to determine the respondent's views of the role of pharmaceutical companies with regard to their social responsibility and corporate conduct towards the community.

Respondents were asked to evaluate the importance of specific components of the pharmaceutical companies' corporate social conduct and company contribution conduct towards the community on a scale of 0 to 10, where 0 = "Not important at all" and 10 = "Extremely important". Respondents could also indicate "Don't know" if they were not sure about the option.

The results of question 1 are presented in table 6.7 and chart 6.6 and interpreted in terms of the mean. A brief discussion of data follows chart 6.6.

The following two criteria were applied to determine the relevance of the results and to reduce the data for discussion purposes (Miles & Huberman, 1984:21):

- Rank order criterion: The three items (questions) with the highest mean were ranked from one to three and considered the most relevant for discussion purposes.

- A second criterion incorporating the width of the distribution was also introduced to determine the relevance and to reduce the volume of data for discussion purposes (Miles and Huberman, 1984:21). This criterion was determined by subtracting the standard deviation score from the mean score. The adjusted mean score arrived at through this procedure brings in to account the possible incidental variations of measurement. The scores were considered as relevant in the following scenarios:

  - If a 10 point scale was used, the adjusted mean should be 7 or greater
  - If a 5 point scale was used, the adjusted mean should be 3 or greater
  - If a 4 point scale was used, the adjusted mean should be 3 or lesser.

Only the results that comply with both the rank order and adjusted mean criteria are discussed.

Table 6.7: Preferences in corporate social conduct and company contribution conduct

Social responsibility and corporate contribution	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
HIV Prevention	742	8.70	2.44	1*	6.26
Support for pensioners	738	8.58	2.62	2*	5.96
HIV/Aids treatment	656	8.57	2.60	3*	5.97
Environmental care	720	8.27	2.70	4	5.57
Reducing unemployment	733	8.03	2.85	5	5.18
Improving quality of education	702	7.94	2.99	6	4.95
Support for entrepreneurship	695	7.94	2.87	7	5.07
Reducing poverty	715	7.91	2.93	8	4.98
Preventing child abuse	729	7.75	2.99	9	4.76
	758	7.60	3.07		

Reducing crime and violence				10	4.53
Assisting with programmes to provide water, sanitation, electricity and telephone services	702	7.19	3.20	11	3.99
Reducing alcohol and drug abuse	707	7.09	3.06	12	4.03
Reducing housing shortages	660	6.66	3.21	13	3.45
Valid N (listwise)	451				

*complies with the rank order criterion

** complies with the adjusted mean score criterion (>7)

Chart 6.6: Preferences in corporate social conduct and company contribution conduct
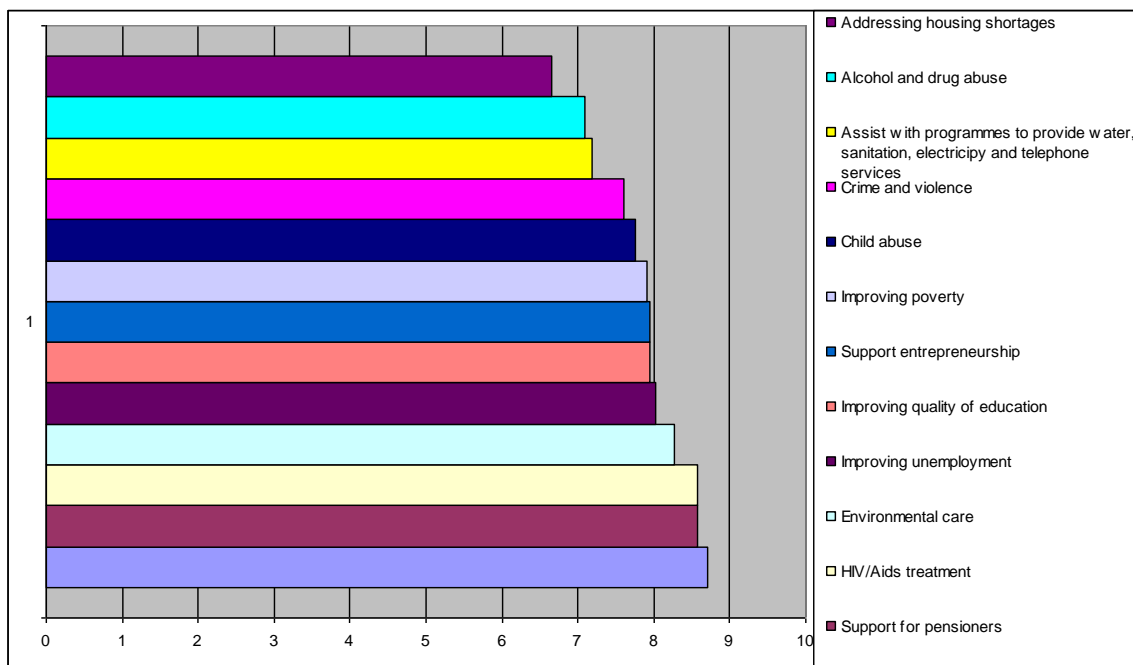
It is observed from table 6.7 and chart 6.6 that only the rank order criterion is relevant. The first three rank order categories are HIV Prevention (mean:8.70), support for pensioners (mean: 8.58) and HIV/AIDS treatment (mean: 8.57).

Not one of the scores comply with the adjusted mean (>7) criterion. These results indicate that the respondents have expectation that the pharmaceutical companies should become involved in HIV prevention programmes, the support for pensioners and HIV/AIDS treatment.

Bushbuckridge district has the third highest HIV prevalence in the country (http://www.phru.co.za/publ/phru_overview.pdf) and it therefore understandable that respondents ranked HIV/AIDS treatment and prevention so high.

As discussed in chapter 3, the number of occupants of a single home in rural areas tends to be large, with 5 people on average and up to 22 in extreme cases in multi-generational settings comprising of young children, economically active adults and pensioners. Notwithstanding that the earned money is shared, respondents still rate support for pensioners and pension benefits as highly important. According to Mbigi, 2005 in chapter 3, the elderly has a meaningful religious and spiritual relevance in the African culture (Mbigi, 2005) and it therefore aligned with the findings that the respondents have expectations that Pharmaceutical companies should focus on support for pensioners

6.4 SECTION: COMPANY BUSINESS CONDUCT

The purpose of this section of the interview is to establish what consumers perceive as good business conduct.

Question 2: Importance of leadership qualities for company business conduct

Question 2 was included to determine the respondent's views on the importance of leadership qualities for corporate business conduct.

Respondents were asked to assess the importance of leadership qualities on corporate business conduct on a scale of 0 to 10 where 0 = "Not important at all" and 10 = "Extremely important". Respondents could also indicate "Don't know" if they were not sure about the option.

The results for question 2 are presented in the following tables:

- Overview of results: Table 6.8 interpreted in terms of rank order of the mean and adjusted mean.
- The comparison of respondents in different professions with regard to the consumers' perception of leadership: Table 6.9.
- The comparison of respondents from different gender groups with regard to consumers' perception of leadership: Table 6.10.
- The comparison of respondents from different age groups with regard to consumers' perception of leadership: Table 6.11.

Table 6.8: The importance of leadership qualities for corporate business conduct

Leadership qualities	Statistic (N)	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
Able to listen	738	9.28	1.71	1*	7.57**
Treating people with respect	782	9.22	1.83	2*	7.39**
The importance of intelligence	743	9.11	1.89	3*	7.22**
Initiative and creativity	751	9.06	1.91	4	7.15*
Able to motivate employees to perform better	754	9.06	1.92	5	7.14**
Treating people with dignity	778	9.05	2.05	6	7
Showing understanding of people	748	8.97	1.95	7	7.02**
Awareness of competition	707	8.96	2.16	8	6.8
Able to build a team	745	8.91	2.12	9	6.79
Mental and emotional maturity	718	8.81	2.27	10	6.54
Being visionary	729	8.74	2.26	11	6.48
A caring nature towards the community, society and natural environment	742	8.73	2.25	12	6.48
The importance of being patient	717	8.68	2.07	13	6.61
Trusting nature	698	8.64	2.53	14	6.11

Hard working	748	8.64	2.12	15	6.52
Awareness of the environment	705	8.63	2.35	16	6.28
Friendliness	734	8.58	2.15	17	6.43
A change agent	702	8.57	2.34	18	6.23
Able to recognise the differences between people and manage them effectively (example race, language, religion and gender)	769	8.53	2.32	19	6.21
Includes employees when making a decision	755	8.45	2.56	20	5.89
Awareness of him/herself	659	8.32	2.53	21	5.79
Valid N (listwise)	493				

* Complies with rank order criterion

** Complies with the adjusted mean criterion (>7)

From table 6.8 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

Ability to listen (rank order = 1; adjusted mean = 7.57)

Treating people with respect (rank order =2; adjusted mean = 7.39)

The importance of intelligence (rank order = 3; adjusted mean = 7.22). This indicates that the rural consumers expect leaders to be able to listen; to treat people with respect and to act intelligently.

The ability to listen and to treat people with respect and dignity are aligned with De Liefde's (2003) views on tribal leadership (Discussed in Chapter 2) and also with Joseph (2003) view on twenty first century leadership. According to De Liefde, the pillars of tribal leadership are humanity, dignity, trust, respect, caring and entrepreneurship. He also emphasise that leaders can accomplish this by developing their ability to listen attentively and openly without preconceived ideas as to the truth. Similarity Joseph (2003) argued that the twenty first century is being characterised by a new form of conflict which demand a new form of leadership: one of moral assertiveness, integrity, recognition and respect for others, rather than political, economic or military power.

It is also observed from table 6.8 that respondents regard most of the leadership qualities as important. The leadership qualities that are viewed as the least important, even though this particular quality is still above the mid-point scale are self awareness (mean: 8.32) and to include employees in decision making (mean: 8.45).

Table 6.9: Comparison of the different categories of profession with regard to the highest and lowest scores on leadership

Profession	Highest mean	Second highest mean	Lowest mean	Second lowest mean
Legislators, senior officials and managers	Respectful treatment (8.38)	Emotional maturity (8.24)	Manage diversity (6.97)	Inclusive decision (7.03)
Professionals	Good listener (9.39)	Initiative and creativity (9.19)	Hardworking (8.20)	Friendly (8.30)
Technicians and associate professionals	Good motivator (8.86)	Patience (8.72)	Change Agent (7.26)	Friendly (7.29)
Clerks	Respectful treatment (9.35)	Initiative and creativity (9.20)	Manage diversity (8.00)	Self awareness (8.08)
Service and sales workers	Watch Competition ((9.19)	Good motivator (9.06)	Self awareness (8.25)	Change agent (8.64)
Skilled agricultural and fishery workers	Intelligence (9.65)	Dignity (9.61)	Inclusive decisions (5.64)	Emotion maturity (6.29)
Craft and related trades workers	Intelligence (9.33)	Respectful treatment (9.00)	Caring attitude (6.00)	Good motivator (6.00)
Plant and machine operators	Intelligence (9.71)	Initiative and creativity (9.67)	Self awareness (8.53)	Inclusive decisions (8.59)
Elementary occupation	Watch competition 9.77)	Good listener (9.77)	Hardworking (8.15)	Patience and friendliness (8.83)
Unemployed	Good listener (9.57)	Respectful treatment (9.52)	Self awareness (8.45)	Environmental awareness (8.76)
	Good	Dignity	Self	Inclusive

Retired	listener (9.77)	(9.70)	awareness (8.76)	decisions (8.94)
Other	Good listener 8.60)	Inclusive decisions (8.50)	Friendly (5.20)	Emotion maturity (5.20)

Table 6.9 shows that four of the categories. i.e. professionals, unemployed, retired and other consider the ability to listen as the most important attribute of leaders. The professional categories of skilled agricultural and fishery workers, craft workers and plant and machine operators identified the ability to act intelligently as the most important leadership attribute.

Table 6.10: Comparison of gender with regard to the highest and lowest scores on leadership

Gender	Highest mean	Second Highest mean	Lowest mean	Second lowest mean
Male	Good listener (9.31)	Respectful treatment (9.20)	Hardworking (8.32)	Self awareness (8.43)
Female	Good listener (9.32)	Respectful treatment (9.27)	Self awareness (8.24)	Inclusive decisions (8.27)

According to the findings in table 6.10 both males and females perceive the ability to listen and to treat people with respect as the most important leadership qualities. Both males and females also consider self awareness as one of the least important leadership qualities. However, men were of the opinion that being a hard worker is less important for leaders and women believe that including employees in decision making is less important. This may be attributed to the traditional perceptions of leadership roles in the rural African culture.

Table 6.11: Comparison of the different categories of age with respect to the highest and lowest scores on leadership

Age	Highest mean	Second Highest mean	Lowest mean	Second lowest mean
16-19 years	Good listener (9.60)	Respectful treatment (9.49)	Self awareness (8.06)	Environmental awareness (8.43)
20-29 years	Good listener (9.33)	Respectful treatment (9.16)	Self awareness (8.32)	Friendliness (8.49)
30-39 years	Good listener (8.98)	Respectful treatment (8.97)	Hardworking (8.18)	Self awareness (8.19)
40-49 years	Good listener (9.46)	Respectful treatment (9.44)	Friendliness (8.56)	Hardworking (8.66)
50-59 years	Good listener (9.63)	Initiative and creativity (9.58)	Self awareness (8.76)	Environmental awareness (8.88)
Over 60 years	Good listener (9.80)	Intelligence (9.65)	Trusting attitude (8.57)	Self awareness (8.67)

According to the data in table 6.11 all the ages belief that being a good listener is the most important leadership quality.

It is interesting to note that although the customers are mostly from rural areas; their views are aligned with the current view of the leadership qualities necessary for success in the 21st century (discussed in chapter 2).

6.5 SECTION: EMPLOYEE CONDUCT

The purpose of this section of the interview is to show how consumers perceive certain values and behaviors that are held to be part of African values and behaviors.

Question 3: employee behavior

Question 3 was included to determine respondents' views on employees' values as a determinant of corporate business conduct.

Respondents were asked to grade certain values in accordance with a 1-5 scale where 1 = "totally disagree", 2 = "disagree", 3 = "neutral", 4 = "agree" and 5 = "totally agree".

The results for question 3 are presented in the following tables:

- Overview of results: table 6.12 interpreted in terms of rank order of the mean and adjusted mean.
- The comparison of respondents from different gender groups with regard to employee behavior: chart 6.7.
- The comparison of respondents from different educational levels with regard to employee behavior : chart 6.8
- The comparison of respondents from different age groups with regard to employee behavior: chart 6.9

Table 6.12: Preferences of employee values

Values	Statistic N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
I believe in ubuntu	753	4.19	1.03	1*	3.16**
Belief in group decision and rewards	750	4.13	1.12	2*	3.01**
Time is money	773	4.06	1.22	3*	2.84
I believe you should eat first before you can drink alcohol at social functions	795	3.95	1.22	4	2.73
The extended family is good because it helps each other	786	3.77	1.18	5	2.59
I believe that you should greet another business man with an handshake and look him/her in the eyes	802	3.75	1.32	6	2.43
Witchcraft can have an influence on a person's work situation	785	3.57	1.23	7	2.34
I feel morally obliged to attend the funeral of person in the community who I scarcely know	789	3.52	1.16	8	2.36
I believe that women should serve men at work functions	762	3.5	1.35	9	2.15
It is important for my colleagues to make an appointment when they intent to visit your home	797	3.48	1.33	10	2.15
I believe that women should serve men a work functions	792	3.29	1.36	11	1.93
Relationships are more important than time	796	2.93	1.43	12	1.5
Believe in individual decision making and rewards	772	2.91	1.12	13	1.79
I believe that a man can more that one wife	787	2.68	1.52	14	1.16
The extended family doesn't work anymore	776	2.69	1.1	15	1.59
To look a superior straight in the eye is not respectful and is unacceptable	810	2.49	1.45	16	1.04
The extended family is becoming less important	770	2.27	1.29	17	0.98
Valid N (listwise)	641				

*Complies with rank order criterion

** Complies with adjusted mean criterion (>3)

From table 6.12 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

"I believe in ubuntu" (rank order = 1; adjusted mean = 3.16)

"Belief in group decision and rewards" (rank order = 2, adjusted mean = 3.01)

Chart 6.7: Comparison of gender with regard to perception of values
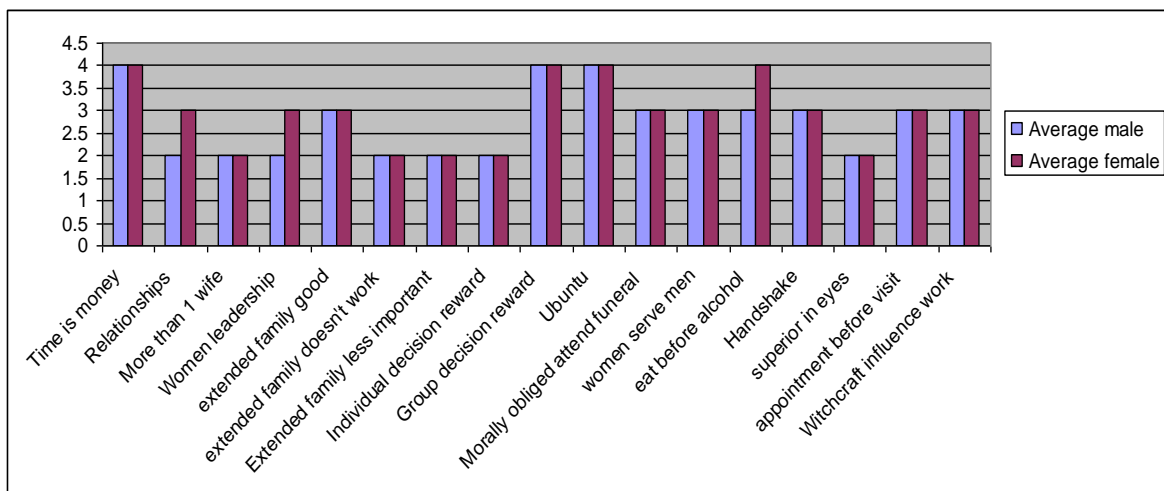
From Chart 6.7 it is observed that males and females agree with regard to the relevance of most of the values. The only differences occur with reference to the following statements:

- o Males consider relationships to be more important than time, and females are neutral on this score
- o Males are of the opinion that women should hold more leadership roles in the society, and women were again neutral.
- o Males are indifferent towards the statement "I believe one should eat before drinking alcohol at social functions" and females agree with it.

Chart 6.8: Comparison of different education levels with regard to perception of traditional values
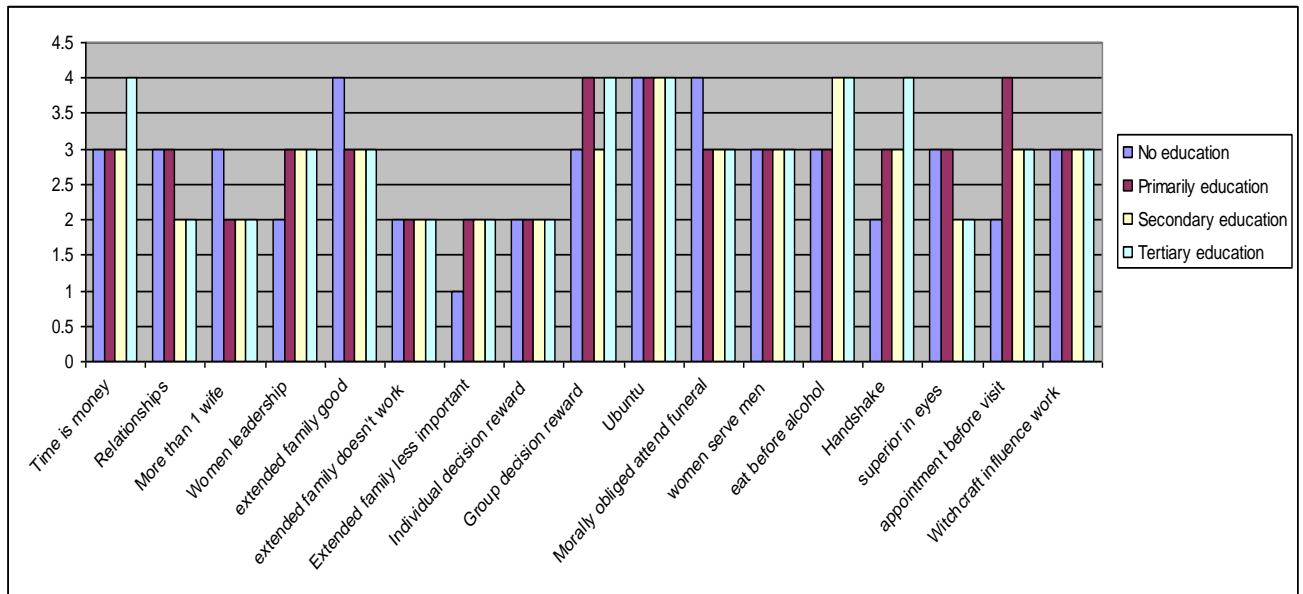
It is observed in Chart 6.8 that differences occur regarding most of the statements among respondents on different educational levels. The only similarities are the following:

- o In general, everybody disagrees with the statement "The extended family does not function anymore"
- o In general, everybody disagrees with the statement "I believe in individual decisions and rewards".
- o In general, everybody is neutral about the statement "I believe women should serve men at work functions".
- o In general, everybody is neutral about the statement "Witchcraft can have an influence on a person's work situation"

Chart 6.9: Comparison of the different categories of age with regard to perception of traditional values
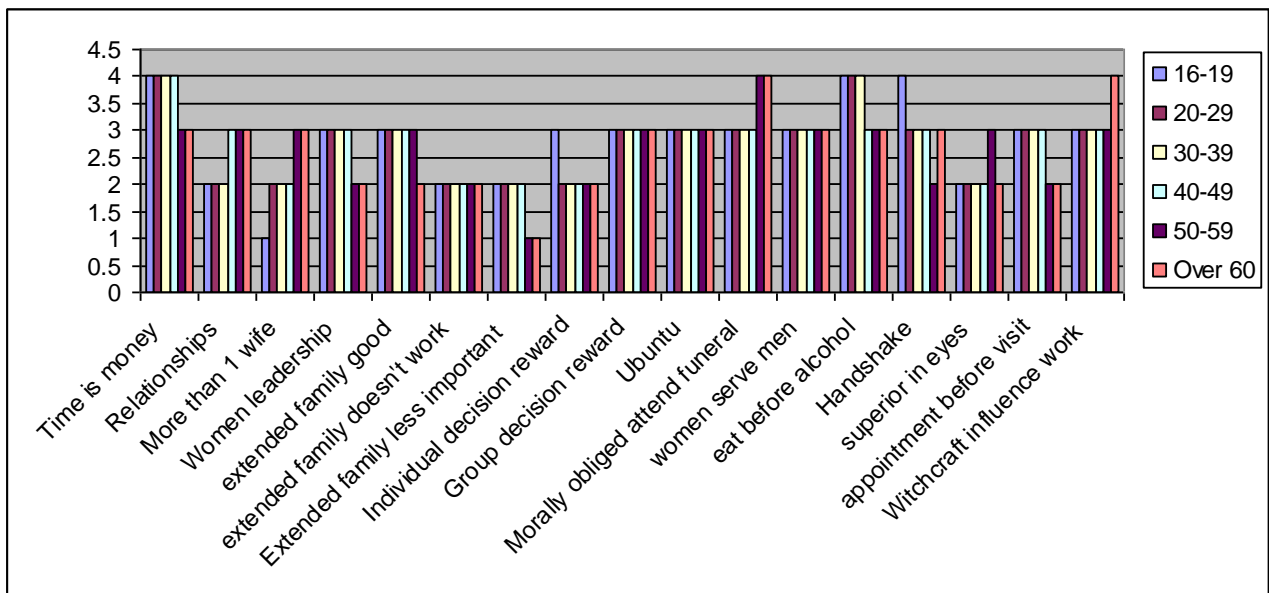
The following table (6.13) compares what are perceived as African values (discussed in Chapter 3) with the findings of the research:

Table 6.13: Comparison of literature findings on traditional African values and observations from this research

Values	Perceived African values according to literature discussed in chapter 3	Research observations
Time orientation	Uses a system that might be called "natural time: based on natural levels of comfort in the body (Unusier, 1998)	Most respondent agree that time is money (Mean=4.06) and disagree that relationships are more important than time (mean=2.93), so the belief that rural Africans have a circular orientation towards time should be questioned. Widespread exposure to media and education may have introduced the change.
Polygamy	The literature presented in chapter 3 states that the practice of	Most respondents disagree that polygamy is right, which is aligned

	polygamy may have been common in Southern Africa up to the end of the last century but that it was never as widespread as has been popularly presented	with the literature presented in chapter 3.
Role of women in the society	According to the literature review in chapter 3, African culture used to be characterised by extreme patriarchy, and women were not afforded the same rights as men in the community life (Fadiman, 2000) Mbigi (2005) argue that a key future of African life is gender fairness.	A neutral perception occurs about the following statements: "Women should serve men at work functions" and "More women should have leadership roles in the society". Therefore a shift has occurred towards women having more rights, although not necessarily being equal to men. The change may also be due to a widespread exposure to media and education about women rights.
Family orientation	According to the literature presented in Chapter 3, African families are usually made up of' more members than just a couple and their offspring. They include other relatives as well (Kuzwayo, 2000) "I have an extended family to help me during times of destitution" (Koopman, 1991)	The research indicates that the respondents are neutral about the statement "The extended family is good because its members help one another". However they also believe that the extended family does not function effectively anymore and is becoming less effective. It can be concluded that the extended family is not as popular as in the past, but still has a role in the society. The change may be due to the exposure to more job opportunities, a different lifestyle which focus more on the individual.
Decisions and rewards	I am a group person from who an individual emerges. Power has been granted to me by consent of my group based on group power "	Respondents still believe more in group decision-making and rewards (mean=4.13) than individual decision-making and rewards (mean=2.91).

	"I am group cooperative" (Koopman, 1991)	
Ubuntu	Belief in ubuntu	Respondents still believe in ubuntu (mean=4.19).
Funeral	Sense of moral obligation' to attend the funeral of a person in the community that one scarcely knows. Funerals are open to all. The people which attended the wedding the more prominent was the member in the society (Koopman, 1991)	The research indicates that respondents scored mostly neutral on the statement. The change might be due to more exposure to western business principles.
Social behavior	My colleagues should make an appointment when intending to visit your home. I believe one should eat before drinking alcohol at social functions.	The respondents are rather undecided about the statement: "My colleagues should' make an appointment when intending to visit your home" (Mean=3.48) and I believe one should eat before drinking alcohol at social functions. (Mean=3.95).
Eye contact	To look a superior straight in the eyes is not respectful and is in fact unacceptable. "I bow my head with my eyes down. I am showing yourrespect" (Koopman, 1991)	Most respondents disagree that 'looking a superior in the eyes is not respectful and is unacceptable. Respondents agree that another businessman should be greeted with a handshake and a look in the eyes. The change might be due to more exposure to western business principles.
Witchcraft	Witchcraft has an influence on a person's work situation	Respondent are neutral about the statement: "Witchcraft can have an influence on a person's work situation". (The findings here are aligned with Hammond-Tocke's (1998) view that it is impossible to talk about 'African religion' as if it

		is a monolithic system). He argues that today three fourths of Africans have been influenced by Chrisitany. However, many converted Christians - perhaps most - still retain a belief in the continuing ancestral involvement in their lives.

Question 4: employee satisfaction

Question 4 was included to determine the importance of certain aspects of employee satisfaction. Respondents were asked to evaluate these on a 0 to 10 scale, where 0 = "not important at all" and 10 = "extremely important" Respondents could also opt for "Don't know" if they were not sure about the option. The results are presented in the following tables:

- Overview of results: table 6.14 interpreted in terms of rank order of mean and adjusted mean.
- The comparison of respondents from different occupational groups with regard to employee satisfaction: table 6.15.
- The comparison of respondents from different age groups with regard to employee satisfaction: table 6.16.

Table 6.14: Preferences in employee satisfaction

Variables: employee satisfaction	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
Provision for retirement	784	9.28	1.85	1*	7.43**
Training and development opportunities	728	9.2	1.74	2*	7.46**
Good management and leadership style	758	9.19	1.71	3*	7.48**
Effective communication in company	730	9.14	1.88	4	7.26**
Study leave	714	9.1	1.84	5	7.26**
Disability benefits	742	9.1	1.93	6	7.17**
Death cover	764	9.07	2	7	7.07**
Career and development opportunities	750	9.05	1.86	8	7.19**
Study loans	730	8.95	2.1	9	6.85
Funeral benefits	744	8.95	2.12	10	6.83
HIV/AIDS programme	727	8.89	2.14	11	6.75
Effective communication in company	740	8.88	2.14	12	6.74
Opportunity to apply for a personal loan	715	8.83	2.24	13	6.59
Work-life balance	775	8.65	2.27	14	6.38
Fair policies and procedures	665	8.6	2.51	15	6.09
Entrepreneurial spirit	688	8.52	2.32	16	6.2
Medical aid	691	8.52	2.43	17	6.09
Performance bonus	759	8.49	2.16	18	6.33
Diversity programmes	741	8.39	2.19	19	6.2
A trusting relationship in the business	727	8.33	2.31	20	6.02
Company should provide uniforms to employees	761	8.24	2.26	21	5.98
Employment equity programme	699	8.21	2.47	22	5.74
Employee assistance programme	715	8.19	2.32	23	5.87
Staff discount policy	738	7.93	2.48	24	5.45
Flexible working hours	590	7.87	2.9	25	4.97
Spirituality is incorporated in the business	529	7.1	3.24	26	3.86

Flexibility to work from home	603	7.09	3.12	27	3.97
Social events for family members	554	6.66	3.2	28	3.46
Valid N (listwise)	249				0

*complies with rank order criterion

** complies with the adjusted mean score criterion (>7)

From table 6.14 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

Provision for retirement (rank order = 1; adjusted mean = 7.43)

Training and development opportunities (rank order = 2, adjusted mean = 7.46)

Good management and leadership style (rank order = 3, adjusted mean = 7.48)

These results indicate that pharmaceutical companies should ensure that they incorporate provision for retirement, training and development opportunities and good management and leadership style in their people management strategy.

The need for companies to focus on provision for retirement is also aligned with the findings in Question 1, that pharmaceutical companies should focus on support for pensioners.

As discussed in chapter 4, many South African, especially in rural areas were denied a proper education under apartheid and South Africa is now in a situation where many people do not possess the necessarily skills required in the formal economy. It is therefore understandable that respondents identified training and development opportunities as one of the most important attributes for employee satisfaction.

Table 6.15: Comparison of professions with regard to employee satisfaction

Profession	Highest mean	Second highest mean	Lowest mean	Second lowest mean
Legislators, senior officials and managers	Retirement (9.67)	Good management and leadership style (9.11)	Flexibility to work from home (5.38)	Family members attend social functions (6.09)
Professionals	Good manage-ment and leadership style (9.24)	Retirement (9.18)	Family members attend social functions (6.29)	Spirituality incorporated in business (6.69)
Technicians and associate professionals	Training and Develop-mint opportunities (8.94)	Funeral benefits (8.29)	Spirituality incorporated in business (4.65)	Entrepreneurial spirit (6.35)
Clerks	Good manage-ment and leadership style (9.29)	Effective communication in company (9.18)	Spirituality incorporated in business (6.56)	Family members attend social functions (6.74)
Service and sales workers	Retirement (9.27)	Career opportunities (9.27)	Flexibility to work from home (7.05)	Spirituality incorporated in business (7.24)
Skilled agricultural and fishery workers	Training and develop-ment opportunities (9.77)	Death policy (9.67)	Employment equity programme (3.54)	Fair policies and procedures (4.70)
Craft and related trades workers	Spirituality incorporated in business (10)	Employment equity programme (9.50)	Trusting relationship (6.83)	HIV /AIDS programme (6.83)
Plant and machine operators	Talent manage-ment programme (9.39)	Study loans (9.30)	Family members attend social	Spirituality incorporated in business

			functions (4.88)	(5.31)
Elementary occupation	Retirement (9.87)	Effective communication in company (9.80)	Family members attend social functions (5.21)	Spirituality incorporated in business (6.67)
Unemployed	Effective communication in company (9.44)	Training and development opportunities (9.43)	Flexibility to work from home (7.12)	Spirituality incorporated in business (7.36)
Retired	Effective communication in company (9.94)	Study leave (9.87)	Family members attend social functions (5.90)	Flexibility to work from home (6.92)
Other	Disability benefits (10)	Employment equity programme (9.33) Entrepreneu-rial spirit (9.33)	Medical aid (5.40)	Family members attend social functions (5.67)

Table 6.15 points out the differences among the professions in terms of what is regarded as important aspects to ensure employee satisfaction:

o   The only similarity was found among legislators, senior officials, managers and professionals. These regard provision for retirement together with good management and leadership style as essential for employee satisfaction.

Table 6.15 also shows that not a big difference is to be found between the professions in terms of what they regard as least important variables to ensure employee satisfaction. The following groups are of the opinion that flexibility to work from home and social events for family members are the least important aspects to ensure employee satisfaction: legislators, senior officials and managers, professionals, clerks, services and sales

workers, plant and machine operators, those in elementary occupation, unemployed and retired.

Table 6.16: The comparison of age group with regard to employee satisfaction

Age	Highest mean	Second highest mean	Lowest mean	Second lowest mean
16-19 years	Retirement (9.56)	Work -life balance (9.28)	Employment equity programme (7.66)	Staff discount policies (7.68)
20-29 years	Good manage-ment and leadership style (9.23)	Retirement (9.19)	Family members attend social functions (6.77)	Flexibility to work from home (6.94)
30-39 years	Retirement (9.17)	Study leave (9.10)	Family members attend social functions (6.24)	Flexibility to work from home (6.65)
40-49 years	Retirement (9.44)	Training and development opportunities (9.41)	Spirituality incorporated in business (6.23)	Family members attend social functions (6.86)
50-59 years	Effective communica-tion in company (9.83)	Good management and leadership style (9.74)	Family members attend social functions (6.70)	Spirituality incorporated in business (7.40)
Over 60 years	Effective communica-tion in company (10.00)	Fair policies and procedures (9.77)	Family members attend social functions (6.04)	Flexibility to work from home (8.04)

From table 6.16 it is oberserved that variations exist about what different age groups perceive as the most important aspects that will ensure employee satisfaction.

Table 6.16 also shows that most age groups consider family members attending social functions and flexibility to work from home as the least important requirements to ensure employee satisfaction. The 16-19 years old group are the only one seeing employment equity and staff discount policy as the least important aspects to ensure employee satisfaction.

The findings are not aligned with what urban or modernized employees nowadays view as important variables for employee satisfaction due to the following observations:

- o   Flexible benefits have become more popular in companies.   It is therefore interesting to note that respondents see that "provision for retirement" as the most important variable to ensure employee satisfaction.
- o   Employees nowadays are beginning to demand the following benefits: flexible work hours, flexibility to work from home and for spiritually to be incorporated in business. These variables, however, are rated on the lower end of the scale by the respondents in the research study.
- o   As discussed in the chapter, HIV/AIDS treatment and prevension are regarded as most important in terms of social corporate responsibility. It is interesting to note that respondents didn't view it as a top priority in terms of employee satisfaction
- o   Finally, it is interesting to note that even though almost all the respondents belong to the historically disadvantaged group, they rate employment equity programmes on the lower end of the scale.

The standard deviations of the options that were rated lower tended to be higher than those that received a high rating. It would seem that respondents agreed more on the options that were particularly important and less to the least important subjects.

6.6 SECTION: PRODUCTS

The purpose of this section of the interview is to establish which product features from among performance, conformance, durability, quality and style are the most preferred.

Question 5: medicine

This question attempts to establish what type of medicine respondents prefer to use. Respondents were asked to indicate on a scale of 0 to 10 what type of medicine they prefer most, where 0 = "doesn't believe in the medicine at all" and 10= "fully believes in the medicine". Respondents could also indicate "don't know" if they were not sure about the preferred option.

The results for question 5 are presented in the following tables:

- Overview of results: Table 6.17 and chart 6.10 interpreted in terms of rank order of the mean and adjusted mean.
- The comparison of respondents from different educational levels with regard to preferences in medicine: table 6.18.
- The comparison of respondent from different age groups with regard to preferences in medicine: table 6.19

Table 6.17: Preferences in medicine

Types of medicine	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
Western medicine	697	8.47	2.6	1*	5.87
Traditional medicine from hospital or pharmacy	719	7.16	3.21	2*	3.95
Mix between traditional medicine (provided by hospital or pharmacy and western medicine	688	7.07	3.22	3*	3.85
Traditional medicine provided by a traditional healer	728	6.34	3.47	4	2.87
Mix between traditional medicine (provided by a traditional healer) and western medicine	681	6.07	3.31	5	2.76
A combination of traditional and western medicine but not to be mixed	627	5.79	3.52	6	2.27
Only religion will heal me	488	4.92	4.26	7	0.66
Valid N (listwise)	352				

*Complies with the rank order criterion

**Complies with adjusted mean score criterion (>7)

Chart 6.10: Preferences in medicine
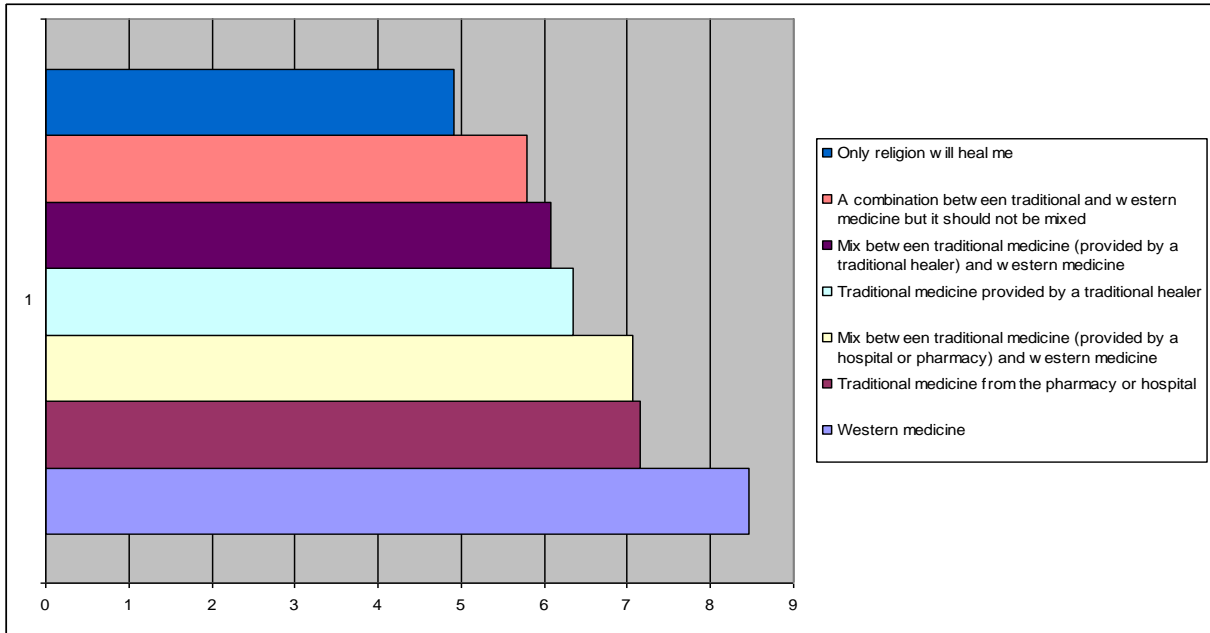
It is observed from table 6.17 and chart 6.10 that only the rank order criterion is relevant. The first three rank order categories are western medicine (mean: 8.47), traditional medicine from hospital or pharmacy (mean: 7.16) and a mix between traditional medicine (provided by hospital or pharmacy) and western medicine (mean: 7.07).

Not one of the scores comply with the adjusted mean (>7) criterion. These results indicate that the respondents have the expectation that the pharmaceutical companies should distribute a combination of western medicine, traditional medicine and a mix between traditional and western medicine.

Table 6.18: Comparison of the different categories of education with regard to preferences in medicine

Qualification	Highest mean	Lowest mean
No education	Traditional medicine provided by a traditional healer (8.70)	Only religion will heal me (3.73)
Primary	Western medicine (8.65)	Only religion will heal me (3.83)
Secondary	Western medicine (8.62)	Only religion will heal me (4.86)
Tertiary	Western medicine (8.22)	Combination between traditional and western medicine

Table 6.18 depicts the comparison among respondents on different educational levels:

- Those respondents with primary secondary and tertiary education believe in western medicine. Only people with no education believe in traditional medicine provided by a traditional healer.

- Respondents with no education and also those with primary and secondary education do not believe that only religion will heal them. Respondents with tertiary education do not believe that a combination of traditional and western medicine will heal them.

Table 6.19:   Comparison of the different categories of age with regard to preference in medicine

Age	Highest mean	Lowest mean
16-19 years	Western medicine (8.56)	Only religion will heal me (4.90)
20-29 years	Western medicine (8.47)	Only religion will heal me (5.08)
30-39 years	Western medicine (8.20)	Only religion will heal me (4.74)
40-49 years	Western medicine (8.74)	Only religion will heal me
50-59 years	Western medicine (9.29)	Only religion will heal me
Over 60 years	Western medicine (9.34)	Only religion will heal me (3.56)

Table 6.19 depicts the comparisons among respondents in different age groups:

o   It shows that there is no difference among different age groups in terms of preference for medicine. All age groups believe mostly in western medicine and least in "only religion will heal me".

It is evident from the above findings that respondents believe mostly in western medicine and are also of the opinion that western companies should sell traditional medicine. The findings are not fully aligned with the literature study by Sobiecki (2003) presented in chapter 3. In chapter 3 it was stated that traditional healing methods are reviving. However, according to the above findings, western medicine is becoming more popular.

Question 6: decision-making

This question is aimed to establish the respondents' view about factors that influence their choice when buying medicine.

Respondents were asked to rate on a scale of 0 to 10 how important certain factors are when buying medicine, where 0 = "not important at all" and 10 = "extremely important". Respondents could also indicate "don't know" if they were not sure about the option.

- The results for question 6 are presented in table 6.20 and chart 6.11

A brief discussion of data follows after chart 6.11.

Table 6.20: Important factors influencing buying behavior

Factors that influence behavior when buying medicine	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
Quality of the product	606	9.61	1.48	1*	8.13**
Expiry date on the medicine	742	9.51	1.7	2*	7.81**
Security that the medicine will not have any negative effects	764	9.02	2.15	3*	6.87
Availability of stock	726	8.89	2.41	4	6.48
Proof and tested medicine	702	8.88	2.26	5	6.62
Medical aid covers the cost	601	8.21	2.58	6	5.63
The name of the medicine is easy to remember	633	5.96	4.08	7	1.88
Family members believe in the medicine	612	5.94	3.9	8	2.04
Knowledge of the medicine	621	5.74	4.3	9	1.44
Age of the pharmacists or medical practitioner	627	5.07	4.25	10	0.82
Taste of the medicine	613	4.45	3.98	11	0.47
Valid N (listwise)	300				

* Complies with rank order criterion

** Complies with the adjusted mean criterion (>7)

Chart 6.11: The most important factors influencing buying
behavior
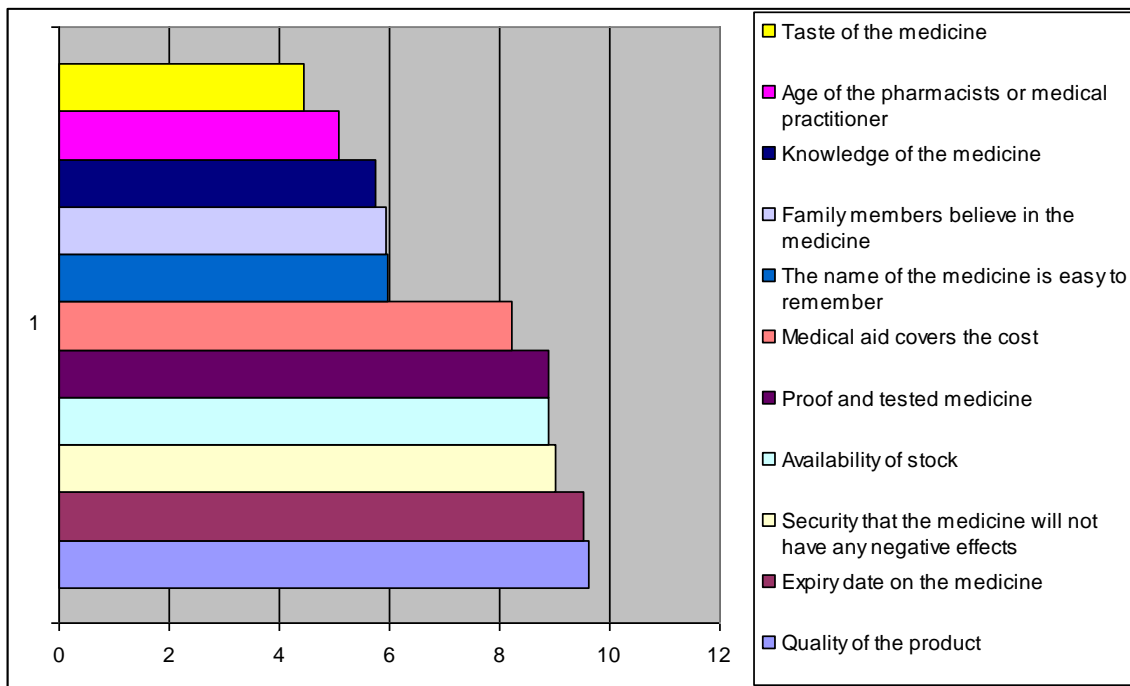
From table 6.20 and chart 6.11 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

Quality of the product (rank order = 1; adjusted mean =8.13)
Expiry date on the medicine (rank order = 2; adjusted mean = 7.81)

It is evident that consumers despite of their low income still prefer quality medicine instead of a cheaper lower quality product. Pharmaceutical companies should promote the quality of medicine rather than the price as part of their corporate image. The findings are also not aligned with Fadiman (2000) statement that rural consumers expect low rates for products and services but more aligned with Kuzwaya's (2000) statement that price is an issue in rural markets but not only the only issue. This might be due to the fact that woman spends 41% of her income on food. With her funds limited, she can not afford to make mistakes and therefore the importance of quality and reliability of medicine (Refer to 3.5.2.4)

According to Fadiman (2000:82) (discussed in chapter 3), age is the primary tool of African management. African authority flows from old to young, and no exceptions are made on grounds of expertise. It is therefore interesting to note that the respondents regard age of the pharmacist or medical practitioner as not an important factor when buying medicine.

6.7 SECTION: COMMUNICATION

The purpose of this section of the interview is to establish what the best communication methods are in the rural markets.

Question 7: media preferences

Question 7 was included in order to establish the respondent media preferences. Respondents were asked to indicate on a scale of 1-4 how often they usually view, listen to or read the indicated media, where 1=daily, 2=weekly, 3=monthly and 4=never.

The results for question 7 are presented in the following tables:

- Overview of magazine preferences: Table 6.21 interpreted in term of rank order of the mean and adjusted mean.
- Overview of television station preferences: Table 6.22 and chart 6.12 interpreted in terms of rank order of mean and adjusted mean
- Overview of radio station preferences: Table 6.23 and chart 6.13 interpreted in terms of mean and adjusted mean
- Overview of newspaper preferences: Table 6.24 and chart 6.14 interpreted in terms of mean and adjusted mean

Table 6.21: Preferences in magazines

Magazines	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
Femina	835	3.96	0.29	37	3.67
FHA	839	3.95	0.33	36	3.62
Cosmopolitan	834	3.94	0.31	35	3.63
Bicycle	840	3.93	0.4	34	3.53
Sarie	838	3.92	0.39	33	3.53
Golf	840	3.9	0.44	32	3.46
Runners	839	3.89	0.5	31	3.39
Glamour	838	3.89	0.41	30	3.48
Golfer	840	3.89	0.46	29	3.43
Getaway	837	3.89	0.42	28	3.47
Soccer	834	3.88	0.5	27	3.38
Pregnant	840	3.87	0.5	26	3.37
Pase	836	3.87	0.49	25	3.38
Other	839	3.86	0.61	24	3.25
Huisgenoot	837	3.85	0.57	23	3.28
Baby	840	3.84	0.55	22	3.29
GO	837	3.84	0.64	21	3.2
Popular	839	3.84	0.53	20	3.31
The Opera magazine	839	3.83	0.65	19	3.18
Commercial trader	838	3.82	0.63	18	3.19
Brides and Home	838	3.81	0.67	17	3.14
Shape	840	3.81	0.61	16	3.2
Time	835	3.79	0.62	15	3.17
Auto Trader	838	3.78	0.68	14	3.1
You	837	3.73	0.65	13	3.08
TV plus	836	3.72	0.72	12	3
Men's health	840	3.72	0.76	11	2.96**
Computer	839	3.71	0.79	10	2.92**
People	836	3.69	0.83	9	2.86**
Car	840	3.69	0.78	8	2.91**
Move	837	3.68	0.81	7	2.87**
Kick off	836	3.68	0.74	6	2.94**
House and Living	838	3.67	0.77	5	2.9**

Bona	837	3.65	0.77	4	2.88
Living and Loving	837	3.63	0.82	3*	2.81**
True Love	837	3.53	0.85	2*	2.68**
Drum	837	3.4	0.93	1*	2.47**
Valid N (listwise)	816				

*Complies with rank order criterion

**Complies with the adjusted mean criterion (<3)

From table 6.21 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

Drum (rank order = 1; adjusted mean =2.47)

True love (rank order = 2; adjusted mean =2.68)

Living and Loving (rank order = 3; adjusted mean =2.81)

The results indicate that consumers prefer magazines that are focused on the black market. The African Drum was established mainly to show Black South Africans as noble savage and copies were sending abroad by South African government as an example of their success with the black people. The magazine went through various changes throughout the years and are today one of South Africa's most widely read magazines with 1,479,000 readers per year in 2004. (www.saarf.co.za). As discussed in chapter 2, Living and Loving is regarded as the second largest magazine in South Africa and also mainly focused on black readers

It is interesting to note that Move (also focused on the black market) is regarded as one of the most popular magazines in the country (Refer to chapter 2), but not rated as very popular in Bushbuckridge

These results indicate that pharmaceutical companies should use these magazines in their communication strategy

Table 6.22: Preferences in television stations

Television station	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
OTHER	832	3.77	0.76	6	3.01
M-NET	833	3.61	0.95	5	2.66**
ETV	833	2.06	1.39	4	0.67**
TV3	831	2.04	1.32	3*	0.72**
TV2	832	1.77	1.22	2*	0.55**
TV1	833	1.59	1.14	1*	0.45**
Valid N (listwise)	829				

*Complies with rank order criterion

**Complies with the adjusted mean criterion (<3)

Chart 6.12: Preferences in television stations
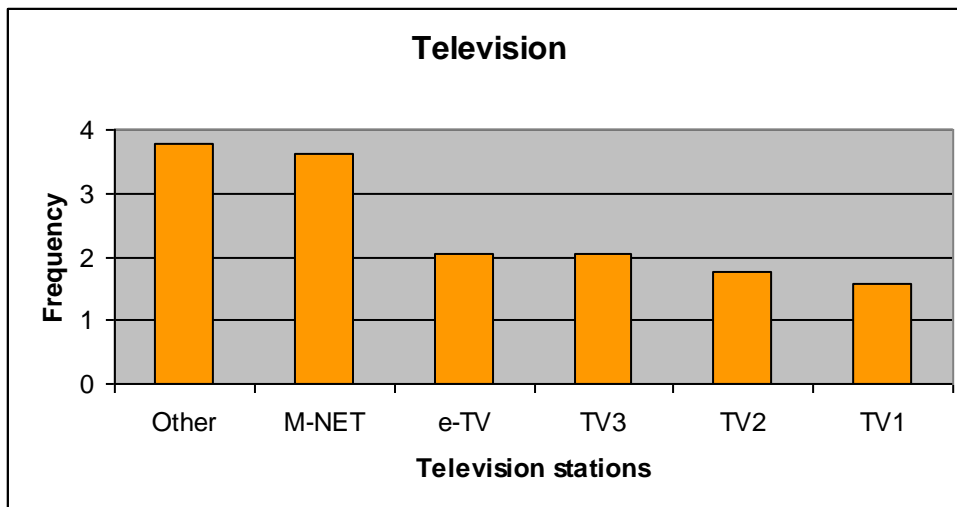
From table 6.22 and chart 6.12 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

TV1 (rank order = 1; adjusted mean =0.45)

TV2 (rank order = 2; adjusted mean =0.55)
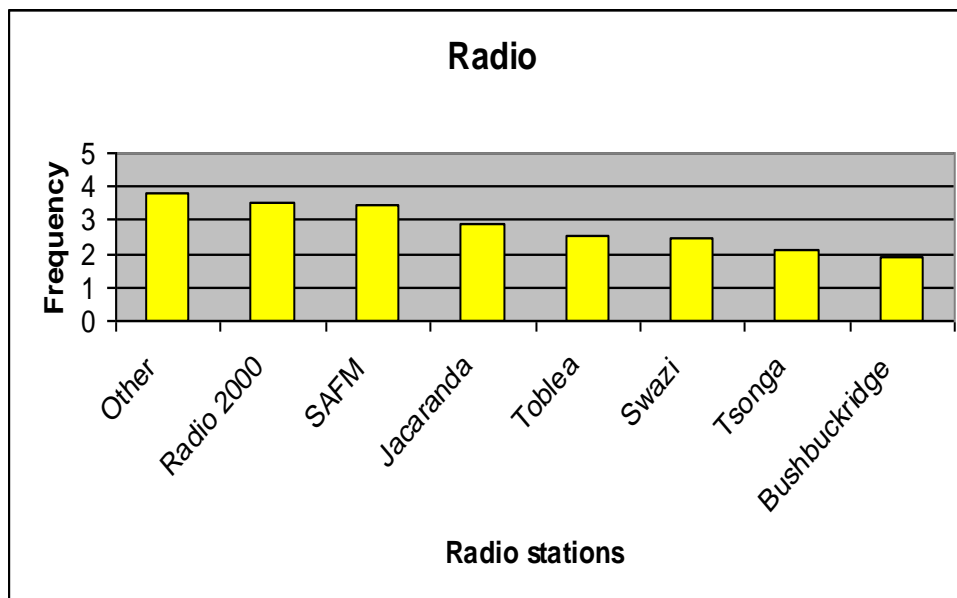
TV3 (rank order = 3; adjusted mean =0.75)

The results indicate that the main focus is still on SABC. Advertisers should not use more sophisticated channels like DSTV and MNET to reach the consumer market in Bushbuckridge.

Table 6.23: Preferences in radio stations

Radio stations	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
Other	835	3.81	0.68	8	3.13
Radio 2000	833	3.51	1.05	7	2.46**
SAFM	832	3.47	1.1	6	2.37**
Jacaranda	835	2.92	1.35	5	1.57**
Toblea	835	2.54	1.41	4	1.13**
Swazi	835	2.48	1.41	3*	1.07**
Tsonga	837	2.08	1.38	2*	0.7**
Bushbuckridge	835	1.93	1.3	1*	0.63**
Valid N (listwise)	825				

* Complies with rank order criterion

** Complies with the adjusted mean criterion (<3)

218

From table 6.23 and chart 6.13 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

Busbuckridge (rank order = 1; adjusted mean =0.63)
Tsonga (rank order = 2; adjusted mean =0.7)
Swazi (rank order = 3; adjusted mean =1.07)

As discussed in chapter 2, radio is the most important medium of communication in rural areas. It is also clear from the research that African language stations are the most effective mean of researching the target market.

Table 6.24: Preferences in newspapers

Newspapers	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
Other	835	3.89	0.47	6	3.42
City press	833	3.4	0.95	5	2.45**
Sunday times	834	3.39	0.95	4	2.44**
Mpumalanga News	833	3.35	1.02	3*	2.33**
Sowetan	834	2.93	1.3	2*	1.63**
Daily Sun	833	2.52	1.42	1*	1.1**
Valid N (listwise)	830				

* Complies with rank order criterion
** Complies with the adjusted mean criterion (<3)

Chart 6.14 Preferences in newspapers
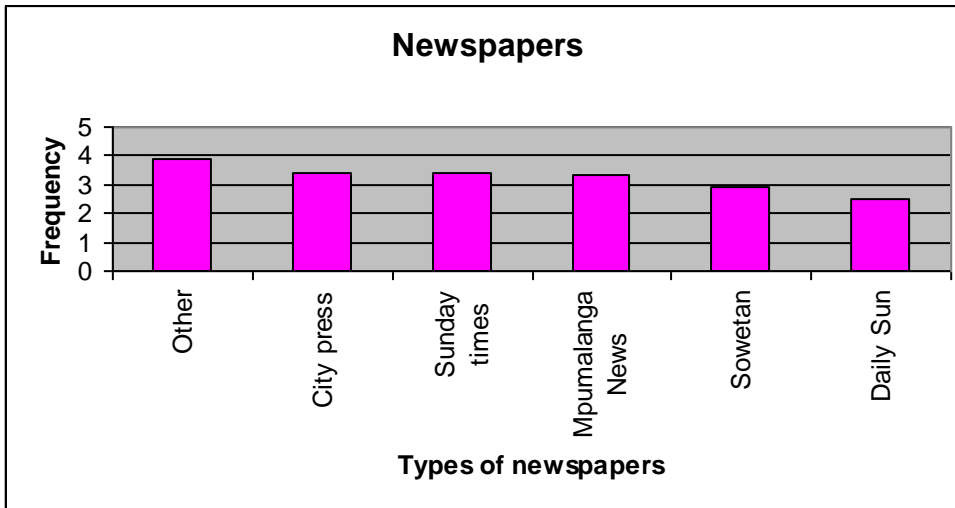
From table 6.24 and chart 6.14 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

Daily Sun (rank order = 1; adjusted mean =1.1)

Sowetan (rank order = 2; adjusted mean =1.63)

Mpumalanga News (rank order = 3; adjusted mean =2.33)

Respondents indicated that they read the following newspapers: Daily Sun, Sowetan and Mphumalanga News on a weekly basis. It is therefore a relative cost effective and a powerful media resource to communicate aspects of the organisation's corporate image.

The findings are also aligned with media communication statistics discussed in chapter 2 where it was stated that the Daily Sun is the biggest daily Newspaper in South Africa

Question 8: Decision makers

This question needed to determine the respondents' view on who the main decision makers are when buying medicine. Up to five main decision makers could be chosen. The results are presented in the following tables and charts:

- Overview of results: table 6.24 and chart 6.15 interpreted in terms percentage
- The comparison of respondents from different gender groups with regard to the main decision makers when buying medicine: chart 6.16.
- The comparison of respondents from different age groups with regard to the main decision makers when buying medicine: chart 6.17.

Table 6.25: The main decision makers when buying medicine

| Decision makers	Responses		Percent of Cases
	N	Percentage	
Mother	335	21.7%	41.4%
Father	183	11.8%	22.6%
Grandfather	92	6.0%	11.4%
Grandmother	126	8.2%	15.6%
Myself	442	28.6%	54.6%
Husband/wife	221	14.3%	27.3%
Friends	24	1.6%	3.0%
Other family members	91	5.9%	11.2%
Children	18	1.2%	2.2%
Other	14	.9%	1.7%
Total	1546	100.0%	190.9%

Chart 6.15 The main decision makers when buying medicine
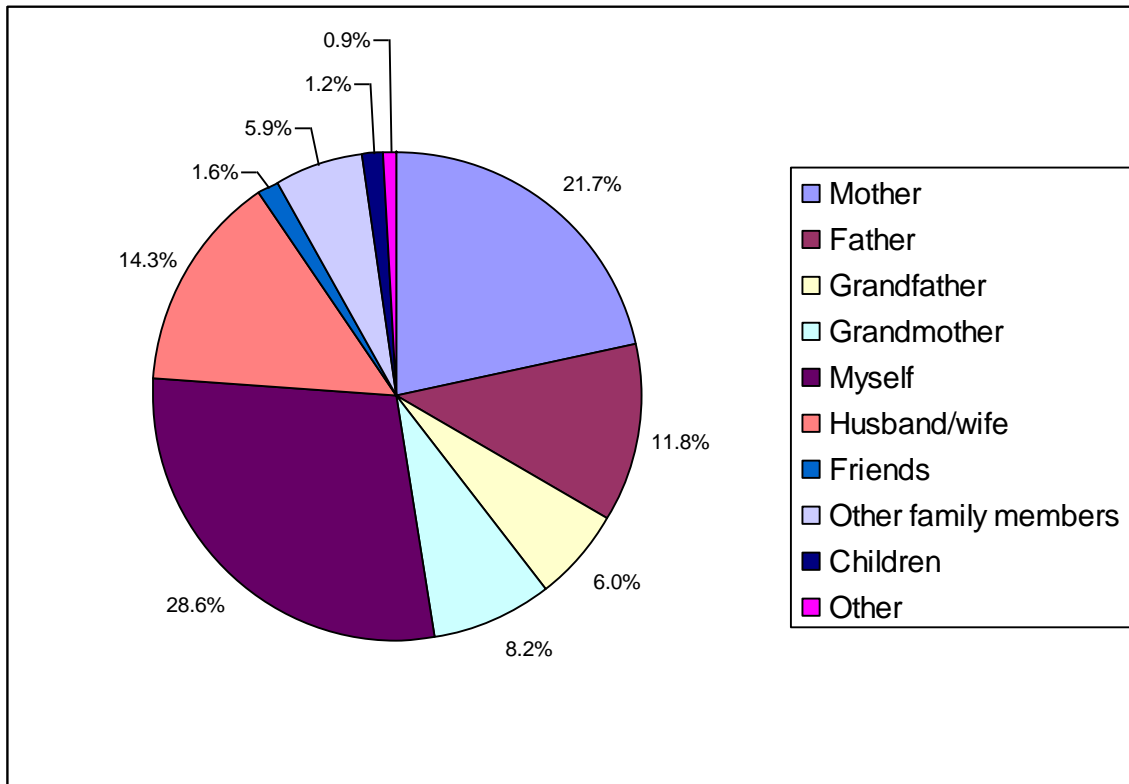
It is observed from Tables 6.25 and chart 6.15 that respondents regard themselves (28.6%) and their mothers (21.7%) as the main decision makers when buying medicine

The findings are aligned with Mbigi (2005:90) statement in chapter 4 that a key feature of African life is gender fairness. Almost all key life decisions in indigenous African cultures require extensive consultation and women have equal representation. This includes decisions on marriage, death, the purchase and ownership of assets, the discipline of children and career decisions. However the results are not fully aligned with Kuzwayo's (2000) statement in chapter 4 that children have always had an influence on everything from politicts to groceries and have a big influence on the choice of products in the household.

Chart 6.16: The comparison of respondents from different gender groups with regard to the main decision makers when buying medicine

Gender differences
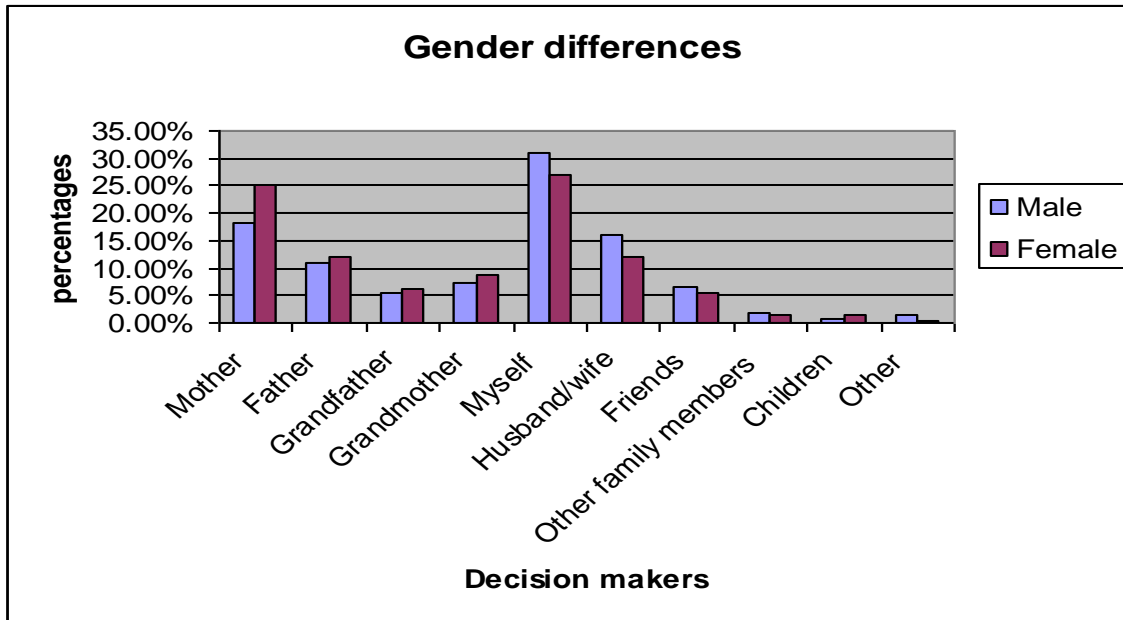
It is observed from chart 6.16 than no difference exists between the main decision makers when buying medicine. Both males and females regard themselves and their mothers as the main decision makers and see children and others as least important decision makers when buying medicine.

Chart 6.17: The comparison of respondents from different age groups with regard to the main decision makers when buying medicine
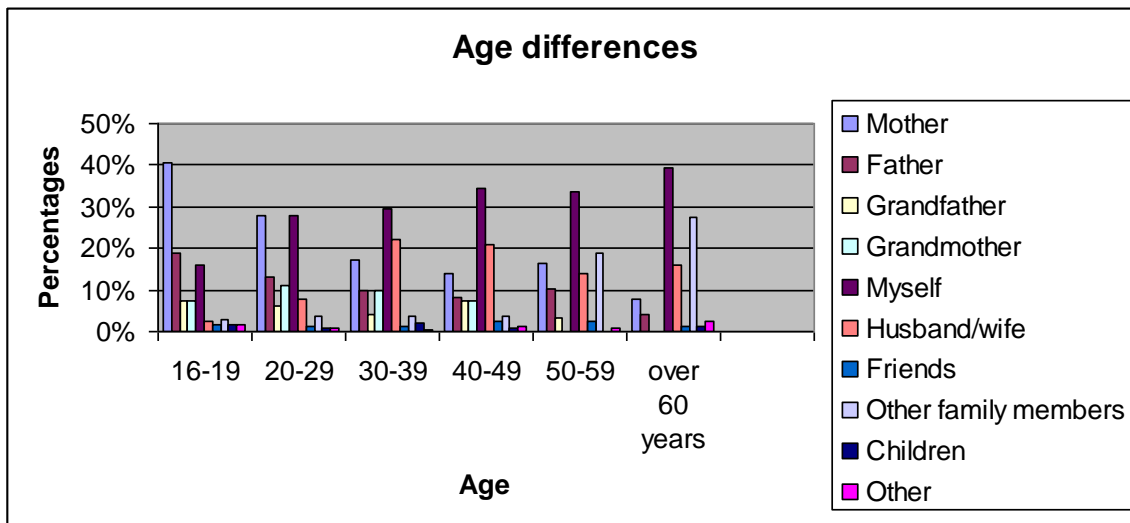
From chart 6.17 the following is observed:

- o Age group 16-29 regards their mothers and fathers as the main decision makers when buying medicine.
- o Age group 30-39 regards themselves and their husbands or wives as the main decision makers when buying medicine.
- o Age group 50 and older regards themselves and other family members as the main decision makers when buying medicine.

Question 9: Corporate colours

Question 9 aims to determine the respondents' view on which colours should be associated with medical care.

Respondents were asked to rate on a scale of 0 to 10 their views on which colours should be associated with medical care, where 0 = "fully disagree" and 10= "fully agree". Respondents could also indicate "don't know" if they were not sure about the option.

The results for question 9 are presented in table 6.26 and chart 6.19, interpreted in terms of the rank order and adjusted mean.

Table 6.26: Preferences in corporate colours

Colours	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
White	483	9.11	2.17	1*	6.94
Red	541	8.72	2.68	2*	6.04
Green	404	8.2	3.07	3*	5.13
Blue	387	8.05	2.83	4	5.22
Orange	334	7.71	3.15	5	4.56
Yellow	327	7.22	3.47	6	3.75
Black	229	6.04	4.2	7	1.84
Pink	289	5.87	3.69	8	2.18
Gold	258	5.31	3.78	9	1.53
Purple	268	5.18	3.64	10	1.54
Grey	220	4.72	3.5	11	1.22
silver	211	4.02	3.5	12	0.52
Valid N (listwise)	99				

* Complies with rank order criterion

** Complies with the adjusted mean criterion (>7)

Chart 6.18: Preferences in corporate colours
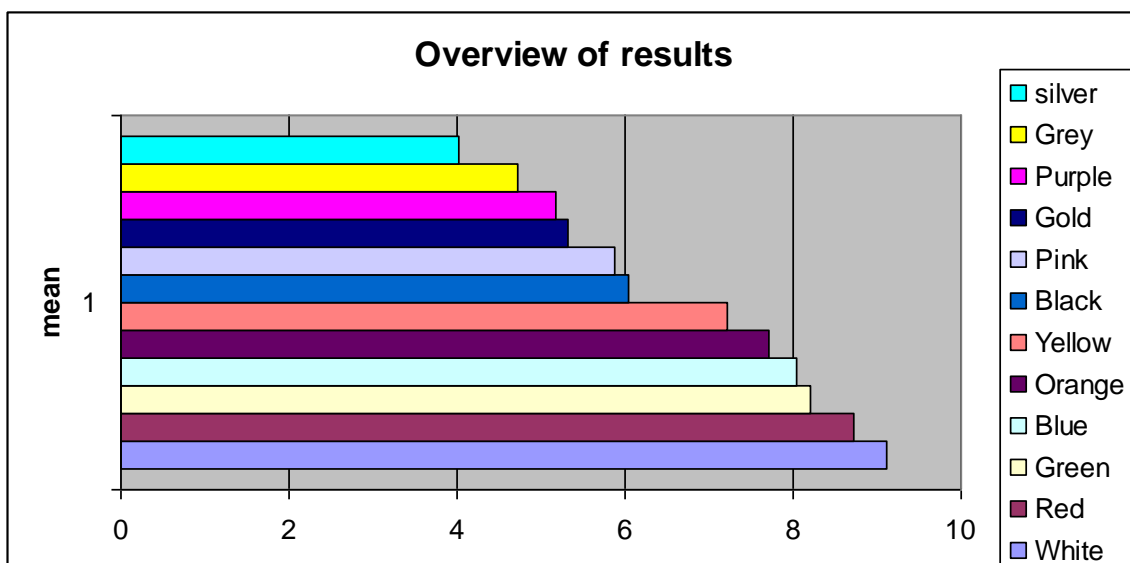
It is observed from table 6.26 and chart 6.18 that the rank order criterion is relevant. The first three rank order categories are white (mean: 9.11), red (mean: 8.72) and green (mean: 8.20)

Not one of the scores complies with the adjusted mean criterion.

These results indicate that respondents prefer white, green and red as corporate colours for pharmaceutical companies which are aligned with the colours that are normally associated with medical care.

6.8 SECTION:PRICE

The purpose of this section of the interview is to pinpoint the preferable payment method when buying medicine.

Question 10 aims to determine the respondent views on payment preferences when buying medicine. The results for question 10 are presented in the following table and charts:

- Overview of results: table 6.27 and chart 6.19 interpreted in terms of percentage.
- The comparison of respondents from different age groups: chart 6.20.

Table 6.27: Preferred payment method when buying medicine

Payment methods	Responses		Percent of Cases
	N	Percent	
Cheque	62	5.1%	7.7%
Cash	562	46.5%	69.4%
Credit card	157	13.0%	19.4%
On account	218	18.0%	26.9%
Through medical aid	199	16.5%	24.6%
Other	10	.8%	1.2%
Total	1208	100.0%	149.1%

Chart 6.19: Preferred payment method when buying medicine
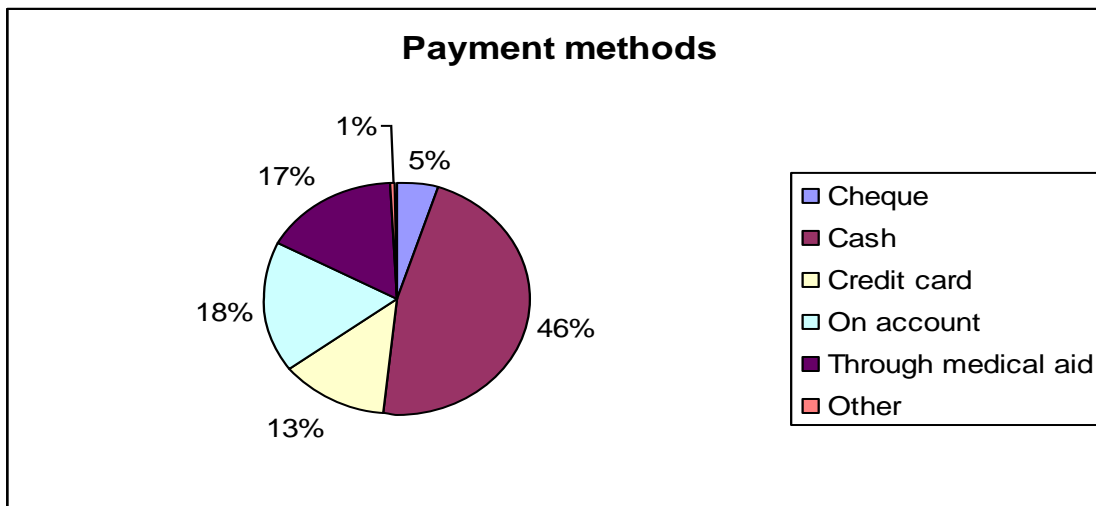
Chart 6.20: The comparison of respondents from different age groups

Differences age groups
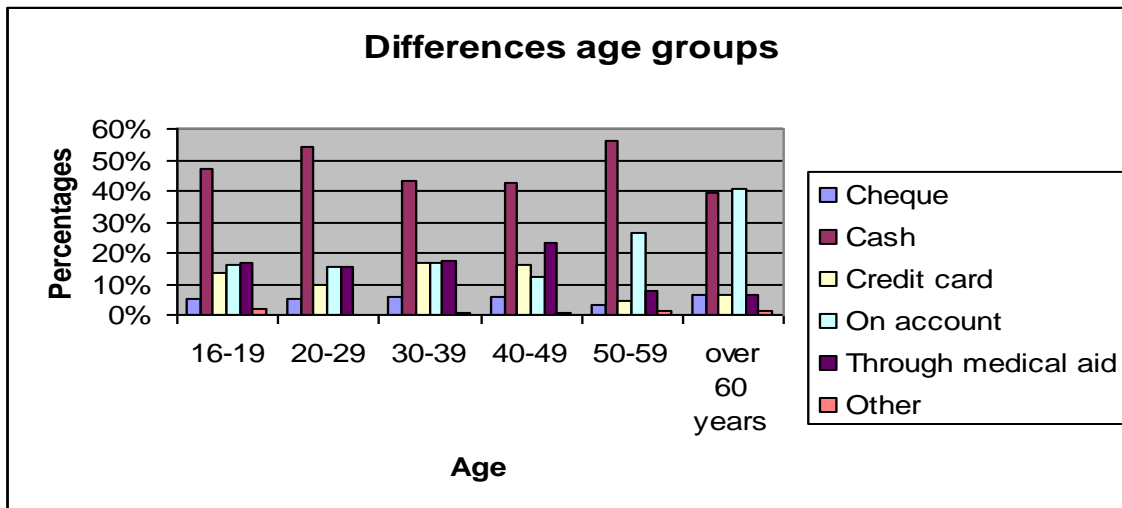
The following is observed from table 6.27 and charts 6.19 and 6.20:

- Respondents pay mostly cash (46.5%) when buying medicine.
- All age groups also prefer cash when buying medicine and all agreed that cheques are the least preferable payment method.
- Cash might be the preferable payment method because the incomes are very low in the area and consumers do not enjoy extended credit facilities.

6.9 SECTION: SUPPORT

The purpose of this section of the interview is to establish the kind of support that consumers require from a Pharmaceutical company with specific focus on education, user manuals, consumer training and consultation.

Question 11 was formulated so as to establish the respondent views on the importance of supporting factors. Respondents were asked to evaluate the importance of supporting factors on a scale of 0 to 10, where 0 = "Not important at all" and 10 = "Extremely important". Respondents could also indicate "Don't know" if they were not sure about the option. The results for question 11 are presented in the following tables and charts:

- Overview of results: Table 6.28 and chart 6.21 interpreted in terms of rank order of the mean and the adjusted mean

- The comparison of respondents from different occupational groups with regard to the most important factors when buying medicine: table: 6.28.

- The comparison of respondents form different gender groups with regard to the most important factors when buying medicine: table 6.29.

- The comparison of respondents from different age groups with regard to the most important factors when buying medicine: table 6.30.

Table 6.28: Important factors when buying medicine

Factors that influence a person's decision when buying medicine	N	Mean	Standard deviation	Rank order criterion	Adjusted mean criterion
Importance of trustworthiness	735	9.46	1.71	1*	7.75**
Importance of confidentiality	728	9.34	1.82	2*	7.52**
Analyses and clarifies the needs of the patient	713	9.33	1.69	3*	7.64**
Good knowledge of medicine	752	9.28	1.74	4	7.54**
Importance of patience	720	8.93	2.03	5	6.9
Importance of friendliness	733	8.87	2.04	6	6.83
Importance of compassion	691	8.72	2.04	7	6.68
Importance of experience	673	7.6	3.16	8	4.44
The pharmacist should be male	541	2.85	4.01	9	-1.16
The pharmacist should be female	536	2.82	3.99	10	-1.17
Valid N (listwise)	411				

* Complies with rank order criterion

** Complies with the adjusted mean criterion (>7)

Chart 6.21: The importance of factors that influence decision making
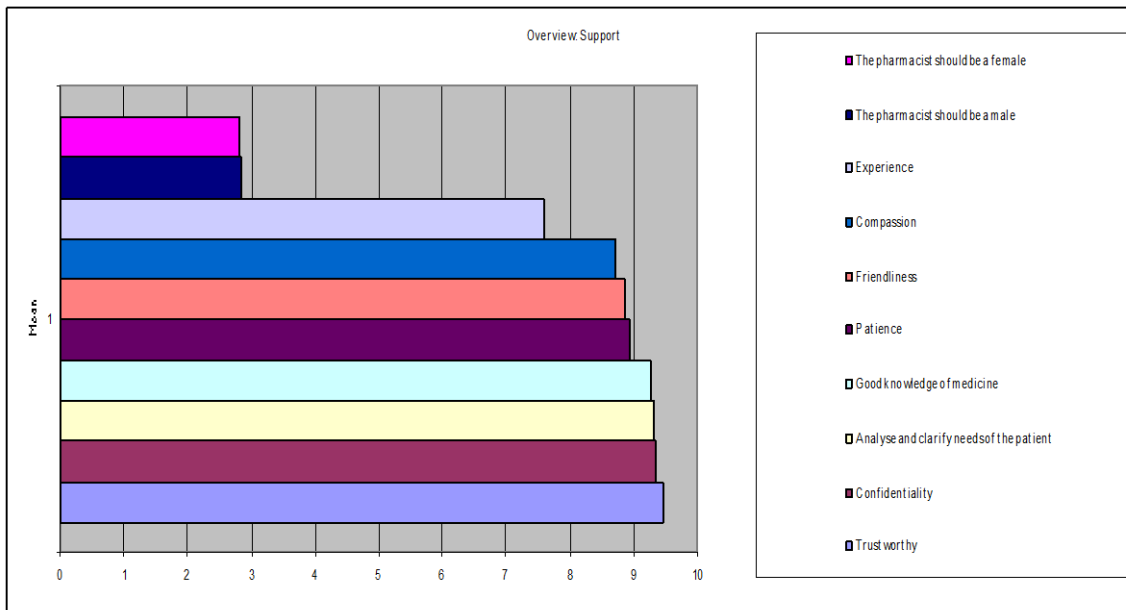
From table 6.28 and chart 6.21 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

Importance of trustworthiness (rank order = 1; adjusted mean =7.75)
Importance of confidentiality (rank order = 2; adjusted mean =7.52)
Analyses and clarifies the needs of the patient (rank order = 3; adjusted mean =7.64)

Trust and confidentiality are closely related and the findings are therefore aligned with De Liefde's (2003) view on African Leadership. He stated in Chapter 2 that the main aim for tribal leaders must be sharing the trust because that is the only way that dialogue can occur. This emphasis that respondents expect the same behavior from pharmacists.

Although it was founded that participants prefer to buy medicine through western distribution channels they still believe in a trusting relationship which according to Sobiecki (2003) is sometimes difficult to find in western practices. As discussed in chapter 4, he believes that often in the west the separation exists between the doctor and the patient and is therefore difficult to establish a trusting relationship in which the healing can be effected.

Table 6.29: The comparison of respondents from different occupational groups with regard to the most important factors when buying medicine

Profession	Highest mean	Second highest mean	Lowest mean	Second Lowest mean
Legislators, senior officials and managers	Knowledge (9.03)	Trustworthy (8.78)	Male (2.26)	Male (2.52)
Professionals	Trustworthy (9.63)	Confidential (9.51) Clarifies needs (9.51)	Male (2.23)	Male (2.39)
Technicians and associate professionals	Clarifies needs (8.63)	Trustworthy (8.56)	Male (4.29)	Female (5.06)
Clerks	Knowledge (9.20)	Clarifies needs (9.06)	Female (2.33)	Male (3.49)
Service and sales workers	Trustworthy (9.49)	Confidential (9.42) Clarifies needs (9.42)	Female (2.30)	Male (2.49)
Skilled agricultural and fishery workers	Knowledge (9.97)	Clarifies needs (9.90)	Female (8.74)	Male (8.78)
Craft and related trades workers	Trustworthy (9.80)	Confidential (8.67)	Male (6.60)	Female (7.50) Compassion (7.50)
Plant and machine operators	Confidential (9.32)	Clarifies needs (9.21)	Male (0.75)	Female (0.75)
Elementary occupation	Trustworthy (9.97)	Compassion (8.93)	Female (1.11)	Male (1.24)
Unemployed	Trustworthy (9.57)	Confidential (9.57)	Male (1.60)	Female (1.96)
Retired	Trustworthy (9.76)	Confidential (9.59)	Female (4.00)	Male (5.59)
Other	Compassion (9.00)	Knowledge (8.00) Friendly (8.00)	Female (4.00)	Male (4.25)

From table 6.29 it is observed that all occupational levels view gender as not an important supporting factor in the pharmaceutical sector. However, differences exist in terms of what they agree are the most important supporting factors.

Table 6.30: The comparison of respondents form different gender groups with regard to the most important factors when buying medicine

Gender	Highest mean	Second Highest mean	Lowest mean	Second lowest mean
Male	Trustworthy (9.49)	Confidential (9.38)	Female (2.29)	Male (2.69)
Female	Trustworthy (9.43)	Clarifies needs (9.38)	Male (2.92)	Female (3.19)

It is observed from table 6.30 that no difference exists between what males and females with regard to the most and the least important supporting factors. The only difference is that males prefer confidentiality and females prefer clarification of needs

Table 6.31: The comparison of respondents from different age groups with regard to the most important factors when buying medicine

Age	Highest mean	Second highest mean	Lowest mean	Second lowest mean
16-19 years	Trustworthy (9.42)	Confidential (9.15)	Male (3.67)	Female (3.81)
20-29 years	Trustworthy (9.33)	Confidential (9.25)	Male (2.40)	Female (2.71)
30-39 years	Confidential (9.34)	Knowledge (9.25)	Female (1.97)	Male (2.20)
40-49 years	Knowledge (9.65)	Clarifies needs (9.57)	Female (2.57)	Male (2.72)
50-59 years	Trustworthy (9.82)	Clarifies needs (9.67)	Male (2.63)	Female (3.03)
Over 60 years	Knowledge (9.70)	Trustworthy (9.62)	Female (3.48)	Male (5.32)

The interesting findings are that gender does not play an important role in medical care, especially if compared with question 3 where respondents appeared neutral about the idea the women should have more leadership roles in the society. However the results are aligned with Mbigi (2005:90) statement in Chapter 3 that a key feature of African life is gender fairness.

6.10   SECTION: DISTRIBUTION

The purpose of this section of the interview is to establish what the best distribution channel is in the healthcare sector.

Question 12 aims to determine the respondents' view on where they prefer to buy medicine.

The results for question 12 are presented in the following tables and charts:

- Overview of results: table 6.32 and chart 6.22 interpreted in terms of percentage.
- The comparison of respondents from different age groups with regard to the most preferred distribution channel when buying medicine: table 6.33.
- The comparison of respondents from different gender groups with regard to the most preferred distribution channel when buying medicine: table 6.34.

Table 6.32: Preferred distribution channels of medicine

Distribution channels	Responses		Percentage of cases
	N	Percentage	
Spaza shop	39	2.0%	4.8%
Street vendor	88	4.6%	10.9%
Pharmacy	688	35.8%	85.5%
Government hospital/clinic	408	21.2%	50.7%
Private hospital/clinic	170	8.8%	21.1%
Faith healer	30	1.6%	3.7%
Traditional healer or herbalist	137	7.1%	17.0%
Private doctor	181	9.4%	22.5%
Supermarket	166	8.6%	20.6%
Other	14	.7%	1.7%
Total	1921	100.0%	238.6%

Chart 6.22: Preferred distribution channels of medicine
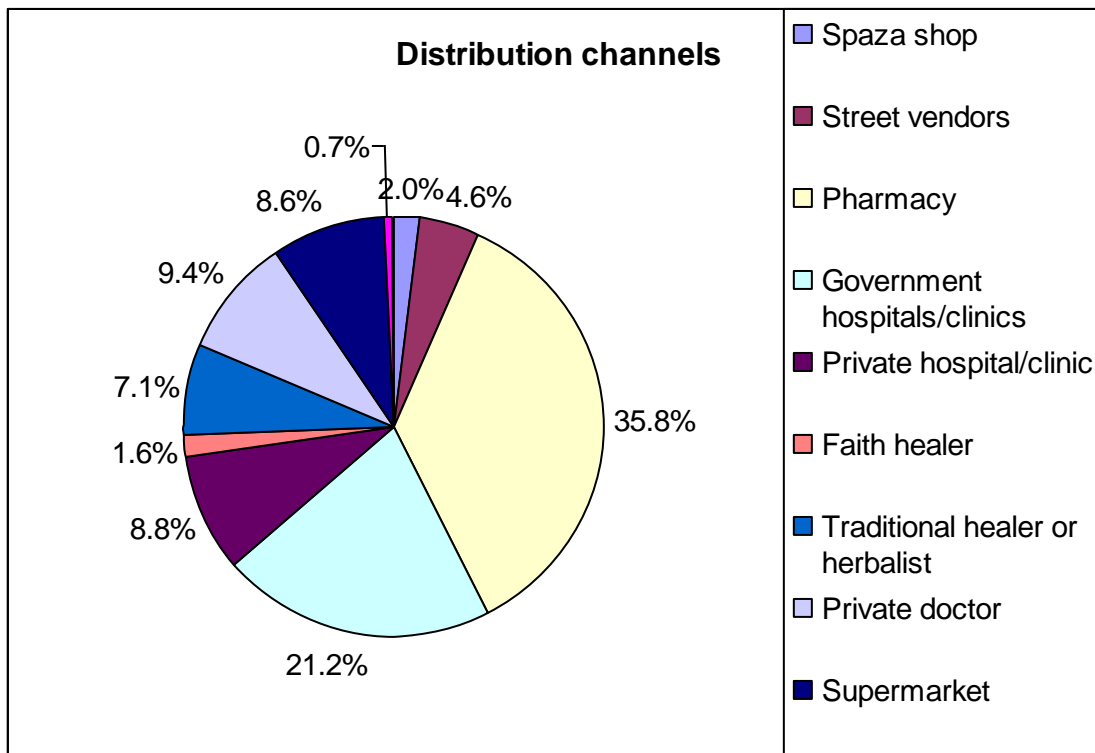
It is observed from table 6.32 and chart 6.22 that the majority of respondents buy their medicine at pharmacies (35.8%) and government hospitals and clinics (21.2%). Spaza shops (2.01%) and other outlets (0.7%) are the least preferred places to buy medicine.

Table 6.33: The comparison of respondents from different age groups with regard to the most preferred distribution channel when buying medicine

Age	Highest percentage	Second highest percentage	Lowest percentage	Second lowest percentage
16-19 years	Pharmacy (33.7%)	Government hospital (18.3%)	Faith healer (1.1%)	Spaza shop (1.7%)
20-29 years	Pharmacy (37.4%)	Government hospital (22.4%)	Faith healer (1.2%)	Spaza shop (2.6%)
30-39 years	Pharmacy (37.6%)	Government hospital (20.6%)	Spaza shop (1.5%)	Faith healer (1.7%)
40-49 years	Pharmacy (35.7%)	Government hospital (21.8%)	Faith healer (1.9%)	Spaza shop (2.6%)
50-59 years	Pharmacy (35.1%)	Government hospital (21.4%)	Faith healer (1.9%)	Spaza (2.6%)
Over 60 years	Pharmacy (31.9%)	Government hospital (23.3%)	Supermarket (0.9%)	Faith healer (2.6%)

From table 6.33 it is observed that there are no differences among age groups in terms of where to buy medicine. All the age groups prefer the pharmacies and Government hospitals.

Table 6.34: The comparison of respondents from different gender groups with regard to the most preferred distribution channel when buying medicine

Gender	Highest percentage	Second highest percentage	Lowest percentage	Second lowest percentage
Male	Pharmacy (34.9%)	Government hospital/clinic (23.9%)	Spaza shop (1.7%)	Street vendor (5.2%)
Female	Pharmacy (37.1%)	Government hospital/clinic (18.8%)	Faith healer (1.2%)	Street vendor (1.9%)

According to table 6.34, there is no difference between what males and females regard as the most preferred place to buy medicine.

As discussed in question 5, it is interesting to note that western distribution methods and channels are becoming more popular. Although believed by authors like Mbigi (2005) and Sobiecki (2003) that non western healing systems are reviving because they recognised the importance of the emotional and interpersonal aspect of healing, the study found that most consumer in Bushbuckridge buy medicine in pharmacies.

6.11 SECTION: SALES FORCE

The purpose of this section of the interview is to determine the consumer perception of a good and efficient workforce.

Question 13 establishes the respondents' view on which qualities a sales force should have in order to sell medicine effectively.

Respondents were asked to rate on a 10-point scale the qualities a sales force should have for selling medicine effectively, where 0 = "not important" and 10 = "extremely important". Respondents could also indicate "don't know" if they were not sure about their opinion.

The results for question 13 are presented in the following tables and charts:

- Overview of results: table 6.35 and chart 6.24 interpreted in terms of the rank order of the mean and adjusted mean.
- The comparison of respondents for different education levels with regard to the qualities that a sales force should have in order to sell medicine: table 6.36.
- The comparison of respondents from gender groups with regard to the qualities that a sales force should have in order to sell medicine: table 6.37

Table 6.35: Qualities of a sales force

Qualities of sales force	N	Mean	Standard deviation	Rank order Criterion	Adjusted mean criterion
Privacy during consultation	739	9.51	1.61	1*	7.9**
Clean environment	730	9.11	1.91	2*	7.2**
Training on how to live a healthy life	740	8.98	1.82	3*	7.16**
Physical consultation by nurse of pharmacist	670	8.95	1.97	4	6.98
Delivery of medicine in rural areas	634	8.8	2.46	5	6.34
Cold water in waiting area	714	8.39	2.5	6	5.89
Air conditioning	712	8.02	2.66	7	5.36
Promotional boards	680	7.64	3.12	8	4.52
Manuals in local language	678	6.54	3.9	9	2.64
Valid N (listwise)	428				0

* Complies with rank order criterion

** Complies with the adjusted mean criterion (>7)

Chart 6.24: Qualities of a sales force
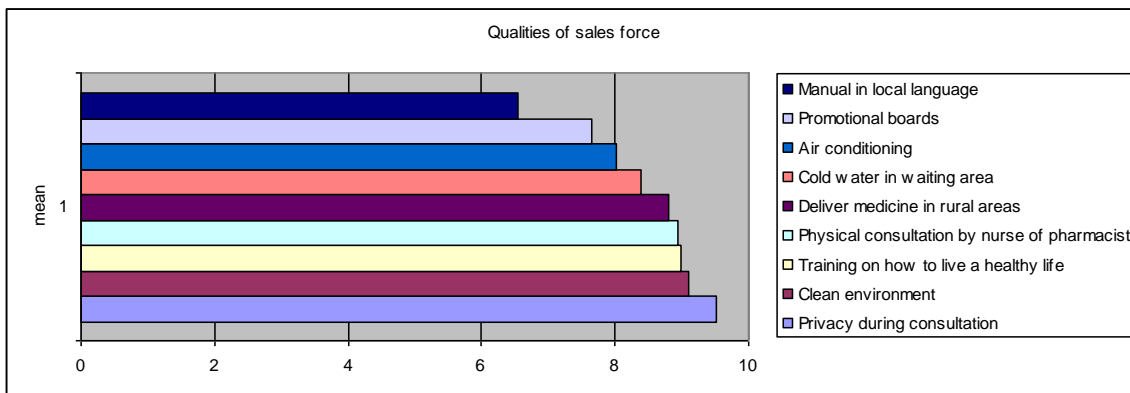
From table 6.35 and chart 6.23 it is observed that the following scores comply with both the rank order criterion and the adjusted mean criterion:

Privacy during consultation (rank order = 1; adjusted mean =7.9)

Clean environment (rank order = 2; adjusted mean =7.2)

Training on how to live a healthy life (rank order = 3; adjusted mean =7.16)

These results indicate that the respondents expect that the pharmaceutical companies should emphasis the following service: Privacy during consultation, clean environment and provide training on how to live a healthy live.

Table 6.36: The comparison of respondents form different educational levels with regard to the qualities that a sales force should have in order to sell medicine

Education level	Highest mean	Lowest mean
No education	Physical consultation (9.38)	Manuals in local language (5.83)
Primary education	Privacy during consultation (9.46)	Manuals in local language (7.58)
Secondary education	Privacy during consultation (9.40)	Manuals in local language (6.21)
Tertiary education	Privacy during consultation (9.96)	Manuals in local language (6.96)

It is observed from table 6.35 that no differences exist among respondents in various educational groups about what they regard as the most and least important sales force qualities.

Table 6.37: The comparison of respondents from different gender groups with regard to the qualities that a sales force should have in order to sell medicine

Gender	Highest mean 1	Lowest mean 1
Male	Privacy during consultation (9.41)	Manual in local language (5.79)
Female	Privacy during consultation (9.64)	Manual in local language (5.79)

According to table 6.37, no difference exists between what males and females regard as the most and least important sales force quality.

It is perceived that in rural areas medical care is unstructured and do not focus on privacy. It is therefore interesting to note that privacy during consultation is the most important aspect for consumers in rural areas.

The standard deviations of the options that were rated lower tended to be higher that those that received a high rating. It would seem that respondents agreed more on the sales force qualities that were particularly important and less to the least important sales force qualities.

6.12 SUMMARY

In chapter 6 the research findings from 850 respondents who participated in the research project were presented and discussed.