

**EVALUATION OF THE MANAGEMENT OF THE HIV AND AIDS  
WORKPLACE POLICY AT STATISTICS SOUTH AFRICA**

by

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## DECLARATION

I declare that: **EVALUATION OF THE MANAGEMENT OF THE HIV AND AIDS WORKPLACE POLICY AT STATISTICS SOUTH AFRICA** is my own work, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I declare that this work has not been submitted previously to any other university.

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Signature

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Date

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## SUMMARY

The purpose of the study was to evaluate the management of the HIV and AIDS workplace policy at Statistics South Africa (Stats SA). This entailed an assessment of the levels of awareness amongst employees, and an assessment of employees' knowledge of the policy and its implementation. Data were collected through a structured questionnaire administered to randomly selected employees. It was found that the respondents' level of awareness of the HIV and AIDS workplace policy at Stats SA was satisfactory. Although some differences were observed, overall it seems that Stats SA was successful in promoting general awareness of its policy and its contents. However, as far as the respondents' attitudes and opinions relating to the implementation of the policy at Stats SA are concerned, several issues still need to be addressed.

**Keywords:** HIV and AIDS prevention, HIV and AIDS workplace policy, Statistics South Africa, workplace wellness programmes, evaluating policy implementation

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## **LIST OF ACRONYMS AND ABBREVIATIONS**

|          |  |
|----------|--|
| AIDS     | Acquired Immune Deficiency Syndrome                |
| ANOVA    | Analysis Of Variance                               |
| APIME    | Access - Plan - Implement - Monitor and Evaluate   |
| DOL      | Department of Labour                               |
| DPSA     | Department of Public Service and Administration    |
| EAP      | Employee assistance programme                      |
| FPD      | Foundation for Professional Development            |
| HCT      | HIV Counselling and Testing                        |
| HIV      | Human immunodeficiency virus                       |
| HODs     | Heads of Departments                               |
| ILO      | International Labour Organisation                  |
| KAP      | Knowledge, attitudes and practices                 |
| NEHAWU   | National Education Health Allied Workers Union     |
| NGOs     | Non-governmental organisations                     |
| PLWHA    | People living with HIV/AIDS                        |
| PSR      | Public Service Regulation                          |
| PSA      | Public Service Association                         |
| RSA      | Republic of South Africa                           |
| SABS     | South African Bureau of Standards                  |
| SANS     | South African National Standards                   |
| SACTWU   | South African Clothing and Textile Workers Union   |
| SPSS     | Statistical Package for the Social Sciences        |
| Stats SA | Statistics South Africa                            |
| STIs     | Sexually transmitted infections                    |
| UNAIDS   | Joint United Nations Programme on HIV and AIDS     |
| UNDP     | United Nations Development Programme               |
| UNISA    | University of South Africa                         |
| USAID    | United States Agency for International Development |
| WHO      | World Health Organisation                          |

# CHAPTER 1: PERSPECTIVES ON THE RESEARCH ISSUES

## 1.1 INTRODUCTION

The purpose of the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) workplace policy is to ensure uniform and fair approaches to the effective prevention of HIV and AIDS amongst employees and the comprehensive management of HIV-infected employees and employees living with AIDS.

Statistics South Africa (Stats SA) acknowledged the seriousness of the HIV and AIDS epidemic in South Africa and its significant impact on the workplace .It shares the understanding of HIV as a chronic life threatening disease with social, economic, and human rights implications. It seeks to minimise these implications through comprehensive proactive HIV and AIDS workplace programmes. Therefore, an HIV and AIDS policy was developed in 2003.The study is an evaluation of the management of the HIV and AIDS workplace policy at Stats SA.

According to the South African Department of Public Service and Administration (SA Government, DPSA 2002:15), the impact of HIV and AIDS that will be experienced in workplaces in such diverse areas as mobility, mortality and absenteeism will

...disrupt the operation of the institution. The disruption will be amplified as more and more qualified and experienced employees are absent. Increases in deaths” may lead to increased absenteeism among non-infected staff, “as employees attend funerals for family members, friends and colleagues. Women employees, due to their socially defined roles as caregivers, might take time off to care for sick children, partners or other family members.

The death or early retirement of an HIV-infected employee requires that the organisation finds an appropriate replacement to appoint and train. In addition, the DPSA (2002:15) asserts that, “With highly qualified staff, this is often difficult,

particularly in developing economies with skills shortages. Training and recruitment are costly” (SA Government, DPSA 2002:15).

Furthermore, the DPSA (2002:15) asserts that:

The HIV and AIDS epidemic has a negative impact on morale in the workplace (SA Government, DPSA 2002:15). Some employees might fear infection and death, which may lead to increased stigmatisation and discrimination against others, as well as resistance to shouldering the additional responsibilities for colleagues who are off sick or away from work. Employers and employees will feel the impact as the cost of employee benefits increases (SA Government, DPSA 2002:15). Demand for services, particularly health and welfare services, is likely to increase drastically. This will have major implications for organisations that provide these services and even more so if they already face capacity constraints or are short-staffed.

HIV and AIDS threaten the economic security and developmental potential of countries because it primarily strikes at the working-age population (United Nations programme on HIV and AIDS, UNAIDS 2004:25). Consequently, HIV and AIDS have severe negative impacts on business and the community at large (UNAIDS 2004:25). For example, the UNAIDS (2004:55) reports that HIV impacts negatively on the economy of nations. Through HIV and AIDS, people lose jobs and income. South Africa has put legislation and policy frameworks in place for the protection of employees and job applicants infected with HIV against discriminatory and unfair practices. The Constitution of South Africa (Act No 108 of 1996) (SA Government 1996) promotes equality, freedom, confidentiality and fair employment practices, and these rights are applicable to people living with HIV.

Laws and policies (and the programme interventions that stem from them) to address HIV and AIDS are applicable in both the private and public sector. Specific public service regulations outline how HIV and AIDS workplace programmes should be managed (SA Government, DPSA 2002:25).

In January 2000, the DPSA (the custodian of HIV and AIDS workplace programmes) launched the *Public Service Workplace HIV and AIDS Programme*. The aim of the programme was to mitigate the socio-economic impact of HIV and AIDS on the public service. As part of this programme, the Public Service Regulations (SA Government, DPSA 2001) “*was amended to include minimum standards for managing HIV and AIDS in the public service workplace*”.

According to the SA Government, DPSA (2002:25), there are requirements prescribed for heads of departments (HODs) on how to manage HIV and AIDS within government departments.

HODs should ensure that the working environment is conducive to employees living with HIV, and that steps are taken to:

- Eliminate the risk of HIV transmission in the workplace;
- Make sure that employees are not exposed to contracting HIV within the workplace and to have measures in place to address that;
- Ensure that no one is discriminated unfairly and if so there should be processes and procedures to deal with that.
- ensure that there is no-discrimination based on HIV status or AIDS.

HODs must also ensure that mandatory HIV testing of a public servant is prohibited, that HIV counselling and testing (HCT) is encouraged, that the confidentiality of HIV status is maintained and that health promotion programmes are introduced to deal with HIV and AIDS prevention. In addition, they need to ensure the care and acceptance of people living with HIV, that support for HIV and AIDS policies and programmes is established through the allocating of responsibilities and that there are human and financial resources. Furthermore, the adequate structure and communication strategies should be put in place and care must be taken to ensure that measures are applied to monitor and evaluate HIV and AIDS policies and programmes. These regulations are to be

implemented by a senior management service member and facilitated by a representative stakeholder committee (SA Government, DPSA 2002:26).

While the *Public Service Regulations* (SA Government, DPSA 2001) stipulates that working conditions should support effective and efficient service delivery, it also highlights the need for government departments to provide reasonable accommodation for persons living with HIV. This regulation also emphasises the benefits of setting up measures for the monitoring and evaluation of HIV and AIDS programmes (SA Government, DPSA 2002: 117).

In line with the *Public Service Regulations*, all HODs and directors- general of government departments are accountable for the development and implementation of HIV and AIDS workplace programmes. In South Africa, although there is one framework for the management of HIV in the workplace, departments are allowed to implement diverse interventions that are aimed at addressing the specific challenges in each respective department.

HIV and AIDS workplace policies spell out the organisation's position on workplace programmes and guides, and sustains the awareness, prevention, treatment and care related to HIV and AIDS. The policy provides guidelines regarding how an organisation has to respond to HIV-positive employees, provides frameworks for action to reduce the spread of HIV and to manage the impact of HIV and AIDS, sets the standards of behaviour expected of all employers and establishes consistency within the organisation (SA Government, DPSA 2002:49).

The *code of good practice on the key aspects of HIV and AIDS and employment* by the South African Department of Labour (SA Government, DOL 2000) provides guidelines for employers, employees and trade unions to implement to ensure that employees living with HIV are not unfairly discriminated against in the workplace. This code is relevant to this study because the policy framework is aimed at ensuring that the working environment supports effective and efficient service delivery, as far as is reasonably possible.

The International Labour Organisation (ILO) promotes a comprehensive approach to workplace policies and programmes, based on protecting the rights of workers infected and affected by HIV and on offering prevention and care services. The ILO's *Code of Practice on HIV and AIDS and the World of Work* (ILO 2001) promotes not only workers' rights and benefits, but also treatment, care and support needs.

Many HIV-positive workers are reluctant to participate in workplace programmes because they fear losing their jobs or being ostracised (UNAIDS 2004:57). Developing a climate that encourages workers to participate in workplace programmes should be encouraged by involving trade unions or workers' representatives in the planning and implementation of workplace programmes (UNAIDS 2004:57).

According to UNAIDS (2004:57), trade unions and confederations of trade unions are role players in strengthening the national AIDS response since their function is to advise their members on the one hand and lobby for their members, on the other hand. For example, the South African Clothing and Textile Workers Union (SACTWU) supports HIV counselling and testing, general awareness and training amongst its shop stewards and employees in general. There are two unions in Stats SA within the department, namely the Public Service Association (PSA) and the National Education Health & Allied Workers Union (NEHAWU).

## **1.2 THE RESEARCH PROBLEM**

According to the United Nations Development Programme (UNDP) (quoted in UNAIDS 2004:55), the Malawian public sector found that the country's annual loss of government staff increased to almost six-fold between 1990 and 2000, primarily due to premature AIDS-related deaths. In addition, this study found that mortality was disproportionately high amongst young adults of both sexes.

In 2000, more than half of the established posts in the Departments of Education and Water respectively in Malawi were vacant. Furthermore, key ministries in other Southern African countries reported that half or more of their posts were unfilled. Consequently, there is an association between high vacancy rates and poor service delivery in governments (UNAIDS 2004:55). HIV and AIDS have a dramatic impact on the world of individuals, on health systems and profoundly on the workplace – especially in South Africa since it increases absenteeism, productivity is affected and staff members have to be replaced which cost a lot of money. Therefore, it is very important to develop, implement and monitor policies.

It is often the case that policies are developed but not implemented for various reasons. This failure to implement the policy can be due to the policy document being too long and unwieldy, so that the staff members tasked with the implementation finds it difficult to understand. Other problems in this regard are that poorly formulated policies may not provide clear guidelines in terms of implementation, and that the lack of committed leadership regarding the implementation of a policy cause considerable problems (Glasgow & Emmons 2007). In addition, Schneider and Stein (2000) identify a lack of committed leadership regarding the implementation of a policy as a further major obstacle.

Stats SA recognised the seriousness and implications of HIV and AIDS for its employees and the organisation. Therefore, it sought to minimise the social, economic and developmental consequences by providing resources and leadership to implement an HIV and AIDS policy and programme (SA Government Department of Statistics 2003). The central research problem, which guided the study, was to find out how the HIV and AIDS workplace policy of Stats SA was being implemented and managed and how much the employees knew about the policy.

### **1.3 PURPOSE OF THE STUDY**



The purpose of the study was to evaluate (from the perspective of the employees) the implementation and management of the HIV and AIDS workplace policy at Stats SA. This implied an assessment of the levels of awareness of the HIV and AIDS policy among employees and an assessment of employees' knowledge of the HIV and AIDS workplace policy. It also implied gauging the attitudes of employees regarding the HIV and AIDS workplace policy. Apart from researching the level of awareness and knowledge of the policy, this study sought to discern what was happening at the level of implementation, in order to provide vital information to inform further development or refinement of the HIV and AIDS workplace policy at Stats SA.

#### **1.4 RESEARCH QUESTIONS**

The study attempted to find answers to the following questions:

- Are the employees aware of the HIV and AIDS policy at Stats SA? Beyond awareness of the policy, are the employees knowledgeable about the contents of the policy?
- What are the perceptions of the employees regarding the HIV and AIDS programme or interventions that stem from the policy?
- What are the attitudes of the employees about the various HIV- and AIDS-related activities offered in Stats SA?

#### **1.5 RESEARCH DESIGN AND APPROACH**

According to De Vos, Strydom, Fouche' and Delport (2002), a quantitative approach favours structured data gathering in which the researcher can ask the same question from a number of respondents. There was no data available on the perceptions of employees at Stats SA about the HIV and AIDS policy and

programmes. A survey-type approach enabled the gathering of baseline data. Such baseline data was needed to act as reference data for further studies.

Since this is a descriptive, quantitative study intended to generate baseline data, no hypotheses were stated prior to data gathering. The full details of the methodological decision taken for the study are given in chapter three of this dissertation. Here, the general approach is outlined and substantiated in terms of the purpose and objectives of the study. Moreover, the research objectives, the question items and the sampling strategies were influenced by the literature reviewed by the researcher (see chapter two).

## 1.6 DEFINITION OF KEY TERMS

**Acquired immune deficiency syndrome (AIDS):** is a life-threatening syndrome caused by the HI-virus and characterised by the breakdown of the body's immune defences (Stine 2010:446).

**An employee health and wellness programme:** is a work based programme designed to assist employees in the identification and resolution of productivity problems associated with employees impaired by personal ,health and work related concerns which may affect job performance (SA Government, DPSA 2002:4).

**An epidemic:** is a disease affecting many people at once. Its outbreak is often rapid, with a sudden growth or development in prevalence (Stine 2010:448).

**Evaluation:** is the measurement of the impact of a project or a programme. It also defines as a selective exercise attempts to assess progress towards the achievement of an outcome systematically and objectively (Gosling & Edwards 2003:108).

An **HIV and AIDS policy**: is a written document that sets out an organisation's position and practices as they relate to HIV and AIDS (SA Government, DPSA 2002:04).

**Workplace programme**: is intervention to address a specific issue within the organisation in order to prevent new HIV infections, provide care and support for employees who are infected or affected by HIV and AIDS, and manage the impact of the epidemic on the organisation (SA Government, DPSA 2002).

**The human immune deficiency virus (HIV)**: is a retrovirus that causes AIDS. HIV targets the T4 or CD4 subset of T lymphocytes, which regulate the immune system (Stine 2010:449).

## 1.7 CONCLUSION

The working environment should be conducive to employees being able to utilise the programmes/ services freely that are provided by the employers. .In some cases the programmes are extended to the family members. The workplace plays an important role in the provision of prevention, treatment, care and support. The employees trust the systems/services if the unions are involves. Confidentiality is the cornerstone of an effective health and wellness programme and it should be maintained at all times.

Employees are the greatest investment in the organisation, in the sense that if they are not well, productivity is going to be affected and it will be a great loss to the organisation.

## 1.8 HOW THE DISSERTATION IS ORGANISED

Chapter one consists of the introduction and rationale for the dissertation. It also provides a problem statement, the research questions as well as the aims and objectives of the research, the research design and research methods used, an

explanation of the concepts pertaining to this research. In addition, it also contains a discussion of the perspectives on the research issues. Lastly, it contains a division of the chapters in this study.

Chapter two provides a review of the relevant literature that places the research theme in context. The aim was to find further information on the various issues pertaining to this study to shed light on the topic under study. A further aim was to determine if there were gaps in previous studies so that this study could address those aspects where applicable. .

Chapter three provides a description of the research methodology used by the researcher. The focus fell on the research design, the research instruments used, the sampling methods used and the data collection and analysis procedures

Chapter four deals with the presentation and discussion of the findings derived from an analysis of the data collected as well as a description of the statistical methods used to analyse the data.

Chapter five gives a brief summary of the study's findings and presents conclusions drawn from these findings. It also contains the recommendations derived from the findings and conclusions. In addition, it identifies areas where further research is as well as the identification of themes on which further investigation is recommended.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

In this chapter, the researcher provides a review of literature pertaining to the evaluation of the management of HIV and AIDS workplace policies. The following topics are covered: definitions of term “evaluation,” characteristics of evaluation, types of evaluations, approaches to evaluation, the building blocks of evaluation, evaluation strategies and the minimum requirements for an HIV and AIDS programme.

### **2.2 DEFINITIONS OF EVALUATION**

Hope (2003:269) defines evaluation as the:

...systematic examination and assessment of the features of an initiative and its effects, in order to produce information that can be used by those who have an interest in its improvement or effectiveness.” In terms of policy and programme evaluation, evaluation can be regarded as a systematic process that produces a trustworthy account of what was attempted and why.

Examining the results of an evaluation can answer the following questions: *What was done? To whom? How?* In addition, *which outcomes were observed?* Well-designed evaluations yield evidence to address the question of the outcomes and how this can inform future practice (Hope 2003:269). For the purpose of this study, the researcher defines evaluation of the implementation of an HIV and AIDS policy as the regular appraisal of the formal procedures implemented as part of the workplace HIV and AIDS policy.

### **2.3 CHARACTERISTICS OF EVALUATION RESEARCH**

According to Trochim (2006:30), the ultimate goal of evaluation is to provide useful feedback to decision-makers about observable features and results about

the object of the evaluation. In turn, feedback on evaluation enables groups to restructure or amend their policies to enable them to function properly and effectively. Importantly, evaluation is undertaken for the ultimate purpose of making policies more effective and for working to achieve what they were intended to achieve. The questions that the evaluation considers are those directed at finding evidence for decision-making. In this regard, four dimensions of evaluation should be considered, namely the questions that drive the evaluation, the judgemental character of evaluation research, the setting in which the evaluation occurs, role conflicts that arise from evaluation research, and the issue of publishing evaluation research. Each of these factors is discussed below.

### ***2.3.1 Evaluation research is directed at programme-derived questions***

Weiss (1972) points out that evaluation research tends to champion the questions that interest decision-makers above those that might interest researchers. In addition, unlike basic research that can be hypothesis-driven, evaluation research is often directed towards finding evidence to address programme concerns. This study was derived from the need to evaluate the policy implementation, and thus this dimension of evaluation research features in this research.

### ***2.3.2 Evaluation research has a judgemental quality***

Weiss (1972:6) explains that evaluation compares “*what is*” with “*what should be*.” Thus, evaluation research tends to subscribe to a value-free epistemology in which the investigator remains detached and is chiefly concerned with finding evidence to test whether the programme/policy/intervention is achieving its intended goals. This judgemental quality of evaluation research entails measuring objectives against outcomes.

### ***2.3.3 Evaluation research takes place in an action setting***

Evaluation research does not take place in a vacuum; it happens in the location under investigation. This implies that it is embedded in the context in which programme implementation takes place. In this case, the context in which the programme was implemented was Stats SA. Programme staff often control access to records and files.

### ***2.3.4 Evaluation research may lead to role conflicts***

Conflicts are common between implementers and evaluators of programmes/interventions. Implementers might be subjective and loyal to their programmes/interventions, which they might view as effective and progressive. They might have blind spots regarding problems related to their programmes/interventions. Moreover, they could argue against the need for evaluation or be afraid of being blamed for mistakes or shortcomings in their programmes.

Evaluators may also face the problem of having to maintain a good relationship with their clients or sponsors. Weiss (1972:7) states that evaluation research is not likely to make a meaningful contribution to the improvement of programme service where such role conflicts are not addressed. Where they do occur, such role conflicts must be negotiated and cannot be allowed to contaminate the objectivity of the evaluation task (Weiss 1972:8). Fortunately, during the current study, the researcher did not encounter any inhibiting fears amongst the respondents or any role conflicts.

### ***2.3.5 Evaluation research is often not published***

Many evaluation research studies go unpublished, due to a lack of confidence in the veracity of the results (Weiss 1972:7).

## **2.4 TYPES OF EVALUATION**

Four types of evaluation are discussed below, namely formative, process, outcome and influence evaluation respectively.

### **2.4.1 Formative evaluation**

According to Rehle, Saidel, Mills and Magnani (2006:58), formative evaluation is done during the design stage and early phases of a project to determine which interventions are effective and to define practical goals and objectives. In the current study, the researcher focussed on evaluating the degree to which the results/objectives had been achieved. This study is a type of formative evaluation because it was carried out during the early phases; the interventions could be designed goals and objectives could be formulated.

### **2.4.2 Process evaluation**

Rehle et al (2006:58) stipulate that process evaluation should be conducted during the project (at the beginning, during the process and at the end) and provides information regarding the project implementation progress; the actual project impacts on and identifies the need for adjusting the project implementation processes. UNAIDS (2000:8) defines process evaluation as the assessment of programme content, scope or coverage, together with the quality and integrity of implementation. Both Rehle et al (2006) and UNAIDS (2008) share the same ideas regarding the implementation of the programme/project. In addition, UNAIDS (2008) emphasises the fact that during process evaluation, the content, scope and approaches should be defined and selected.

In the current study, the researcher set out to assess whether the HIV and AIDS workplace policy at Stats SA was implemented effectively and identified challenges regarding its implementation. UNAIDS (2000:8) emphasises that if process evaluation shows progress in the implementation of the programme as planned, it is worth proceeding with an evaluation of the degree to which the set objectives have been met.



### **2.4.3 Outcome evaluation**

Outcome evaluation is defined as the type of evaluation that takes place when the project is finished and the extent to which it reaches the set objectives (Rehle et al 2006). According to the World Health Organisation (WHO) and UNAIDS (2000:5), outcomes are those results that are brought about directly or indirectly by the programme.

### **2.4.4 Impact evaluation**

Impact evaluation is conducted at the end of the project. It is intended to assess the project's sustainability and whether the broad aims and objectives have been achieved (UNAIDS 2000:5).

## **2.5 APPROACHES TO EVALUATION**

According to Shapiro (quoted in Rehle et al 2006:60), and as shown in table 2.1 below, there are different possible approaches to the evaluation of HIV and AIDS workplace policies. Goal-based and decision-making approaches were used in this study as the researcher set out to evaluate the management of the HIV and AIDS policy.

**Table 2.1: Different approaches to evaluation**

| <b><i>Approach</i></b> | <b><i>Major purpose</i></b>                    | <b><i>Typical focus questions</i></b>                              | <b><i>Likely methodology</i></b>  |
|------------------------|--|--|---|
| 1.Goal-based           | Assessing achievements of goals and objectives | Were the goals achieved efficiently?<br>Were they the right goals? | Comparing baseline and progress data. Finding ways to measure indicators. |
| 2.Decision-making      | Providing information                          | Is the project effective?  | Assessing range of options related to the project context, inputs,        |

| <i>Approach</i>    | <i>Major purpose</i>   | <i>Typical focus questions</i>                         | <i>Likely methodology</i>   |
|--------------------|--|--|---|
|                    |  | Should it continue?<br>How might it be modified?       | processes and products.<br>Establishing some kind of decision-making consensus.   |
| 3.Goal-free        | Assessing the full range of project effects, intended and unintended | What are all the outcomes?<br>What value do they have? | Independent determination of needs and standards to judge project worth. Qualitative and quantitative techniques to uncover any possible results. |
| 4.Expert judgement | Use of expertise   | How does an outside professional rate this project?    | Critical review based on experience, informal surveying and subjective insights.  |

(Source: Rehle et al 2006)

## 2.6 BUILDING BLOCKS OF EVALUATION RESEARCH

Donaldson and Scriven (2003:59) state that evaluation research should be theory-driven and that a suitable theory of evaluation practice should meet the following five criteria:

- It should take cognisance of the research approach used to produce reliable information.
- It should be able to describe how social programmes flow from policies and are implemented.
- It should take cognisance of the role of values in evaluation.
- It should account for practice in the implementation of programmes and projects.
- The nature of social programmes and their role in solving social problems should also be taken into account.

The researcher holds the view that evaluation research in the area of HIV and AIDS should also include an annual evaluation and planning of HIV activities, departmental annual reports reflecting HIV activities, client satisfaction surveys, impact evaluation as well as a review of HIV policy implementation.

Mark (in Donaldson & Scriven 2003:176) provides six reasons why practising evaluators should take note of the following regarding evaluation theory:

- It provides a means of communication, which evaluators can use in talking to each other about evaluation.
- It raises many issues about which evaluators seem to care most deeply.
- It defines the topics that are used in evaluation professional conferences.
- It provides evaluators with credibility that is different from other professionals.
- It provides the evaluators an opportunity to present worldwide.
- It is the basis of the profession.

Evaluation theory helps evaluation practitioners understand and share the best practices and provide the reasons for the various procedures evaluators recommend and use in practice (Donaldson & Scriven 2003).

Donaldson and Gooler (2003:354) indicate that before undertaking an evaluation, the theory driven evaluator should be knowledgeable about the kind of programme he/she wants to evaluate and the reasons should be clearly defined. Importantly, the place where the evaluation it is going to be conducted should not impose any constraints on the study, which could have a negative impact on the process. This study used quantitative methods for collecting, analysing and using information to answer questions about the HIV and AIDS policy and programme. This study aimed to formulate a programme impact theory; in addition, it aimed to prioritise evaluation questions and answer evaluation questions neutrally. The decision regarding the choice of the methods is determined by the programme theory while taking cognisance of the advantages and disadvantages of the various methods (Donaldson & Gooler 2003:355). Besides using a quantitative

method to gather information from the respondents, the researcher had to take the timeframe and the scope of work into consideration as well.

The researcher feels that this study is relevant, since evaluation of how the existing policy is implemented will help Stats SA employees and management to make better decisions and justify the existence of the policy,

## **2.7 EVALUATION STRATEGIES**

Hope (2003:269) explains that the evaluation of health promotion initiatives entails four core features, namely participation, multiple methods, capacity building and appropriateness. Participation pertains to the involvement, in appropriate ways, of all those who have a legitimate interest in the health promotion initiative. Stakeholder participation is crucial during evaluation as stakeholders can contribute by giving their views and opinions regarding the issues that concern them.

Furthermore, the researcher holds the view that stakeholder involvement may enhance the acceptance and commitment on the part of decision-makers within an organisation. According to Hope (2003:270), there is substantial evidence to indicate that the recommendations stemming from programme evaluations are more likely to be implemented when key stakeholders have participated in all the stages of the evaluation. This, in turn, helps to increase the credibility and subsequent use of the evaluation results.

Participation and empowerment need the use of different mechanisms, for example, interviews and the completion of questionnaires for people to express their opinions and in this way, influence the issues under study. Such mechanisms allow them to make their own decisions, whether big or small. In this study, employees shared their knowledge and experiences regarding the implementation of the Stats SA workplace policy. As the employees are the beneficiaries of the policy, they have the right to make contributions regarding the successes, failures and challenges in specific work-related situations.

Enhancement of capacity building should be one aspect of the evaluation process so that expertise in the evaluation of health promotion initiatives can be developed and sustained (Hope 2003:270). The researcher concurs with such a statement; however, she wishes to add that skills transfer is important in the evaluation of a policy or programme and can work effectively if important roles and responsibilities are clearly defined; for example, responsibilities need to be assigned for carrying out the training programmes. This could mean bringing in outside training skills, building the capacity of existing trainers to integrate HIV and AIDS into training programmes, or developing specialist HIV and AIDS trainers.

According to Hope (2003:270), programme methods and approaches should be relevant, appropriate, empowering and take into consideration the social, cultural and, human or natural resources so that the future generation can benefit and learn from the results of this study. The researcher feels that it is pointless to have policies that are not addressing the needs of the people; on the contrary, they must be relevant to the circumstances of the targeted group.

This document also deals with employees' benefits, dismissals, grievance procedures and management of HIV in the workplace, as well as assessing the impact of HIV and AIDS within the workplace and developing a workplace HIV and AIDS programme. It is therefore recommended that every workplace should develop and implement an HIV and AIDS programme to indicate its commitment and proactive response to the epidemic. The subsections below discuss the minimum requirements of a workplace HIV programme.

## **2.8 REQUIREMENTS FOR AN HIV AND AIDS PROGRAMME IN THE WORKPLACE**

### ***2.8.1 Key principles that guide responses to the HIV epidemic***

According to the ILO (2001), *the Code of practice on HIV and AIDS* binds all employers and employees in the public sector and all aspects of both formal and informal work. The researcher is of the opinion that the concepts discussed below are relevant to this study because they can act as guidelines for developing workplace policies and they can assist in defining the concerns of those who are affected by the policy. In addition, they prioritise the key legal, personnel and policy development issues related to HIV and AIDS. In the following section, the standards set out in the *Code of practice on HIV and AIDS* are discussed.

### **2.8.2 Recognition of HIV and AIDS as a workplace issue**

HIV and AIDS should be part of the chronic illnesses within the workplace. The workplace is an ideal place to become involved in the fight against HIV, since the employees spend most of their time at work. At the workplace, programmes should be put in place to address HIV and other related diseases as an indication that employers are concerned about the wellbeing of their employees. If this is not attended to, it may lead to productivity being compromised, it is better to invest in their health to save the costs of replacing staff members and the costs resulting from absenteeism and training new employees (ILO 2001:4).

### **2.8.3 HIV and AIDS awareness**

The South African Department of Public Service and Administration (SA Government, DPSA 2002:77) states that the objective of awareness activities is to ensure that all the staff are aware of HIV and AIDS, of how it is transmitted, as well as, an awareness of how it is not transmitted as well as prevention options.

Examples of awareness activities are:

- The distribution of AIDS ribbons for staff to wear; this serves as a constant reminder of the reality of HIV and AIDS.

- The need to care for and support PLWHA.
- Distribution of pamphlets on HIV and AIDS.
- Arranging talks by PLWHA.
- Celebrating World AIDS Day in the workplace.

#### **2.8.4 Non-discrimination**

The discrimination against and stigmatisation of people living with HIV and AIDS inhibit efforts aimed at promoting HIV and AIDS prevention (ILO 2001:5). The researcher holds the view that HIV policies should contain measures for preventing discrimination against persons living with HIV and AIDS. The objective of creating a non-discriminatory work environment is to enable employees to undergo counselling, HIV testing and education without fear of discrimination. A secondary objective is to promote an environment in which employees can be open about their status (SA Government, DPSA 2002: 81).

The South African Department of Public Service and Administration (SA Government, DPSA 2002:82) points out that the:

...rationale for including non-discrimination strategies in HIV and AIDS programmes is that there is no obligation for employees to ascertain their HIV status and to change their behaviour if they believe that they will lose their jobs if they are HIV positive, or that they will be rejected by family, friends and colleagues in such an event.

In other words, it is only when employees are confident that there are only benefits and no dangers involved in participating in the programme that they will take steps to determine their HIV status.

#### **2.8.5 Gender equality**

The gender dimension of HIV and AIDS should be recognised. The researcher has noted that the probability of women being adversely affected by HIV is higher

than for men, for cultural, social, biological and economic reasons. In South Africa, however, with its patriarchal society, affirmative action and employment equity policies are gradually reducing the economic disparity between men and women. To this end, more equal gender relations and the empowerment of women are vital to prevent the spread of new infections successfully and enable women to cope with HIV and AIDS (ILO 2001:5), for example, some women are unable to negotiate for safer sex with their partners.

### **2.8.6 *Healthy work environment***

According to the ILO (2001:5), a healthy work environment facilitates optimal physical and mental health. According to the South African Department of Public Service and Administration (SA Government, DPSA 2002:83), the objective of infection control is to prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposure when it occurs. Both are important elements in any workplace safety programme and certain appropriate guidelines must be followed to manage the risk of HIV transmission following an accident. Furthermore, it is important to ensure that everyone who is HIV-positive should always take appropriate precautions, for instance, if there is accidental contact with blood, standard first-aid procedures should be followed. Finally, it should be ensured that contaminated materials are disposed of safely.

### **2.8.7 *Social dialogue***

According to the ILO (2001:5):

the successful implementation of an HIV and AIDS programme, requires cooperation and trust between employers, workers and their representatives and the government, where appropriate, with the active involvement of workers infected and affected by AIDS.

Based on her work experience, the researcher has noted that most workplace programmes are successfully implemented through engagement with



stakeholders such as employees, representatives of organised labour, minority groups and persons living with HIV and AIDS.

Acknowledgement of the involvement of people with HIV helps to reduce stigmatisation and discrimination and helps people to overcome their fears and prejudices, thus enabling them to change their perceptions about others living with HIV and AIDS. It is against this background that an evaluation of the management of HIV and AIDS policy is envisaged.

### ***2.8.8 No screening for exclusion***

In order to prevent discrimination in the workplace, various acts have been promulgated. The Employment Equity Act (No. 58, 1998) indicates that HIV and AIDS screening should not be required for job applicants or persons in employment for ascertaining the employee's HIV status.

### ***2.8.9 Confidentiality***

Confidentiality is the basis of the successful implementation of HIV and AIDS workplace programmes. Legislation in South Africa discourages the disclosure of someone's HIV status during the recruitment, selection and appointment of staff members. This is supported by the ILO (2001), that emphasises that "there is no justification for asking job applicants or workers to disclose HIV-related, personal information, nor should co-workers be obliged to reveal such personal information about fellow workers."

According to the ILO (2001:6), "access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO code of practice on protection of workers' personal data." The researcher supports this, because confidentiality is the cornerstone of the policy and programmes, and has to be maintained at all times; it can be breached under certain circumstances, for example, if instructed by the court to do so. Health

workers are bound by the rules and regulations of their professional bodies (councils).

### ***2.8.10 Continuation of employment relationships***

HIV infections can be the cause of termination of employment (ILO 2001). As with many conditions,” persons with HIV-related illnesses should be able to work for as long as they are medically fit” to perform appropriate work. Therefore, employees living with HIV and AIDS may not be dismissed solely because of their status (ILO 2001).

When an employee who is living with HIV is unable to perform his/her current work, the employer is obliged to accommodate this situation in a reasonable manner depending on the medical condition before terminating the employee’s services (SA Government, Department of Labour 2000).

### ***2.8.11 Prevention***

According to the ILO (2001:6), HIV infections are preventable in terms of all means of transmission and this “can be achieved through a variety of strategies,” which are tailored to the national conditions and are culturally sensitive. The ILO adds that prevention can be achieved through changes in behaviour, knowledge, treatment and the creation of non-discriminatory environments.

### ***2.8.12 HIV and AIDS education and training***

The objective of an HIV and AIDS education programme is to increase employees’ awareness of this condition by developing their knowledge and skills to enable them to respond personally to the AIDS epidemic (SA Government, DPSA 2002:80).

Successful education programmes are structured around two key strategies: informal education through peer educators and formal education through peer educators and trainers.

According to the DPSA (2002:80):

One way of informing an HIV and AIDS education and training programme is to base it on a knowledge, attitudes and practices study (KAP). A KAP study, which is generally administered as a questionnaire, explores the knowledge, attitudes and practices of individuals in a group.

### ***2.8.13 Care and support***

The ILO (2001:7) indicates that the principle of solidarity, care and support should underlie the response to HIV and AIDS in the world of work. It is a fact that all workers are entitled to affordable health services. The ILO further cautions against discrimination against HIV-positive employees and promotes universal access to health care services. It is against this background that the researcher, in the current study, examines the effectiveness of these services as covered in the Stats SA HIV and AIDS workplace policy.

### ***2.8.14 HIV counselling and testing (HCT)***

According to the DPSA (2002:84):

The objective of a HIV testing and counselling programme is to facilitate access to HIV testing services for the staff, so that they can establish their HIV status and receive support in dealing with the outcome of the test.

HIV testing is an important part of any HIV and AIDS prevention programme, and individuals need to take responsibility for their own sexual health, which requires knowledge of their HIV status, the disclosure of which is encouraged.

Consequently, stigmatisation and discrimination are reduced and counselling helps people to accept their HIV status, regardless of whether it is positive or negative. It is important to monitor whether the programmes are making the impact intended and whether there are aspects that can be changed to improve the quality of the services rendered (SA Government, DPSA 2002:84). The researcher argues that it is essential that the policies and programmes be evaluated regularly to determine whether they serve any purpose, so that they can either be reviewed or terminated.

## **2.9 MAIN ROLE PLAYERS IN HIV AND AIDS POLICY EVALUATION**

The following role players have an important role to play in the evaluation of the workplace policy, since they are the drivers and direct or indirect beneficiaries of an HIV and AIDS programme:

### **2.9.1 *Management***

According to the South African Department of Public Service and Administration (SA Government, DPSA 2002:56):

...management can ensure that the various stakeholders are committed to integrating HIV and AIDS policy principles into their everyday work; this will ensure that the necessary financial capacity and building needs as well as human resources are aligned with the HIV and AIDS policy.

It is crucial that the management should be committed to both the policy and the programme as they have decision-making powers and can provide direction to the programme/policy. Furthermore, they have to account for the resources utilised and they have to measure whether the programme is having an impact.

### **2.9.2 HIV and AIDS committee**

The HIV and AIDS Committee established to develop implement and monitor the workplace HIV and AIDS policy, will be responsible for monitoring and guiding the policy review and will fulfil a similar function regarding the implementation of benefits. The committee plays an important role in monitoring and evaluating the implementation of the policy because it monitors departmental responses and gives advice on HIV and AIDS issues (SA Government, DPSA 2002:56).

### **2.9.3 Human resources personnel**

The human resources personnel will have to be advised regarding policy elements relating to human resource policies and practice; this will enable management to identify policy gaps and ensure the equitable implementation of the HIV policy (SA Government, DPSA 2002: 56).

### **2.9.4 Employee assistance programme personnel**

Employee assistance programme (EAP) personnel will have the task of educating employees regarding their benefits and for integrating the issues surrounding HIV and AIDS into existing programmes. Significantly, the EAP personnel have a key role to perform regarding the monitoring and evaluation of the programme, as they monitor the day-to-day functioning of the programme and the implementation of the policy (SA Government, DPSA 2002: 56).

### **2.9.5 Employees and trade unions**

Employees and trade unions can help to identify the needs of employees living with HIV and AIDS. Trade unions play a role in ensuring that employees are not discriminated against and that the HIV and AIDS workplace policy and

programmes meet the needs of employees who play an important role, since they are the beneficiaries of the programme (SA Government, DPSA: 2002:56).

### **2.9.6 Partners**

Partners such as non-governmental organisations (NGOs), the private sector and government are vital to the success of an HIV and AIDS programme or policy. Importantly, resources and expertise can be shared regarding the various elements of an HIV and AIDS programme so that there is collaboration in order to avoid duplication of the services (SA Government, DPSA 2002:56).

## **2.10 HIV AND AIDS MANAGEMENT SYSTEM**

The researcher is of the opinion that the HIV and AIDS management system is important since the policies and programmes have been developed and implemented, but they are not being evaluated to determine their efficiency, effectiveness and relevancy regarding the changing circumstances of those who are affected. In most cases, evaluation of policies and programmes takes place at the end of the programme, without considering the fact that evaluation is a continuous process and the policies and programmes need to be managed on a continuous basis.

An HIV and AIDS management system is the set of interrelated elements used to establish the various policies and objectives and to achieve those objectives. This standard was developed to assist, encourage and support organisations to implement minimum standards for an HIV and AIDS management system, characterised by a philosophy of continual improvement in terms of working towards best practices of the South African National Standards (SANS 2007:4).

Although many public and private organisations have been implementing HIV and AIDS programmes they have not all been evaluated to ascertain whether they serve any purpose. In fact, the minimum standards require that the programmes should be audited to check whether they meet the required

standard. Importantly, the South African Bureau of Standards (SABS) has approved these standards.

According to the SANS (2007:4), “the HIV and AIDS management system standard was based on the management systems methodology/cycle known as Assess-Plan-Implement-Monitor-and Evaluate (APIME).” The APIME model is implemented as follows:

- Firstly, an assessment of organisational vulnerability and susceptibility to HIV and the identification of HIV determinants are carried out. There are several assessment tools that an organisation can use, for example, organisational situational analysis, needs assessment, actuarial economic impact surveys and prevalence surveys (SANS 2007:4).
- This is followed by the development of an HIV and AIDS policy, procedures, processes, targets, objectives and success criteria based on the assessment of the vulnerability, susceptibility and HIV determinants and the country’s legislation (SANS 2007:5).
- Thirdly, the statements of intent contained within the HIV and AIDS policy are implemented. Implementation must be carried out to comply with the country’s legislation.
- Fourthly, the processes should be monitored in terms of the HIV and AIDS policy, objectives, targets, legal and other requirements. In addition, records must be maintained and results reported.
- Lastly, the evaluation of the achievement of targets and objections for efficacy should be undertaken. Actions taken to improve the performance of the HIV and AIDS management system continuously include a commitment to continual improvement (SANS 2007:5).

The SANS (2007:5) states that:

...top management, in consultation with relevant stakeholders, should define the organisation's HIV and AIDS policy to ensure that, within the defined scope of its HIV and AIDS management policy, the policy, includes a commitment to continual improvement, is appropriate to the nature and scale of the organisation's HIV- and AIDS-related risks, is reviewed periodically to ensure that it remains relevant and appropriate to the organisation..

## **2.11 CONCLUSION**

Leadership commitment and an understanding of the impact of HIV and AIDS should be established. There is a need for continual monitoring of the effectiveness of HIV and AIDS programmes and a willingness to adapt the programmes accordingly. There is also a need for a multi-pronged approach to ensure effectiveness, to go beyond the workplace and address issues within the local communities and families. The organisations should recognise the business reason for addressing HIV and not only in the workplace, but beyond the workplace also and commit resources accordingly for this purpose. Furthermore, it is important that policies and programmes should be evaluated continuously to make sure that they meet the set objectives.



## **CHAPTER 3: METHODOLOGY**

### **3.1 INTRODUCTION**

The previous chapter has discussed, by means of a literature study, issues pertinent to the evaluation of the management of HIV and AIDS workplace policies. In this chapter, the methodology of the study is described. In this chapter, the focus falls on the following aspects: the research design, research population, sample and sampling techniques, measurement of variables, data collection procedures, the data analysis, ethical considerations, the pre-test of the questionnaire, pilot study and ethical considerations of the study.

### **3.2 CHOSEN RESEARCH DESIGN**

The aim of this study was mostly descriptive in order to find answers to the questions posed in the objectives, which were what the respondents knew, felt and perceived about the policy and how it was implemented. This evaluation study was thus intended to gauge baseline information in order to do further monitoring and evaluate the policy.

The researcher chose a quantitative research approach. Structured, self-administered questionnaires were used to gather the information from randomly selected respondents. Closed-ended question items were set up to yield quantifiable answers that could easily be administered to a large number of respondents.

This approach was regarded as the most appropriate approach in order to measure the occurrence and interrelatedness of key variables and to describe these in terms of a randomly selected sample of employees in a controlled data collection situation. To achieve the research objectives as stated in the first chapter, the researcher chose to implement a quantitative, survey-type research design. This was a baseline, descriptive, quantitative study and the intention was

not to develop hypotheses and test them, or test statistical strengths between variables. A survey design was chosen in preference to a qualitative study, because the researcher wanted an overview of the perceptions of various persons about various issues related to the workplace policy and programme at a given moment in time (Babbie & Mouton 2004). The various subsections of the research design are discussed below.

### **3.3 STUDY POPULATION, SAMPLE AND SAMPLING TECHNIQUES**

For this study, the population included all staff members of Stats SA. The researcher had to select units (here referring to individual employees) randomly from the sampling frame of all employees of Stats SA. There are two groups of employees within the organisation, namely permanent and contract staff members. The researcher requested the Human Resources department to provide a list of all permanent staff members only. The reason for excluding the contract workers in this study was that most of them were fieldworkers (or enumerators), who spent most of the time out of office conducting fieldwork for the organisation. Their contracts tended to be short, depending on the project for which they were employed.

Their exclusion from the study was influenced by the decision to gather the data over a specific period of time, and having to wait for all contract workers to return completed questionnaires would have led to unnecessary delays in data generation. However, it should be kept in mind that the workplace HIV and AIDS policy covers both permanent and contract workers as beneficiaries.

The list of all permanently employed staff formed the sampling frame for the random selection of respondents. The researcher made sure that the list was randomised and did not contain any form of systematic listing, such as, listing the employees alphabetically by surname or according to seniority ranking.

A random sample comprising 140 staff members, 6% of all permanent employees, was selected from the total population to participate in the study. The researcher decided on the sampling size because the dissertation was of limited scope.

From the list of randomly selected staff, the researcher developed a mailing list. The selected respondents were informed electronically via email of their random selection for participation in this study. They were also informed that participation in the study was voluntary; what the goals of the study were and that management had given permission for the study to be conducted in the organisation.

Only 100 respondents consented to participate in the study. Thus, 40 respondents did not reply to the call to participate in the study, despite follow-up mail, which served as a reminder to those who had not completed their questionnaires. Therefore, the final sample of 100 respondents represents a 71, 4% return rate on the questionnaires. Since this was deemed a good return rate, the researcher decided not to send out further follow-up requests to the 40 randomly selected staff members who failed to complete their questionnaires.

### **3.4 MEASUREMENT OF VARIABLES**

The quantitative design enabled the researcher to measure the frequency of responses and to examine differences between key variables, such as gender, age, position, years of experience, educational qualification and population group. These biographical variables are used to give an overview of the profile of the respondents and to compare and contrast those with the actual profiles of the employees at Stats SA. In addition, these variables were used as independent variables for the knowledge and attitude items.

Knowledge and attitudes regarding the policy were tested in various question items and were regarded as the dependent variables in the study. Moreover, a link between knowledge of the policy and attitudes was assumed.

The specific items intended to measure the knowledge of the respondents included:

- Knowledge of the HIV and AIDS policy at Stats SA.
- Whether the current workplace policy of Stats SA prohibited unfair discrimination based on HIV and AIDS.
- Whether the current workplace policy of Stats SA promoted HIV counselling and testing.
- Whether the policy provided for the confidentiality of an employee's HIV status.
- Whether the policy provided for HIV and AIDS education, awareness and prevention.
- Whether the policy encourages acceptance of people living with HIV.
- Whether the policy provides for a communication strategy on aspects of HIV and AIDS.
- Whether the policy made provision for monitoring and evaluation of the implementation of the policy.
- Whether there were adequate budget provisions for Stats SA's HIV and AIDS programme.
- Whether condom distribution took place in Stats SA.
- Whether there were training programmes on HIV and AIDS for employees at Stats SA.

The specific items intended to measure the attitudes of the respondents included the measurement of perceptions and attitudes regarding:

- .The protection of the confidentiality on an employees' HIV status;
- The participation of senior management in HIV and AIDS workplace programmes;
- The involvement of labour unions at Stats SA in the HIV and AIDS policy and programmes;

- The functioning of an HIV and AIDS committee in Stats SA;
- The attitudes of senior management concerning open discussions about HIV and AIDS in the workplace.
- Whether HIV testing should be part of pre-employment medical scanning of potential employees at Stats SA.
- The willingness of employees to work with an HIV-positive co-worker.

### **3.5 DATA COLLECTION INSTRUMENT**

The researcher mostly used closed-ended question items in a structured questionnaire, since this enabled greater uniformity of responses and greater ease in coding, processing and comparison of responses. The questionnaire included an introductory statement, which briefly summarised the purpose of the study, motivating the recipients to participate and giving clear guidelines on how to complete the questionnaire. The questionnaire was developed in English, since it is the medium of communication within the organisation.

The questionnaire included a biographical section, intended to gather relevant biographical data on the respondents. A section that focussed on the management of HIV and AIDS policy and programmes followed this and contained questions aimed at gauging the knowledge and opinions of the respondents about the HIV and AIDS policy and programmes. The researcher took into consideration the objectives of the study and the insights gained from a review of the relevant literature to develop the questions.

Babbie (2007:261) suggests that:

...some of the disadvantages of closed-ended question items are that they can suggest ideas that the respondents would not otherwise have thought of, that respondents with no opinion or no knowledge regarding the question item are forced to respond and that the misinterpretation of a question can go unnoticed.

It was essential to pre-test the questionnaire to identify any ambiguities in the questions and to identify the range of possible responses for each question. Five staff members were selected to assess the first draft of the questionnaire. Feedback was received that the questionnaire was too long. The researcher made changes to the first draft based on the feedback received.

### **3.6 DATA COLLECTION**

An electronic version of the questionnaire was emailed to each respondent who consented to participate in the study. Since all staff members had their own computers and email addresses, it was the most appropriate way to reach all the respondents. The respondents were given a month to complete the questionnaires. Most of the questionnaires were emailed back to the researcher, but some respondents preferred to print out their questionnaires and have the researcher collect these in person. The data generation took place from September to October 2008.

### **3.7 DATA ANALYSIS**

The raw data collected from the questionnaires were coded and entered into Excel so that the researcher could identify and manage the information. A quantitative data analysis was done to obtain the following information:

- Descriptive statistics including frequencies, measures of central tendencies and dispersion.
- Inferential statistics including correlation analysis, a t-test and analysis of variance.

The data analysis was performed using the statistical package for the social sciences (SPSS) programme version 17.0. Subsequently, the researcher documented the findings, which formed the basis for the conclusions and recommendations.

### **3.8 ETHICAL CONSIDERATIONS**

It is important to consider certain ethical aspects, such as, confidentiality, informed consent, provision for debriefing, counselling and additional information, voluntary participation, no harm being done to subjects and no deception of respondents.

#### ***3.8.1 Permission to conduct the research***

The University of South Africa (UNISA) granted the researcher formal permission to conduct the research and a letter was written to request permission from the head of the department of Stats SA to conduct the study. Subsequently, permission was granted to conduct the research. After that, the researcher informed respondents that permission had been granted by the head of the department so that they could cooperate and feel free to participate.

#### ***3.8.2 Confidentiality***

Singleton, Straits and Straits (1993:485) observe that, “no matter how sensitive the information, ethical investigators should protect the right to privacy by guaranteeing anonymity or confidentiality regarding the respondents.” Information given anonymously ensures that the privacy rights of individuals are not infringed, but this safeguard is usually only possible in surveys using self-administered questionnaires where no names are attached. It is essential that confidentiality be maintained at all times. In the event that confidentiality and anonymity cannot be guaranteed, the participants must be warned of this in advance before they agree to participate. After gathering the information, the privacy of the participants needs to be protected, by not disclosing their identities and by ensuring that no one beside the researcher will have access to the completed questionnaires.

Importantly, the respondents were reassured that no names would appear in the research report. For this research, ethical approval/clearance was obtained from the Ethical Review Committee of the University of South Africa. In addition, the respondents were informed that the completed questionnaires and consent forms would be stored safely so that no one could have access to them to avoid the respondents being victimised for participating in the study.

Confidentiality was guaranteed on the consent form so that when the respondents made a decision to participate, they would know that they were being protected. Because the respondents were given a guarantee that the information they would be providing would be kept confidential, they felt safe to participate. It is important that this fact be stated before the study is conducted because the respondents might otherwise feel anxious about participating.

### ***3.8.3. Informed consent***

The essence of the principle of informed consent is that the human subjects of the research should be allowed to either agree or refuse to participate in the light of comprehensive information concerning the nature and the purpose of the research (Homan 1991:69).

The participants need to be informed about the objectives of the study as well as all the aspects that might reasonably be expected to influence their willingness to participate. Homan (1991:69) points out that:

Failure to make full disclosure prior to obtaining informed consent requires additional safeguards to protect the welfare and dignity of the respondent. The respondents were given the consent form to complete in order to make an informed decision as to whether they would like to participate or not in the study.



### ***3.8.4 Provision of debriefing, counselling and additional information***

In studies where the participants are aware that they are taking part in an evaluation, after the data has been collected, the researcher should provide the participants with any necessary information to complete their understanding of the study. In this study, the researcher indicated to the participants that if there be a need for counselling, debriefing and additional information there are resources within the organisation for example the employee health and wellness programme or outside the organisation in order to deal with the challenges they faces.

### ***3.8.5 Voluntary participation***

The basic rule of social research is that participation should be voluntary; therefore, it is unethical to force people to participate in research. The researcher informed the respondents that participation was voluntary and that they could withdraw at any time, as was also stated on the consent form.

### ***3.8.6 No harm to subjects***

The fundamental ethical rule of social research is that it must cause no harm to the research subjects. An ethical researcher anticipates risks before beginning with the research. In addition, the privacy of the participants should be respected. The researcher stated clearly in the consent form that there were no known medical risks or discomforts associated with this study, so that they could feel free and safe to participate.

### ***3.8.7 Deception of respondents***

The researcher informed the respondents of the purpose and benefits of the study in the consent form and that participation was voluntary. According to Neuman (1991: 95), the social researcher follows the ethical principle of voluntary consent; therefore, no one should force anyone to participate and facts should not be misrepresented – unless this is required for a legitimate research reason.

### **3.9 CONCLUSION**

In this chapter, the researcher has described the research design, methodology and data analysis methods used in this study. Furthermore, the approach adopted in this research by the researcher was a quantitative, survey-type approach. In chapter four, the results of the analysis are presented.

## **CHAPTER 4: FINDINGS**

### **4.1 INTRODUCTION**

This chapter presents the findings of the study. As was mentioned above, data was generated by asking 100 randomly selected respondents (employees of Stats SA) to complete a structured questionnaire and the goal of the study was to evaluate the implementation of the HIV and AIDS workplace policy at Stats SA.

The questionnaire comprised three subsections, namely:

- Biographical data of the respondents.
- Question items intended to measure the respondent's knowledge of and attitudes towards the implementation of the HIV and AIDS workplace policy at Stats SA.
- Question items intended to measure the respondent's opinions about the implementation of Stats SA's HIV and AIDS workplace policy and programmes and to elicit recommendations for further refinement of them.

### **4.2 BIOGRAPHICAL CHARACTERISTICS OF THE RESPONDENTS**

In this section, the biographical characteristics of the respondents are presented. In particular, the distribution of the respondents in terms of gender, age groups, position in the organisation, years of experience, educational level and population group is discussed.

Figure 4.1 (see next page), indicates that more than half (52%) of the respondents were females and 48% were males. It is clear that during the period under review, Stats SA employed more females than males. While random sampling was used to select respondents who participated in the study, the higher marginal percentage of females than males may be attributed to the Stats SA implementation of employment equity.

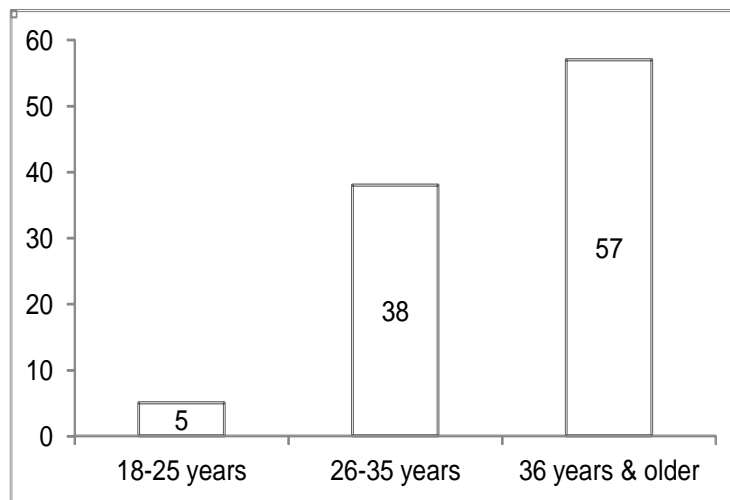
52%

48%

Males Females

**Figure 4.1: Respondents by gender (N=100)**

Figure 4.2 shows that more than half of the respondents (57%) were 36 years and older, 38% were in the age group of 26 to 35 years, while only 5% were in the age group of 18 to 25 years. While the researcher did not assess the employees' age turnover rate, the higher percentage of respondents who were 36 years and older could be attributed to employees' loyalty, skills specialisation and Stats SA's staff retention strategies.



**Figure 4.2: Respondents by age group (N = 100)**

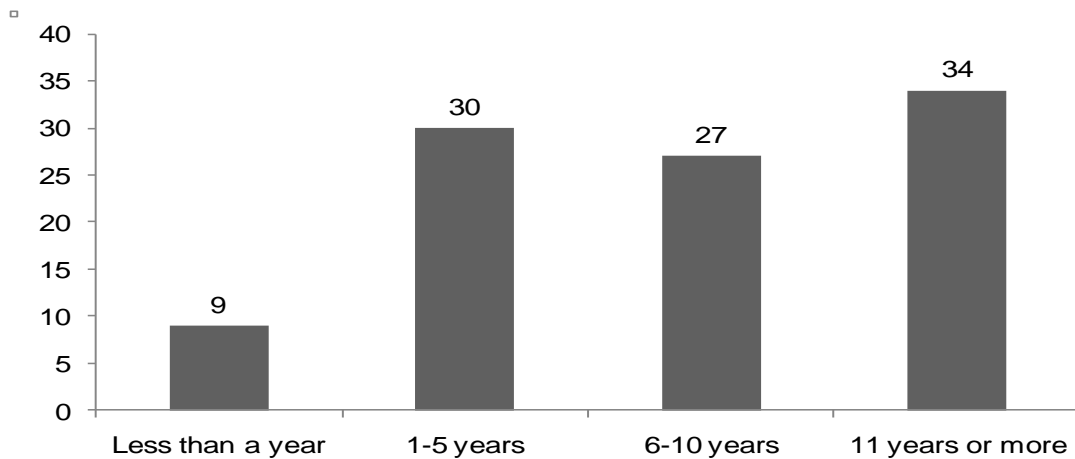
**Table 4.1: Respondents by position within Stats SA (N = 100)**

| <b>Position</b>             | <b>Number</b>         | <b>%</b>                  |
|-----------------------------|-----------------------|---------------------------|
| Management                  | 24                    | 24,0                      |
| Non-management              | 75                    | 75,0                      |
| Missing                     | 1                     | 1,0                       |
| Total (N = 100)             | 100                   | 100,0                     |
| <b>By gender</b>            | <b>Management (%)</b> | <b>Non-management (%)</b> |
| Male (N = 48)               | 39,6                  | 60,4                      |
| Female (N = 52)             | 9,6                   | 88,4                      |
| <b>By age group</b>         | <b>Management (%)</b> | <b>Non-management (%)</b> |
| Up to 35 years (N = 42)     | 16,7                  | 83,3                      |
| 36 years and older (N = 57) | 29,8                  | 70,2                      |
| <b>By population group</b>  | <b>Management (%)</b> | <b>Non-management (%)</b> |
| African (N = 79)            | 21,5                  | 78,5                      |
| Other (N = 20)              | 35,00                 | 65,00                     |

Table 4.1, shows that the majority (75%) of the respondents held non-management positions, whereas 24% of the respondents were in management positions. One respondent did not give an answer to this question. These findings reflect the profile of the organisation, as there are more employees in non-management positions than in management ones at Stats SA. By cross tabulating the respondents' positions by their genders, it can be observed that 39,6% of the males were in managerial positions, whereas less than 10% of the females were in management.

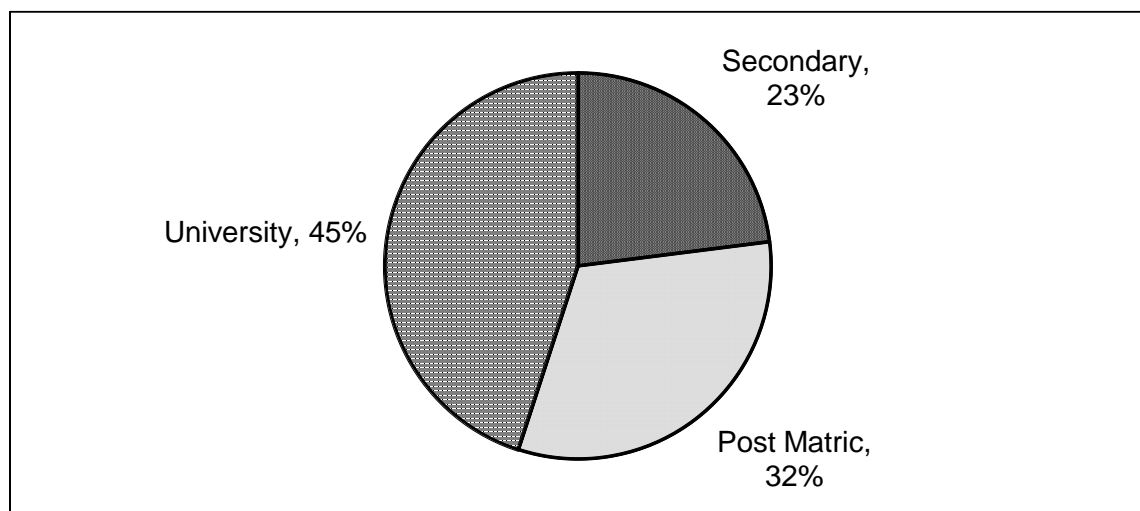
This seems to suggest that gender equity in management in Stats SA still needs to be addressed. A larger proportion of the employees in the 36-years-and-older age category employed managerial positions than those in the younger age category. Whereas a finer disaggregating of the sample by population group was not possible due to its small size, it does seem that the various population groups are more or less equally represented in managerial and non-managerial jobs in Stats SA.

According to figure 4.3, just over a third (34%) of the respondents had 11 years or more of work experience. Less than a third of the respondents (30%) had between 1 and 5 years' work experience, whereas 27% of the respondents had between 6 and 10 years of experience, and 9% less than a year. This seems to suggest that Stats SA has been able to recruit new staff members and retain existing employees in its staff complements.



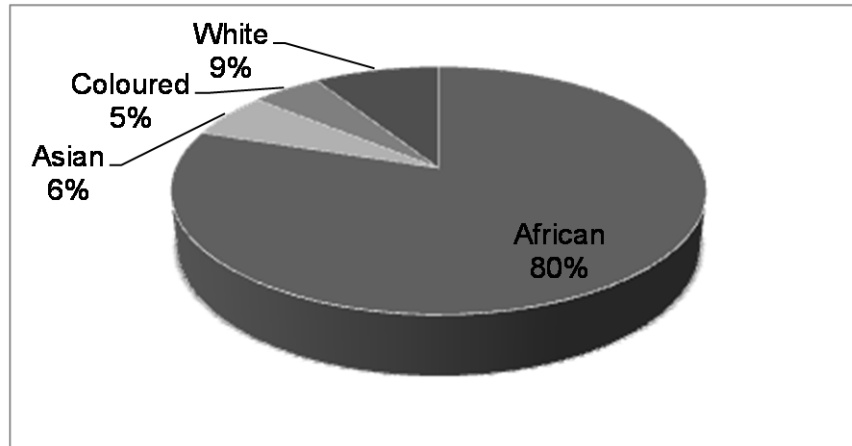
**Figure 4.3: Respondents by years of work experience (N = 100)**

Figure 4.4 shows that 45% of the respondents had post-matric qualifications, 32% had university qualifications, while 23% had completed secondary education. The results show that Stats SA requires employees with a higher level of education in order to fulfil its government mandate.



**Figure 4.4: Respondents by educational level (N=100)**

Figure 4.5 shows that, the majority (80%) of the respondents were Africans, 9% were Whites, 6% were Asians and 5% Coloured. This distribution of the respondents reflects the actual employee profiles at Stats SA.



**Figure 4.5: Respondents by population group (N = 100)**

#### **4.3 KNOWLEDGE OF THE RESPONDENTS OF THE IMPLEMENTATION OF THE HIV AND AIDS POLICY AT STATS SA**

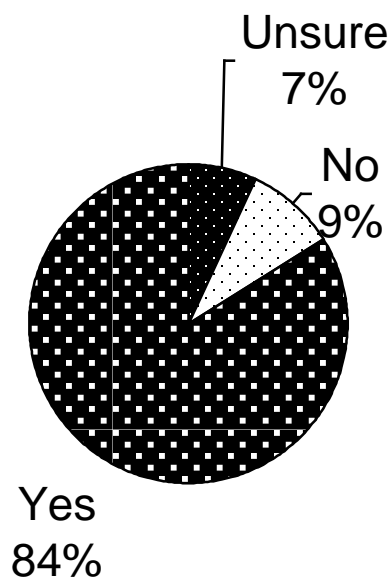
The first research question that guided the research was to gauge the knowledge of the employees regarding the HIV and AIDS workplace policy at the Stats SA. To this end, respondents were asked to respond to question items that measured:

- Their knowledge of the existence of the policy.
- Whether the policy prohibited discrimination based on HIV and AIDS.
- Whether the policy promoted VCT.
- Whether the policy guaranteed confidentiality about an HIV status.
- Whether the policy encouraged educational, awareness and prevention programmes about HIV and AIDS.
- Whether the policy referred to the creation of a climate of acceptance for people infected with HIV or those affected by HIV and AIDS.
- Whether the policy provided for a communication strategy on aspects of HIV and AIDS.

- Whether the principles of monitoring and evaluation were enshrined in the policy.

The findings in terms of these issues are discussed below.

As can be seen in figure 4.6, that 84% of the respondents indicated that they knew about the existence of the HIV and AIDS policy. A mere 9% of the respondents answered that they did not know about the existence of the policy, whereas 7% was unsure whether they knew the policy and what it entailed. The nine respondents who did not know about the policy were excluded from the analysis of the question items that asked them to comment on the content of the policy



**Figure 4.6: Responses to the question: “Do you know of the workplace HIV and AIDS policy in Stats SA?” (N = 100)**

Figure 4.7 shows that 48% of the 91 respondents who knew of the policy believed that the current workplace policy of Stats SA prohibited unfair discrimination based on HIV and AIDS, 29% disagree, while 23% were uncertain. During the period of this study, the researcher did not ascertain whether there were cases of unfair discrimination, which would justify the views of the 29% of

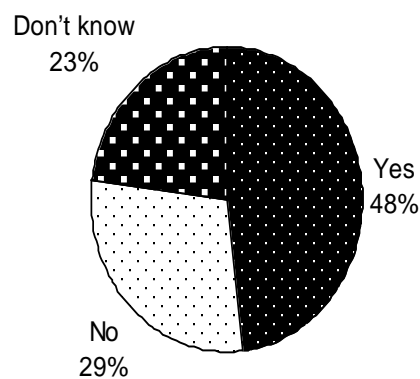


the respondents who did not believe that Stats SA's HIV and AIDS policy prohibits unfair discrimination. The researcher's observation, based on policy scrutiny, however, is that the policy does not provide detailed information (or spell out standard operating procedures) on how unfair discrimination shall be prohibited.

Brueggemann (2006:332) regards the vagueness of goals and processes as common problems of policies in public organisations, as he suggests:

Often, however, the program goals are vague and non-specific. The first task, therefore, is to assist the organization's key stakeholders, including clients and the community in general, social workers, and other staff, and the board and administration, in stating their goals in clear, specific, and measurable terms, and help them decide which are the most practical and important.

This implies that as an outcome of this study, the researcher will start a process of developing in consultation with the HIV and AIDS committee and stakeholders, specific and measurable operating procedures on how Stats SA should react to and stop unfair discrimination relating to HIV and AIDS.



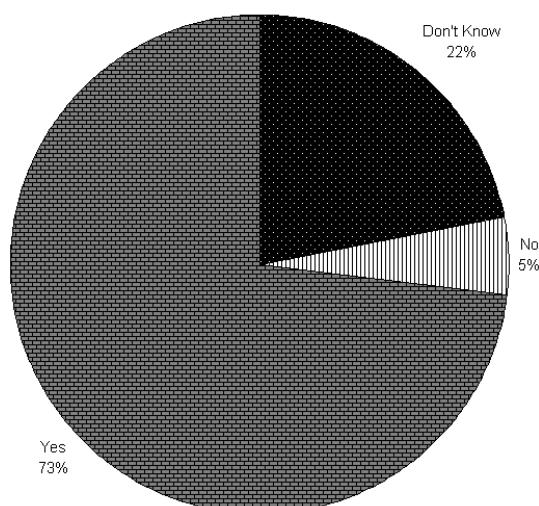
**Figure 4.7: Views on whether current workplace policy prohibited unfair discrimination based on HIV and AIDS (N = 91)**

**Table 4.2: Views on whether the workplace policy of Stats SA promotes HIV counselling and testing (N = 91)**

|                      | <b>Number</b> | <b>%</b> |
|----------------------|---------------|----------|
| Yes                  | 66            | 72,5     |
| No                   | 5             | 5,5      |
| Don't know/No answer | 20            | 22,0     |
| Total                | 91            | 100,0    |

Table 4.2 shows that, it is evident that most of the respondents (72,5 %) believed that the current workplace policy of Stats SA promoted HCT, 5,5% disagreed and 22% expressed uncertainty on the issue. The researcher is of the opinion that HCT remains an appropriate strategy of preventing new HIV infections and of paving the way for those who test positive to seek early treatment. However, the researcher has, based on work experience and a careful reading of the policy, and noted that although the HIV and AIDS policy promotes HCT, adequate post-HCT interventions are necessary to sustain the programme. Moreover, HCT is effective if it is done regularly and continuously (Rau 2005).

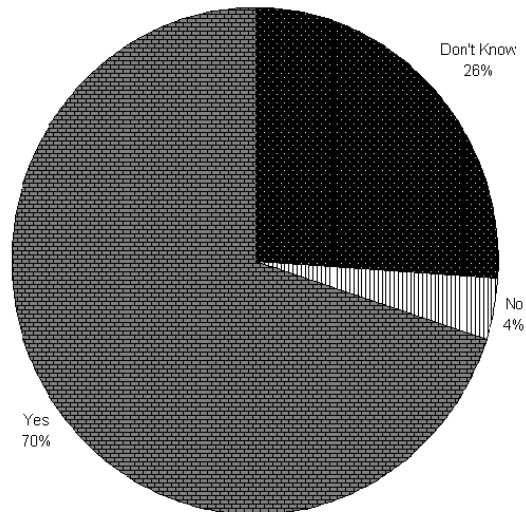
As shown in Figure 4.8 (see next page), the majority of the respondents (73%) concurred with the statement that the policy provided for confidentiality of an employee's HIV status, 5% disagreed, and 22% were uncertain. While the current study did not explore the grounds for those who expressed uncertainty among those who thought that the policy did not provide for confidentiality of an employee's HIV status, the researcher holds the view that confidentiality is the cornerstone of the successful implementation of any HIV and AIDS workplace policy.



**Figure 4.8: Views on whether the policy provided for confidentiality of an employee's HIV status (N = 91)**

The majority of the respondents (70%), as shown in figure 4.9, believed that the policy provided for HIV and AIDS education, awareness and prevention programmes, 4% disagreed, while 26% did not know whether HIV and AIDS education, awareness and prevention programmes were provided for in the policy. The researcher is of the opinion that, while education, awareness and prevention programmes are imperative in HIV and AIDS policy implementation, employees should also take personal responsibility and attend information sessions where such issues are discussed.

**Figure 4.9: Views on whether the policy provided for HIV and AIDS education awareness and prevention programmes (N = 91)**



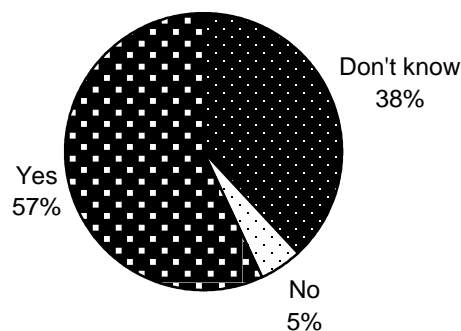
**Table 4.3: Views on whether the policy encouraged acceptance of people living with HIV and AIDS (N=91)**

|            | Number | %     |
|------------|--------|-------|
| Yes        | 66     | 72,5  |
| No         | 1      | 1,1   |
| Don't know | 24     | 26,4  |
| Total      | 91     | 100,0 |

From table 4.3, it is evident that most of the respondents (73%) considered the policy as encouraging acceptance of persons living with HIV and AIDS, with only one not concurring with such an assertion, while 26% expressed their ambivalent. A study conducted by Siyam'kela (2003:25) recommends that in order to mitigate stigma, persons living with HIV and AIDS should be involved in the planning, intervening and monitoring of HIV and AIDS programmes.

Figure 4.10 indicates that more than half of the respondents (57%) were of the opinion that the policy provided for communication strategy on aspects of HIV and AIDS. Five (5%) believed that the policy did not provide for a communication

strategy on key aspects of HIV and AIDS, while 38% expressed their uncertainty regarding the matter. While figure 4.10 shows the diverse views of the respondents concerning policy provisions for communication, the researcher contends that a communication strategy on key facets of HIV and AIDS is an integral part of the successful implementation of a workplace policy.



**Figure 4.10: Views on whether the policy provided for a communication strategy on key aspects of HIV and AIDS (N = 91)**

**Table 4.4: Views on whether the HIV and AIDS policy made provision for monitoring and evaluation of the policy (N = 91)**

|            | Number | %     |
|------------|--------|-------|
| Yes        | 37     | 40,7  |
| No         | 3      | 3,3   |
| Don't know | 51     | 56,0  |
| Total      | 91     | 100,0 |

Table 4.4 shows that 40,7% of the respondents agreed with the statement that the HIV and AIDS policy makes provision for monitoring and evaluation. Only three (3,3%) were of the view that the policy did not make provision for

monitoring and evaluation, while the largest proportion (56%) were doubtful whether the policy made provision for monitoring and evaluation. The researcher is of the opinion that monitoring and evaluation of HIV and AIDS policy creates an opportunity for identifying gaps in the implementation, thereby contributing to continuous improvement. However, it seems that this aspect of the policy elicited the largest proportion of 'don't know'- answers of all the sub-questions regarding the contents of the policy.

In order to summarise the findings about the content of the workplace policy, the researcher scored the sub-items in the questionnaire that tested knowledge of the policy's contents in terms of the responses. Thus, if a respondent answered in the affirmative to all the subsections, he or she would have a score of 100%. These scores (means) are shown in table 4.5 below, according to the biographical characteristics of the sample.

Overall, the respondents' mean score on the knowledge of the contents of the policy was 67, 6%. It seems that males, persons 36 years old and older, persons with 11 years or more service, persons with a post-matriculation qualification, managers and the non-African groups scored slightly higher than other respondents did on their knowledge of the contents of the policy. However, ANOVA analysis of the means for the various subgroups indicates that these differences are not statistically significant.

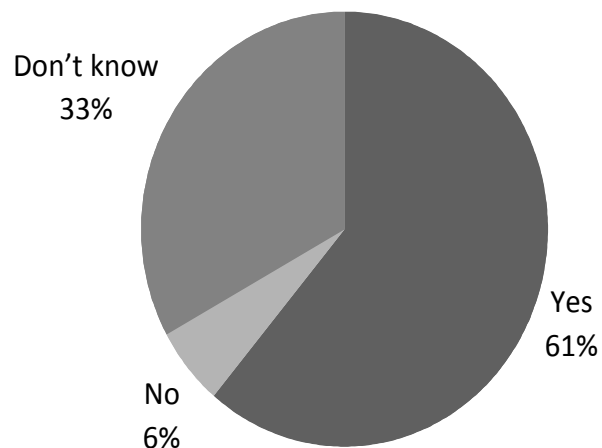
#### **4.4 OPINIONS OF EMPLOYEES REGARDING STATS SA'S HIV AND AIDS POLICY AND PROGRAMMES**

The questionnaire included various question items directed at generating data to answer the research question on opinions and perceptions of the employees concerning the implementation of the HIV and AIDS policy at Stats SA. This section went beyond testing the respondents' awareness and knowledge of the policy and its contents, in order to test opinions about the way in which the policy is implemented in programmes and other workplace-related processes. The first

question item in this subsection tested opinions on whether the policy and processes adequately address HIV- and AIDS-related issues.

**Table 4.5: Mean scores on knowledge of the contents of the HIV and AIDS policy (N = 91)**

| Group                                    | Number of cases | Mean | Standard deviation |
|--|-----------------|------|--------------------|
| All                                      | 91              | 67,6 | 32,4               |
| By gender:                               |                 |      |                    |
| Male                                     | 44              | 68,5 | 31,8               |
| Female                                   | 47              | 66,8 | 33,4               |
| F-score = 0,64 Significance of F = 0,801 |                 |      |                    |
| By age group:                            |                 |      |                    |
| 18 - 35 years                            | 38              | 60,5 | 33,9               |
| 36 years and older                       | 53              | 73,6 | 29,7               |
| F-score = 2,37 Significance of F = 0,100 |                 |      |                    |
| By years' service:                       |                 |      |                    |
| Up to 5 years                            | 32              | 58,3 | 38,0               |
| 6-10 years                               | 25              | 65,1 | 28,6               |
| 11 years and more                        | 34              | 77,9 | 27,9               |
| F-score = 2,00 Significance of F = 0,120 |                 |      |                    |
| By level of education:                   |                 |      |                    |
| Secondary completed                      | 23              | 66,5 | 31,2               |
| Post-Grade 12/diploma                    | 39              | 68,1 | 30,6               |
| University degree                        | 29              | 67,7 | 36,5               |
| F-score = 0,02 Significance of F = 0,980 |                 |      |                    |
| By population group:                     |                 |      |                    |
| African                                  | 70              | 65,3 | 33,5               |
| Others                                   | 21              | 74,1 | 27,9               |
| F-score = 0,78 Significance of F = 0,511 |                 |      |                    |
| By position:                             |                 |      |                    |
| Managerial                               | 23              | 77,6 | 28,8               |
| Non-managerial                           | 68              | 63,7 | 33,2               |
| F-score = 1,72 Significance of F = 0,165 |                 |      |                    |



**Figure 4.11: Opinions on whether Stats SA policies and processes on HIV and AIDS cater adequately for HIV- and AIDS-related issues (N = 100)**

According to figure 4.11, it is evident that just less than two-thirds of the respondents (61%) agreed that they perceived the policies and business processes regarding HIV and AIDS as adequately catering for HIV- and AIDS-related issues, with 6% disagreeing with such an assertion and 33% expressing uncertainty about this.

**Table 4.6: Opinions on whether the policy and practices of Stats SA protected the confidentiality of information on the HIV and AIDS status of employees (N = 100)**

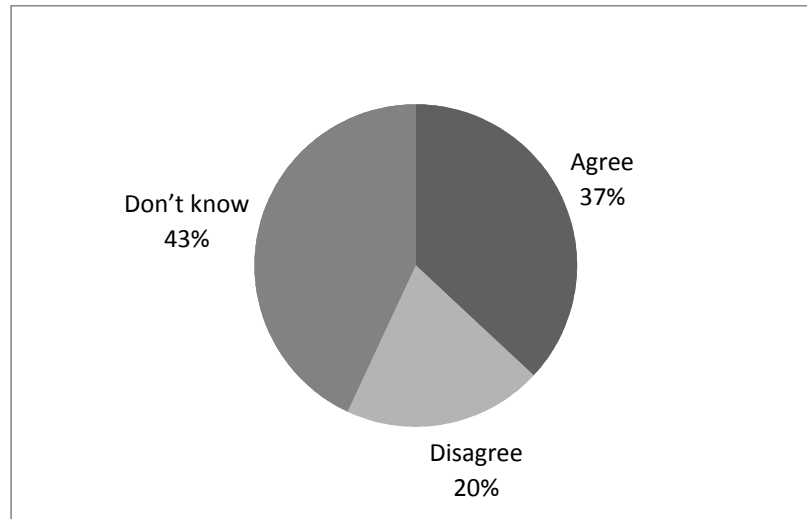
|            | Number | %     |
|------------|--------|-------|
| Agree      | 77     | 77,0  |
| Disagree   | 14     | 14,0  |
| Don't know | 9      | 9,0   |
| Total      | 100    | 100,0 |



The second question item in the subsection testing the respondents' perceptions and opinions asked whether the policy and processes protected the confidentiality of employees' HIV-status. As shown in Table 4.6, 77% of the respondents affirmed that the policy and practices of Stats SA protected the confidentiality of information on the HIV status of employees.

Fourteen per cent (14%) indicated that they did not feel that the policy and practices of Stats SA offered such protection, and nine per cent (9%) expressed hesitation about either agreeing or disagreeing with the statements. Trust in the protection of confidentiality is the cornerstone of the successful implementation of HIV and AIDS workplace policy (Muadinohamba 2009).

The third question item in the subsection testing the respondents' perceptions and opinions asked whether the senior management was adequately involved in the implementation of HIV and AIDS programmes. As shown in figure 4.12, the respondents held varying views regarding management's participation in HIV and AIDS workplace programmes. Thirty seven per cent (37%) supported the assertion that managers participated in HIV and AIDS workplace programmes, 20% disagreed, while 43% of the respondents were uncertain about this. Management's involvement in and demonstrated commitment to workplace activities can enhance the credibility of the HIV- and AIDS-workplace HIV and AIDS workplace programmes (Rau 2005). Moreover, managers may serve as role models for junior staff members (Muadinohamba 2009).



**Figure 4.12: Opinions on whether senior management was adequately involved in the HIV and AIDS workplace programmes (N=100)**

**Table 4.7: Opinions on whether organised labour at Stats SA was fully involved in the HIV and AIDS policy and programme (N = 100)**

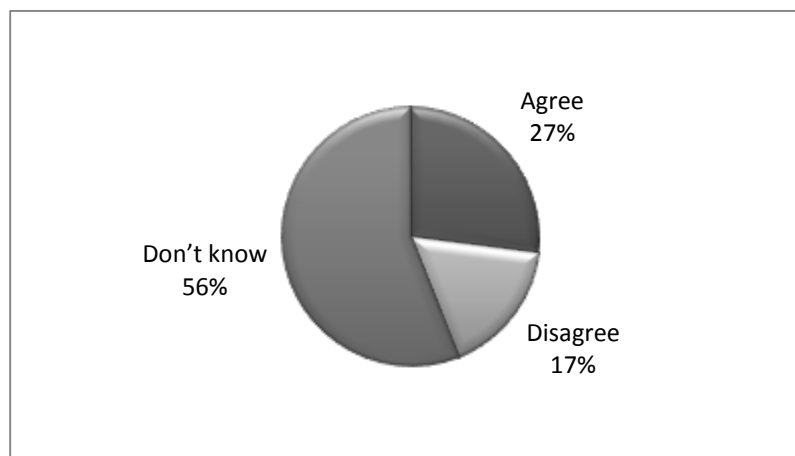
|            | Number | %     |
|------------|--------|-------|
| Agree      | 19     | 19,0  |
| Disagree   | 19     | 19,0  |
| Don't know | 62     | 62,0  |
| Total      | 100    | 100,0 |

As shown in table 4.7, this question item tested perceptions on the involvement of labour unions and just less than two-thirds (62%) of the respondents were unable to give an opinion on this. Nineteen (19) per cent of the respondents were in agreement with the statement that labour unions were entirely involved, while another 19% disagreed with this.

The involvement of organised labour contributes to the maximum implementation of HIV and AIDS, as the unions are important stakeholders in the workplace (Rau 2005). Labour unions play a crucial role in the fight against HIV and AIDS in order to make sure that the employees who are HIV-positive are not discriminated against. In this study, it seems that the respondents were not

aware of the role of the unions in the development and implementation of the HIV and AIDS policy.

Figure 4.13 shows that 27% of the respondents concurred that Stats SA made adequate budget provisions for the implementation of HIV and AIDS workplace programmes. Seventeen per cent (17%) of the respondents disagreed, while more than half of the respondents (56%) were indecisive. The successful implementation of an HIV and AIDS workplace policy depends on the allocation of adequate resources, including budgeting therefore (Rau 2005). However, the fact that more than half of the respondents indicated that they could not judge whether the budget adequately provides for HIV and AIDS workplace programmes, shows that most employees at Stats SA are not informed about this.



**Figure 4.13: Opinions concerning the statement that there are adequate budget provisions for Stats SA's HIV and AIDS programmes (N = 100)**

**Table 4.8: Opinions concerning the statement that there is a fully functioning HIV and AIDS Committee (N = 100)**

|            | <b>Number</b> | <b>%</b>     |
|------------|---------------|--------------|
| Agree      | 41            | 41,0         |
| Disagree   | 12            | 12,0         |
| Don't know | 46            | 46,0         |
| Total      | <b>99</b>     | <b>99,0</b>  |
| Missing    | <b>1</b>      | <b>1,0</b>   |
| Total      | <b>100</b>    | <b>100,0</b> |

Table 4.8 indicates that 41% of the respondents agreed that Stats SA had a fully functioning HIV and AIDS workplace committee. Twelve per cent (12%) disagreed and 46% expressed uncertainty. Stats SA, as part of the South African Government, is mandated by the Public Service Regulations to establish an HIV and AIDS workplace committee and to take decisions on the management of HIV and AIDS.

The uncertainty expressed by 46% of the employees concerning the availability of a fully functioning committee at Stats SA may be attributed to lack of marketing and communication by the existing committee. At the time of writing this research report, the researcher observed that the HIV and AIDS Committee at Stats SA had not met for over a year, which rendered it non-functional. As with the knowledge section of the survey, the researcher scored the sub-items in the questionnaire that tested attitudes about the policy and its implementation in programmes in terms of the positive responses. Thus, if a respondent agreed with all the statements in the subsections, he or she would have a score of 100%. These scores (means) are shown in table 4.9 according to the biographical characteristics of the sample.

**Table 4.9: Mean scores on attitudes towards the HIV and AIDS policy and its implementation in programmes (N = 100)**

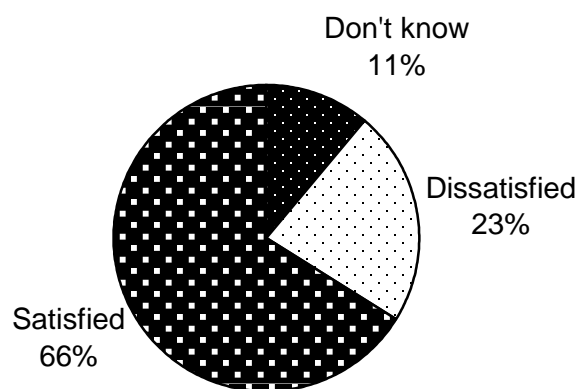
| Group   | Number of cases | Mean  | Standard deviation |
|---|-----------------|-------|--------------------|
| All   | 100             | 43,96 | 30,7               |
| By gender:  |                 |       |                    |
| Male  | 47              | 46,5  | 30,5               |
| Female  | 53              | 41,7  | 31,0               |
| F-score = 0,60 Significance of F = 0,442            |                 |       |                    |
| By age group:                                       |                 |       |                    |
| 18 - 35 years                                       | 43              | 40,4  | 31,6               |
| 36 years and older                                  | 56              | 47,9  | 30,1               |
| F-score = 1,54 Significance of F = 0,221            |                 |       |                    |
| By years' service:                                  |                 |       |                    |
| Up to 5 years                                       | 39              | 36,7  | 29,4               |
| 6 -10 years   | 26              | 46,1  | 30,7               |
| 11 years and more                                   | 34              | 53,4  | 31,5               |
| F-score = 2,88 Significance of F = 0,040 (P < 0,05) |                 |       |                    |
| By level of education:                              |                 |       |                    |
| Secondary completed                                 | 23              | 53,6  | 26,6               |
| Post-Grade 12/diploma                               | 45              | 46,7  | 33,4               |
| University degree                                   | 31              | 32,8  | 26,7               |
| F-score = 3,53 Significance of F = 0,033 (P < 0,05) |                 |       |                    |
| By population group:                                |                 |       |                    |
| African   | 79              | 42,4  | 30,2               |
| Others  | 21              | 67,1  | 29,8               |
| F-score = 0,74 Significance of F = 0,529            |                 |       |                    |
| By position:  |                 |       |                    |
| Managerial  | 24              | 49,3  | 28,8               |
| Non-managerial                                      | 75              | 41,4  | 33,2               |
| F-score = 2,34 Significance of F = 0,102            |                 |       |                    |

Overall, the respondents' mean score for positive attitudes towards the policy and its implementation was a low 43, 96. It seems that males, persons 36 years old and older, persons with 11 years or more service, persons with the lowest qualifications, managers and the non-African groups scored slightly higher than other respondents did on their positive attitudes towards the policy and its implementation. However, an ANOVA analysis of the means for the various subgroups indicates that only the differences in terms of years of service and level of education were statistically significant. The challenge that these findings

present to the researcher is to find out why newer job entrants to Stats SA and those with the highest level of education judged the policy and its implementation less favourably or were less informed about these issues to be able to judge it more favourably.

HIV does not discriminate, it affects everyone irrespective of race, gender or sexual orientation you may be infected or affected. Employees who are HIV-positive have the same opportunities as those who are HIV-negative. Organisations need “to value diversity by making use of the ideas, talents and experience and of all employees at all levels” (Reece & Brandt 1996:412).

Figure 4.14, illustrates that, whereas 66% of the respondents were satisfied with the distribution of condoms in the Stats SA, 23% were dissatisfied and 11% were unable to give an answer. Although the current study did not explore the reasons for the satisfaction and dissatisfaction of the respondents concerning condom distribution, the researcher is of the opinion that condom distribution alone, without the necessary education related to condom use and personal responsibility for reproductive health, is not likely to encourage any change in the attitudes and practices amongst employees.



**Figure 4.14: Rating of the condom distribution at Stats SA (N = 100)**

**Table 4.10: Opinions on the HIV and AIDS training programmes at Stats SA  
(N = 100)**

|              | Number | %     |
|--------------|--------|-------|
| Satisfied    | 36     | 36,0  |
| Dissatisfied | 36     | 36,0  |
| Don't know   | 27     | 27,0  |
| Total        | 99     | 99,0  |
| Missing      | 1      | 1,0   |
| Total        | 100    | 100,0 |

From table 4.10, it is evident that the respondents held diverse views on the training programmes related to HIV and AIDS that were available for employees at Stats SA. Thirty six per cent (36%) of the respondents were satisfied with the HIV- and AIDS-related training programmes, another 36% expressed dissatisfaction and 27% were unable to voice an opinion; one respondent did not reply to the question. This finding shows that there is room for improvement in this regard.

Rau (2005) notes that HIV- and AIDS-related training is appropriate and responsive when it addresses the needs of employees. At the same time, however, such interventions require the dedication of adequate resources, such as a budget and the necessary awareness creation to be effective.

**Table 4.11: Opinions on whether senior management encouraged open discussion about HIV and AIDS at Stats SA (N = 100)**

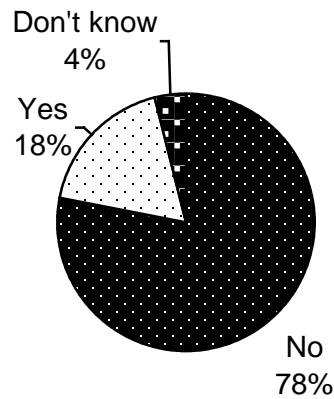
|            | Number | %     |
|------------|--------|-------|
| Agree      | 27     | 27,0  |
| Disagree   | 47     | 47,0  |
| Don't know | 26     | 26,0  |
| Total      | 100    | 100,0 |

Table 4.11 shows that 47% of the respondents disagreed with the assertion that senior managers encouraged open discussion about HIV and AIDS in the workplace. Less than a third (27%) of the respondents agreed, while 26% did not know whether senior managers encouraged open conversations about HIV and AIDS in the workplace.

Although most of the respondents were knowledgeable regarding the existence of the policy and its contents, the attitudes of many towards the implementation of the policy (in terms of the budget, the participation of the unions, the functioning of the HIV and AIDS Committee, the adequacy of HIV and AIDS training programmes and the role played by senior management to encourage open discussion) were less than positive. Rau (2005) notes that open communication about HIV- and AIDS-related topics is necessary to mitigate HIV- and AIDS-related workplace stigmatisation, and this should be articulated explicitly in the policy.

Figure 4.15 indicates that 78% of the respondents believed that HIV testing should not be part of pre-employment medical screening of potential employees at Stats SA. Eighteen per cent (18%) of the respondents thought that HIV testing should be part of pre-employment medical screening, and 4% were unable to give an answer. This finding seems to suggest that the majority of the respondents did not favour discriminatory labour practices.





**Figure 4.15: Views on whether HIV testing should be part of pre-employment medical screening of potential employees at Stats SA (N =100)**

**Table 4.12: Views on the statement: “I would not mind working with an HIV positive co-worker” (N = 100)**

|            | Number | %     |
|------------|--------|-------|
| Agree      | 27     | 27,0  |
| Disagree   | 72     | 72,0  |
| Don't know | 1      | 1,0   |
| Total      | 100    | 100,0 |

Table 4.12 shows that the majority of the respondents (72%), indicated that they would not mind working with a co-worker who was HIV-positive. Less than a third (27%), replied that they would mind, and just one respondent did not know what his or her opinion was about working with a colleague who was HIV positive HIV-positive. Again, this finding seems to suggest that the majority of the respondents did not harbour negative attitudes towards co-workers living with HIV. The researcher is of the opinion that, when the small proportions of employees who still harbour fears about working with HIV-positive people are educated about HIV and AIDS, they may change such discriminatory attitudes.

## **4.5 CONCLUSION**

In this chapter, the findings derived from the data collected from respondents through structured questionnaires were discussed and presented in the form of tables and graphs. Two issues stood out: firstly, the fact that the respondents' level of awareness of the HIV and AIDS workplace policy at Stats SA was relatively good. Whereas some differences were observed, overall it seems that Stats SA was successful in promoting a general awareness of its policy and its contents. Secondly, as far as the respondents' attitudes and opinions relating to the implementation of the HIV and AIDS policy at Stats SA was concerned, several issues still need to be addressed, namely the structure, leadership commitment, and implementation of the HIV and AIDS policy and an integrated programme.

The next chapter (chapter five) concludes the dissertation with a summary of the findings of the study. In addition, the researcher draws attention to the limitations of the study and makes recommendations for further development, refinement and review of the HIV and AIDS policy at Stats SA.

## **CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

The purpose of the study was to evaluate the management of the HIV and AIDS workplace policy in Stats SA. In chapter four, the researcher presented the findings and the interpretation of the data obtained from the respondents, using a questionnaire. This data was presented in a number of tables and figures. In this chapter, the aim is to provide a summary of the findings according to the stated research questions. In addition, the researcher makes tentative recommendations based on these findings and discusses both the strengths and limitations of this study.

### **5.2 SUMMARY OF FINDINGS**

In this section, a summary of the major findings are presented in terms of the stated research questions.

#### ***5.2.1 Findings related to the first research question***

The first research question that guided this study was to gauge whether the employees were aware of the policy and whether they were knowledgeable about its contents. It was found that the majority of the respondents knew about the existence of the policy. Nevertheless, gaps were noted regarding the monitoring and evaluation of the policy.

Demographic details were elicited from nine respondents, who reported that they did not know about the HIV and AIDS policy of Stats SA. In terms of this data, it was determined that three of these employees were males and six were females, one was younger than 25 years, while four fell within the 26-to-35-year age group and four were 36 years or older. One was in a management position and eight were in non-management positions, two had less than a year's experience, while

two had between six and ten years' experience. Furthermore, five had a post-secondary school level of education, while four had a university degree and all were African employees.

### **5.2.2 Findings relating to the second question of this study**

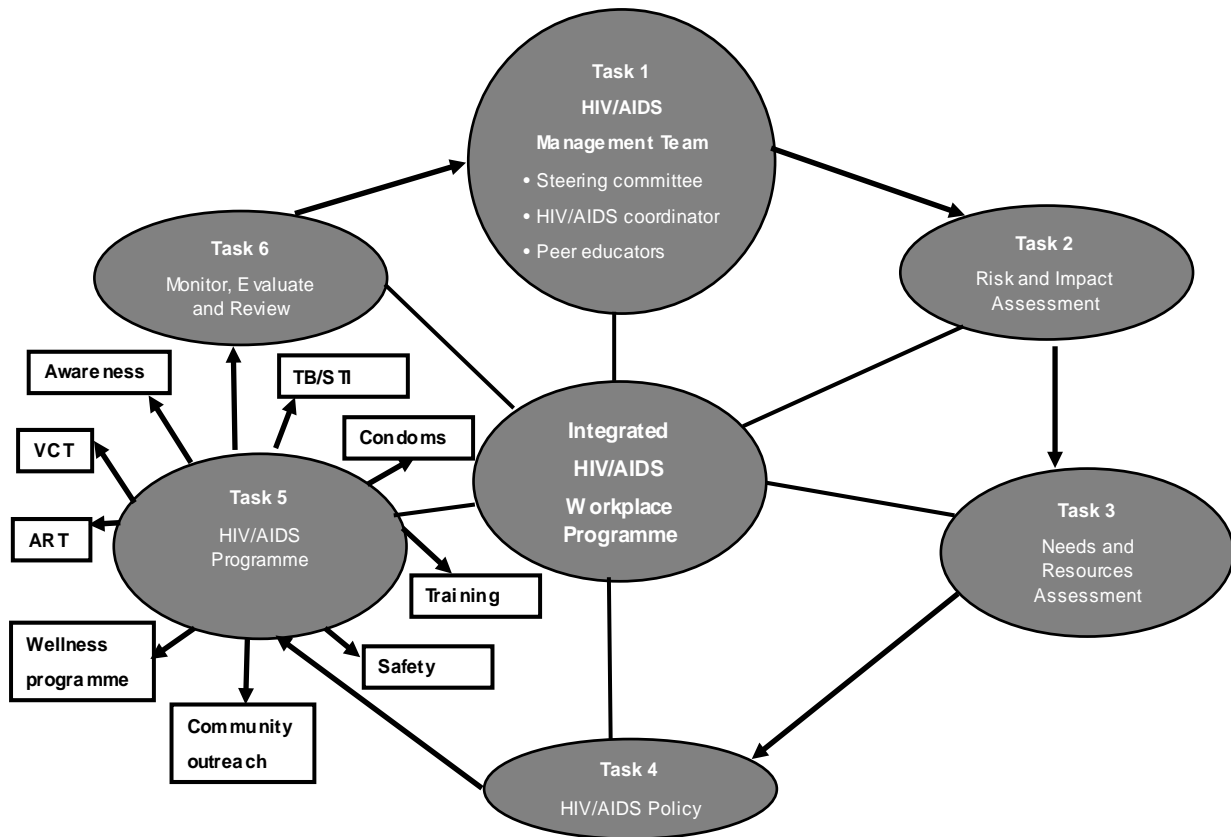
The second question aimed to ascertain the opinions and knowledge of the respondents concerning the HIV and AIDS workplace policy and programmes. It was found that the respondents:

- Agreed that the policy and processes regarding HIV and AIDS catered adequately for HIV-related issues.
- Agreed that it protected the confidentiality of people's HIV status.
- Agreed that it led to satisfactory condom distribution.
- Indicated that they would work with an HIV-positive co-worker.
- Disagreed with the idea that HIV testing should be part of the pre-employment procedures.

Gaps were identified regarding senior management and labour union participation in HIV and AIDS programmes. The majority of the respondents were uncertain whether the HIV and AIDS committee was fully functional. The successful implementation of an HIV and AIDS programme requires co-operation between employers, employees, their representatives and the government, where appropriate, with the involvement of workers infected and affected (ILO 2001:5).

According to Van Dyk, (2008:465) effective management of HIV and AIDS in the workplace requires an integrated strategy that is based on the understanding and assessment of the impact of HIV and AIDS on the workplace. In this regard, there are six tasks for the development and implementation of a comprehensive HIV and AIDS plan for the workplace (as shown in figure 5.1).

## Integrated HIV/AIDS Workplace Programme



**Figure 5:1 Integrated HIV/AIDS Workplace Programme** (Source: Van Dyk 2008:463)

The first task pertaining to managing HIV and AIDS in the workplace is to establish an HIV and AIDS workplace management team. It is essential that management commits itself, exhibits strong leadership skills and that all the role players are involved in the implementation of the programme.

Furthermore, Van Dyk (2008:464) explains that the HIV and AIDS management team:

should consist of a steering committee to assess the risks and needs of the workplace and develop and implement the policies and programmes, a coordinator to network with other stakeholders internally and externally and finally the peer facilitators (or peer educators) to provide support to the

colleagues and the programme by distributing condoms, making referrals to the employee assistance programme (Van Dyk 2008:464).

The second task is to assess the risk and impact of HIV and AIDS on the workplace. Appropriate strategies should be developed to understand, assess and respond to the impact of HIV and AIDS in the workplace. The company needs to know the HIV and AIDS prevalence and incidence within the workplace. Direct and indirect costs need to be assessed, for example the costs related to employees' absenteeism, time taken off to attend funerals, medical expenses and productivity being compromised (Van Dyk 2008: 465).

The third task is to assess the workplace preparedness, needs and resources. Before embarking on an intervention it is very important to do a needs analysis, in order to understand what the employees need and what kind of resources are available within the workplace, before engaging external resources.

The fourth task in the development of an integrated HIV and AIDS workplace programme is to develop an HIV and AIDS policy. Policies should be developed in consultation with all stakeholders including the management team, union representation and employees.

The fifth task is the development and implementation of an integrated HIV and AIDS programme. The Department of Labour recommended that every workplace should develop and implement an HIV and AIDS programme, so that employees affected by HIV could live a positive life. Those who are not infected should remain negative and new infections should be prevented. Every workplace is unique and the workplace programme should be guided by its needs and available capacity. Furthermore, it is important to assess the needs, knowledge and attitudes by the use of a questionnaire and interviews, and then use those results to inform future programmes.

The sixth task is that the management corps needs to monitor, evaluate and review workplace policies and programmes. Workplace policies and employment practices and conditions should be evaluated in order to check whether they comply with the relevant legislation. Furthermore, the policies need to be evaluated regularly in order to meet the changing circumstances of the employees and their family members. They also need to be monitored and evaluated in order to check whether the programmes are relevant and effective.

### **5.3 RECOMMENDATIONS**

Four categories of recommendations are made in this chapter, namely recommendations for Stats SA, recommendations for other organisations concerning HIV/AIDS workplace policies, recommendations to the South African Department of Public Service and Administration, and lastly, recommendations for further research.

#### **5.3.1 *Recommendations for Stats SA***

The researcher recommends that the management team should provide a strategic wellness support function by ensuring that the necessary financial and capacity building needs as well as human resources are aligned with the HIV and AIDS policy. Furthermore, appropriate structures are necessary, such as a management team consisting of a steering committee, an HIV and AIDS coordinator and peer educators.

Programmes cannot be implemented without a budget; therefore, an adequate budget is needed for the successful implementation of the programme. Ongoing support and counselling should be provided for people living with HIV. In this regard, the employer should uphold and promote non-discriminatory practices according to the prescribed guidelines by national and international laws (Afya Mzuri 2006:20).

Furthermore, HIV and AIDS training should be provided to employees and the policy should be presented to new employees during the induction training process. In addition, Stats SA should monitor and evaluate human resources so that there is an adequate supply of appropriately skilled workers to meet the needs of the changing circumstances of the employees. Such an HIV and AIDS programme should be mainstreamed with other programmes. Stats SA should also enter into partnership with NGOs, other government departments and local and international organisations in order to share the best practices.

### ***5.3.2 Recommendations for other organisations concerning HIV and AIDS workplace policies***

Partnership with local and international partners is crucial in the fight against HIV and AIDS, by accessing funding to support the effective implementation of HIV and AIDS policies and programmes. Furthermore, people living with HIV and AIDS should be involved in the development, implementation and evaluation of policies because they are able to provide first-hand information about the disease and should be part of decision-making (Office of the President of Kenya 2005: xviii).

### ***5.3.3 Recommendations to the South African Department of Public Service and Administration (DPSA)***

The DPSA should give recognition to organisations that excel in the implementation of the HIV and AIDS workplace policy and programmes on an annual basis. HIV and AIDS policies and programmes must be monitored in the different departments to make sure that the departments are complying with the recommendations of the Department of Labour.

In addition, the DPSA should provide guidelines for departments in order to include matters pertaining to HIV and AIDS as part of the senior management job description – since there is a lack of participation and commitment from the management level– so that managers can take the matter seriously. In addition,



the DPSA should make sure that the departments implement the minimum standards of an HIV and AIDS management system characterised by a philosophy of continual improvement, and that they submit the required compliance certificates (SANS 2007:4).

#### **5.3.4 Recommendations for further research**

A knowledge, attitudes and behaviour study (a KAP survey) should be conducted to determine the level of knowledge that employees have of HIV and AIDS. In addition, management commitment regarding HIV and AIDS should be measured and monitored since there is an apparent lack of support from their side, whereas they are an essential component in an effective HIV and AIDS programme.

It is important to state that an HIV and AIDS workplace policy impact assessment should be carried out to measure the impact of HIV and AIDS on mortality, as HIV kills the young adults in the economically active age group. Furthermore, a stigma audit should be conducted to address the question of HIV and AIDS workplace stigmatisation.

### **5.4 EVALUATION OF THE STRENGTHS AND LIMITATIONS OF THE STUDY**

The strength of this study was the good response rate and the fact that the information served as a baseline for further refinement of the Stats SA workplace policy. The study only targeted a specific number of permanent staff members; therefore, it was not representative of all staff members in Stats SA. Nevertheless, all population groups and levels within the organisation were represented. Although an HIV and AIDS policy has been developed, there are considerable challenges pertaining to its implementation that need to be overcome as the ultimate goal of the policy is to ensure that the organisation is able to function in spite of the challenges posed by HIV and AIDS.

Furthermore, it is important to note that this study did not yield any surprising insights, accordingly, it supports what other researchers have indicated, namely, that the success of such a policy depends on the participation of all the stakeholders involved.

A weakness of the study was its reliance on quantitative data generation. The inclusion of qualitative data in a mixed design to enable employees to elaborate more on their experiences and concerns would have yielded richer data. However, it needs to be pointed out that the exclusive use of a quantitative survey to yield baseline data was negotiated with the organisation as an important first step in the process of continuous evaluation of the workplace policy and its implementation in programmes. Because workplace policies should be monitored and reviewed on a regular basis, future studies should be conducted that specifically include qualitative components.

## **5.5 CONCLUSION**

The majority of the employees appeared to have sufficient knowledge of the HIV and AIDS policy. Importantly, the evaluation of policies and programmes is a continuous process and needs to be managed, to ascertain whether they are efficient, effective and relevant regarding the changing circumstances of those who are affected.

In June 2005, Peter Piot, former head of the United Nations campaign to combat AIDS, commented that “it is no longer realistic to hope that the world will meet its goal of halving and reversing the spread of the AIDS pandemic by 2015” (Stine 2010:397).

Furthermore, Piot believed that an HIV and AIDS epidemic that could escalate into a pandemic confronts the world. He remarked, “We are still moving into the globalization of the AIDS pandemic” (Stine 2010:397). As, it appears that HIV and

AIDS are here to stay, it is imperative to develop, implement and monitor policies to address this problem in every workplace without delay.

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## APPENDIX A: INFORMED CONSENT FORM

Department of Sociology: University of South Africa

Participant's name:.....

Date:.....

Name of researcher: Cynthia Mabuza

### Informed Consent

1. **Title of study:** An evaluation of the management of the HIV and AIDS workplace policy at Statistics South Africa.
2. **Purpose of the study:** To assess the level of awareness of the HIV and AIDS workplace policy at Statistics South Africa among employees and to discern what is happening at the level of implementation. The findings will inform the further development or refinement of the HIV and AIDS policy at Statistics South Africa.
3. **Procedures:** A questionnaire will be e-mailed to you from September to October 2008.
4. **Risks and discomforts:** There are no known medical risks or discomforts associated with this study.
5. **Benefits:** The results of the study may help other researchers, Statistics South Africa and this researcher to gain a better understanding of how HIV and AIDS workplace policy objectives have been achieved.
6. **Participant's rights:** Your participation in this study is voluntary, and you have the right to withdraw from participating in the study at any time.
7. **Financial compensation:** There will be no financial compensation for participation in this study.
8. **Confidentiality:** Completed questionnaires will be treated as highly confidential material. The researcher will be the only one who will have access to raw data. Your name will not be used in the study.
9. If you have any questions or concerns, you can call 012 310 8355 during office hours or 082 886 2652.



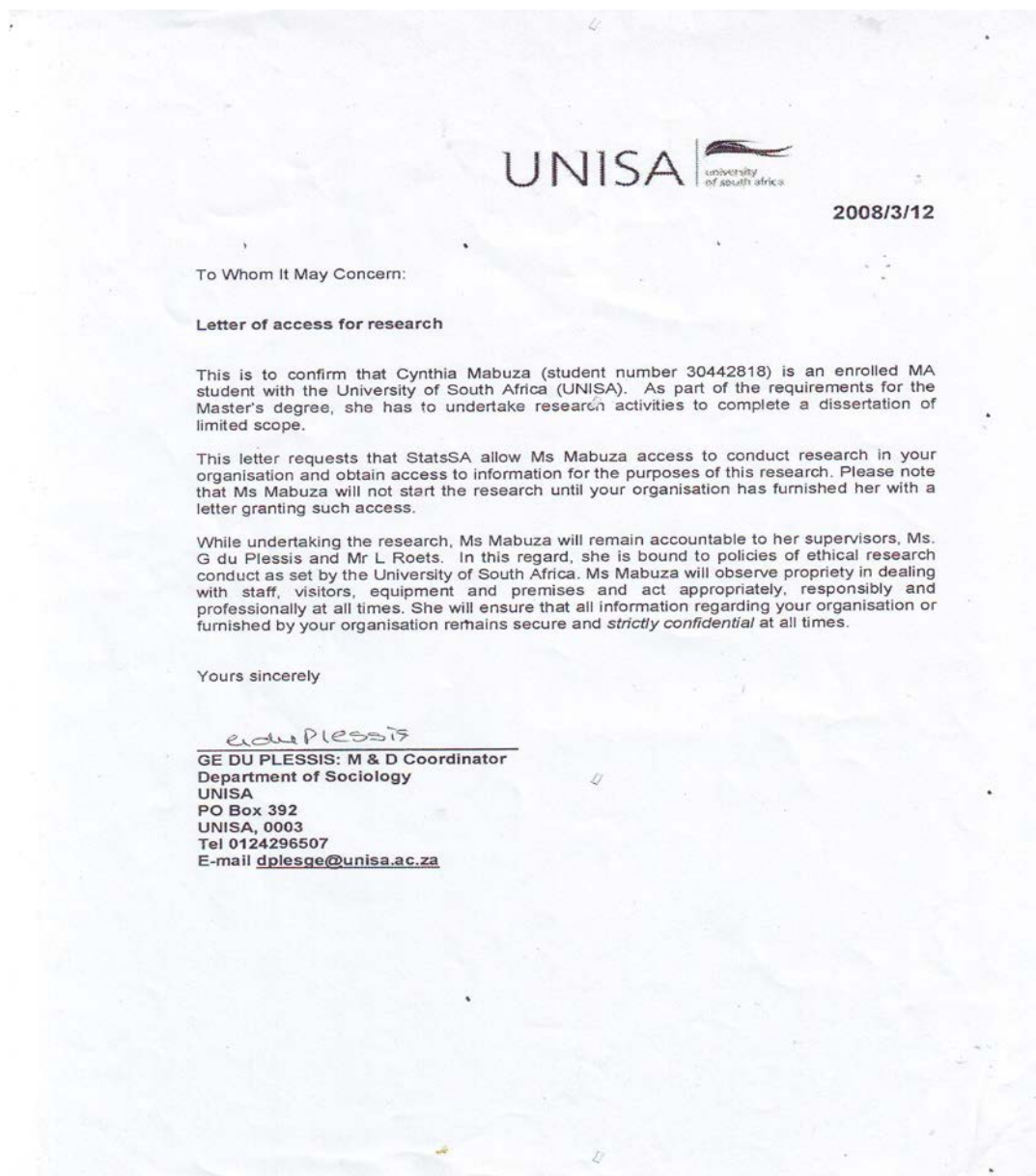
**Declaration by participant:**

I understand my rights as a participant, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done.

---

Participant's name / Signature

## APPENDIX B: ETHICAL CLEARANCE LETTER





**Statistics  
South Africa**

Preferred supplier of quality statistics



Enquiries: Ms. X. P. Kunene  
Telephone: 012 310 8672  
Date: 10 April 2008

Ms Cynthia Mabuza  
Stats SA  
PRETORIA

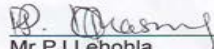
Dear Ms Mabuza

I hereby acknowledge receipt of your request to undertake research within Stats SA on Evaluation of the management of HIV and AIDS workplace policy at Statistics South Africa.

Your request to undertake research has been approved.

I wish you success in this endeavour.

Kind regards

  
Mr PJ Lehohla  
Statistician-General  
06/05/2008

Statistics South Africa • Mballo-mballo dza Afrika Tshipembe • Tshayoyoyi ta Afrika-Dzonga • Dipalopalo tsa Afrika Borwa • Ezezibalo zaseNingizimu Afrika  
Dipalopalo tsa Afrika Borwa • Dipalopalo tsa Afrika Borwa • Ubalo lwaseMzantsi Afrika • Tetubalo eNingizimu Afrika • iNanimbalo leSewula Afrika • Statistiek Suid-Afrika

email: [info@statssa.gov.za](mailto:info@statssa.gov.za)  
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170 Andries Street • Private Bag X44, 0001 Pretoria, South Africa  
Tel: +27(12) 310 8911, Fax: +27(12) 321 7381

## APPENDIX C: QUESTIONNAIRE

|   |  |  |
|---|--|--|
| Questionnaire number (for research purposes only) |  |  |
|---|--|--|

### QUESTIONNAIRE

#### Evaluation of the management of the HIV and AIDS workplace policy at Statistics South Africa

Dear research participant,

The Management of Stats SA has granted permission for this study to take place. We require your kind co-operation to complete this questionnaire as an evaluation of the objectives and outcomes of the HIV and AIDS workplace policy. Kindly answer the questions in this questionnaire to the best of your ability/knowledge. It will be solely used to enhance programme management and for study purposes. It takes about 15-20 minutes to complete the questionnaire. Please complete the appropriate response by drawing an X in the space provided.

#### SECTION A: BIOGRAPHICAL DETAILS

1. What is your gender?

Male  Female

2. Please mark your age group

18-25  26-35  36 and more

3. Is your position within the organisation that of:

Management  Non-management

4. How many years have you worked at Stats SA?

Less than a year  1-5 years  6-10 years  11 years or more

5. What is your highest educational qualification?

None-some secondary  Secondary completed

Post-grade 12 certificate/diploma  University degree

6. To which population group do you belong?

African  Asian  Coloured  White

## SECTION B: HIV AND AIDS POLICY AND PROGRAMMES

***For each of the items listed below, please mark with X the answer option which best describes your knowledge of or attitudes towards managing HIV and AIDS in the workplace.***

1. Do you know of an HIV and AIDS policy in Stats SA?

Yes  No  Don't know

2. Does the current workplace policy of Stats SA prohibit unfair discrimination based on HIV and AIDS?

Yes  No  Don't know

3. Does the current workplace policy of Stats SA promote HIV counselling and testing (HCT)?

Yes  No  Don't know

4. Does the policy provide for confidentiality of an employee's HIV status?

Yes  No  Don't know

5. Does the policy provide for HIV and AIDS education, awareness and prevention programmes?

Yes  No  Don't know

6. Does the policy encourage acceptance of people living with HIV and AIDS (PLWHA)?

Yes  No  Don't know

7. Does the policy provide for a communication strategy on aspects of HIV and AIDS?

Yes  No  Don't know

8. Does the HIV AIDS policy make provision for monitoring and evaluation of the policy?

Yes  No  Don't know

## SECTION C

***For each of the items listed below, please mark with an “X” the answer option that best describes your knowledge or opinion of HIV and AIDS policy and programmes at Stats SA.***

**1. Do you agree or disagree with the following statement?** Stats SA’s policies and processes regarding HIV and AIDS cater adequately for HIV/AIDS-related issues.

Agree  Disagree  Don’t know

**2. Do you agree or disagree with the following statement?** The policy and practices of Stats SA protect the confidentiality on HIV and AIDS status of employees.

Agree  Disagree  Don’t know

**3. Do you agree or disagree with the following statement?** Senior management participates in HIV and AIDS workplace programmes.

Agree  Disagree  Don’t know

**4. Do you agree or disagree with the following statement?** Labour unions at Stats SA are fully involved in the HIV and AIDS policy and programme.

Agree  Disagree  Don’t know

**5. Do you agree or disagree with the following statement?** There are adequate budget provisions made for Stats SA’s HIV and AIDS programme.

Agree  Disagree  Don’t know

**6. Do you agree or disagree with the following statement?** There is a fully functioning HIV and AIDS committee in Stats SA?

Agree  Disagree  Don’t know

**7. How would you rate condom distribution in Stats SA?**

Satisfied  Dissatisfied  Don’t know

**8. How do you feel about the training programmes on HIV and AIDS available for employees at Stats SA?**

Satisfied  Dissatisfied  Don’t know

**9. Do you agree or disagree with the following statement?** Senior management encourages open discussions about HIV and AIDS in the workplace.

Agree  Disagree  Don’t know

**10. Do you think that HIV testing should be part of pre-employment medical scanning of potential employees at Stats SA?**

Yes  No  Don't know

**11. Do you agree or disagree with the following statement? "I would mind working with an HIV-positive co-worker."**

Agree  Disagree  Don't know

**THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY.**