

**THE IMPACT OF REASONABLE
ACCOMMODATION ON HIV/AIDS IN THE
WORKPLACE**

BY

LEDETU MINYLASHOA TEKLEMARIAM

**SUBMITTED IN PART FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE IN**

MASTER OF BUSINESS ADMINISTRATION

FACULTY OF COMMERCE & ADMINISTRATION

**GRADUATE SCHOOL OF BUSINESS &
GOVERNMENT LEADERSHIP**

**NORTH WEST UNIVERSITY – MAFIKENG CAMPUS
REPUBLIC OF SOUTH AFRICA**

JANUARY 2006

**JOINT SUPERVISOR: PROFESSOR PIET
ACKERMANN**

LIBRARY MAFIKENG CAMPUS	
Call No.: TH 362.1969792	2007-04-12 TEK
Acc. No.: 07/60007	
NORTH-WEST UNIVERSITY	



ACKNOWLEDGEMENTS

In which to express my sincere thanks and gratitude to all who helped me to complete my studies for the MBA programme and to complete this dissertation.

I am honoured to thank Professor L.I. Qalinge, Department of Social Work – North West University, for her unreserved scholastic advice and encouragement.

I am grateful to my supervisor, Professor Piet Ackermann – Professor of Management at the University of South Africa, for his concern, continuous guidance, and invaluable professional input.

My special thanks go to Eskom Mafikeng and the staff; especially Mr. Molese Maphutse, HR Practitioner - Mmabatho, for giving me permission to do the research at Eskom Mafikeng; Ms. Makie Seleleko, Financial Clerk, for her help in contacting the right personnel; and Mr Johannes Sishange, HIV/AIDS Coordinator at the Eskom Distribution Office, for providing me with all relevant documentations for my research.

My heartfelt thanks also to the Graduate School of Business and Government Leadership staff (Mr. D.G. Setsetse – Programme Director, Mr. T.S. Matshego – Programme Manager, Mr. T.P. Mpete – Programme Manger, and the Central Office), and to the Research Unit of the Graduate School (Prof. D.M. Akinnusi and Mr. David Sebolai) for their unreserved cooperation.

To my friend, Mrs Johanna Mmamolefe for her printing service.

To my friends and brothers, Mr. Teferi N. Tsegaye and Mr. Mulugeta D. Agaze for their affection and support.

Many thanks to my sister Meron and her husband P. Yared for their unreserved love and concern since my arrival in South Africa.

I am really indebted to my wife Genet Mengistu, for her special holistic support, true love, and unreserved encouragement.

Lastly but not the least, my special thanks to my country Ethiopia and the people for giving me a free education till I left home. You are the base for today's achievement.

DEDICATION

This research is dedicated to all the children who have been infected and affected by the terrible scourge of HIV/AIDS.

ABSTRACT

In South Africa HIV/AIDS has had a great negative impact on both private and state enterprises. Its effect is felt most strongly in South African companies. HIV/AIDS has added greatly to expenditure in companies in relation to human resource management.

This research shows that absenteeism, conflict, insurance, and medical claims are escalating because of HIV/AIDS. The reason is that the number of HIV/AIDS infected staff is increasing at an alarming rate.

The study was explanatory and quantitative in nature. Data was collected by means of questionnaire. Probability sampling was used to select a sample from employees at Eskom Mafikeng, Mafikeng in the Republic of South Africa.

The study identified that HIV/AIDS has been one of the main causes of increased expenditure at Eskom Mafikeng because of absenteeism, insurance, medical claims, and staff-management relationship problems. Hence, the need to implement reasonable accommodation programmes for HIV/AIDS infected staff to utilize the infected staff effectively, productively and profitably, until they reach the disability stage.

HIV/AIDS prevention programmes were found to be of benefit to the company and family members of the infected workforce.

TABLE OF CONTENTS

REF.	TITLE	Pages
	ACKNOWLEDGEMENTS	ii
	DEDICATION	iii
	ABSTRACT	iv
	TABLE OF CONTENTS	v
	LIST OF TABLES	viii
	LIST OF FIGURES	x
	CHAPTER 1: ORIENTATION	1-8
1.1	Introduction	1
1.2	Objectives of the study	4
1.3	Importance of the study	4
1.4	The scope of the study	5
1.5	Background to the research	5
1.6	Clarification of concepts	7
1.7	Plan of the study	8
	CHAPTER 2: THEORETICAL FOUNDATION	9-16
2.1	Introduction	9
2.2	Individuals and motivation for work	9
2.3	Management in the workplace	11
2.4	HIV/AIDS and the workplace	13
2.5	Conclusion	16
	CHAPTER 3: LITERATURE REVIEW	17-30
3.1	Introduction	17
3.2	Reasonable accommodation	17
3.3	The impact of HIV/AIDS on the enterprises and workplaces	20

3.4	HIV/AIDS and Eskom	26
3.5	Economic impact of HIV/AIDS in Eskom	27
3.6	Conclusion	30
CHAPTER 4: THE PROBLEM STATEMENT		31-32
4.1	Introduction	31
4.2	Formulation of the problem	31
4.3	Conclusion	32
CHAPTER 5: RESEARCH DESIGN AND ANALYSIS		33-37
5.1	Introduction	33
5.2	Research design	33
5.3	Measuring instrument	34
5.4	Sampling	35
5.5	Data analysis	36
5.6	Ethical conditions	37
5.7	Conclusion	37
CHAPTER 6: THE RESEARCH RESULTS		38-50
6.1	Introduction	38
6.2	The response rate	38
6.3	Presentation of results	39
	6.3.1 Biographical data of respondents	39
	6.3.2 The extent of HIV/AIDS in the workplace	40
	6.3.3 The effect of HIV/AIDS in the workplace	41
	6.3.4 Programmes in place to cater for HIV/AIDS affected employees and for infected employees	45
6.4	Conclusion	50

CHAPTER 7: DISCUSSION, CONCLUSIONS & RECOMMENDATIONS

51-55

7.1	Introduction	51
7.2	Discussion	51
	7.2.1 The extent of HIV/AIDS in Eskom Mafikeng	51
	7.2.2 The effect of HIV/AIDS in the workplace in Eskom	52
	7.2.3 Programmes in place to cater for HIV/AIDS affected employees and for infected employees	52
	7.2.4 Is Eskom Mafikeng benefiting or not by implementing HIV/AIDS programmes?	53
7.3	Limitation of the study	53
7.4	Conclusions	54
7.5	Recommendations	55
7.6	Conclusion	56

REFERENCES

57-58

ANNEXURE

59-64

ADDENDUM A: The questionnaire	59
ADDENDUM B: Mmabatho customer service	64

LIST OF TABLES

TABLE	TITLE	Page
Table 2.1:	The estimated adults and children who were living with HIV/AIDS in 2003	13
Table 2.2:	Estimated HIV prevalence among antenatal clinic attendees, by Province	14
Table 2.3:	Increased costs through lack of management response to HIV/AIDS	15
Table 2.4:	Projected annual expenditure requirements for HIV/AIDS care and support in 2005 by region	16
Table 3.1	Present value of the future cost of HIV infection, assuming a seven- year interval between infection and death	24
Table 3.2:	Net savings to firms as a result of providing HAART to workers	25
Table 5.1:	Sample from each stratum	36
Table 6.1:	Qualification of the respondents	39
Table 6.2:	Years of service at Eskom	39
Table 6.3:	The respondents' age groups	40
Table 6.4:	Respondents knowledge on the presence of HIV positive staff in Eskom Mafikeng	40
Table 6.5:	Opinion on the prevalence of HIV/AIDS in Eskom Mafikeng	41
Table 6.6:	Expected age group infected in Eskom Mafikeng	41
Table 6.7:	Respondents evaluation of Eskom's expenditure for HIV/AIDS	42
Table 6.8:	Increased expenses because of HIV/AIDS in Eskom	43
Table 6.9:	Opinion whether Eskom's production and profitability decreased because of HIV/AIDS	45
Table 6.10:	The respondents' opinion on keeping HIV/AIDS infected staff and their contribution to the profitability of Eskom	46
Table 6.11:	Who is benefiting from keeping HIV positive staff in Eskom	46
Table 6.12:	Respondents opinion on the shifting of HIV/AIDS workers from demanding to less demanding position	47

Table 6.13:	Whether reasonable accommodation is implemented (in Eskom Mafikeng) effectively or not	48
Table 6.14:	Eskom Mafikeng HIV/AIDS prevention programme	48
Table 6.15:	Non-financial support from the HIV/AIDS prevention programme	49
Table 6.16:	Does Eskom Mafikeng HIV/AIDS prevention programme Accommodate every staff's family members?	50

LIST OF FIGURES

FIGURE	TITLE	Page
Figure 2.1:	The job characteristic model	10
Figure 2.2:	Maslow's hierarchy of needs model	11
Figure 2.3:	The elements of total compensation	12
Figure 3.1	Percentage of workforce lost to Aids by 2005 and 2020 in selected African countries	21
Figure 3.2:	The impact of HIV/AIDS on employers' over view	22
Figure 3.3:	Cost of HIV/AIDS to Eskom	28
Figure 3.4:	The total present value cost of new HIV infection in Escom from 1999–2010	29
Figure 6.1:	Comparison of productivity vs reasonable accommodation	41
Addendum A:	The questionnaire	60
Addendum B:	Mmabatho customer service	65

CHAPTER ONE

ORIENTATION

1.1 Introduction

The global prevalence of the HIV/AIDS pandemic is escalating, affecting private and public enterprises (UNAIDS/01 50E: 13 – 16). This has resulted in human resource managements of different organizations facing problems in workforce planning at the micro level. The problems are due to the fact that people in strategic positions are affected by HIV/AIDS that results in some of them not performing to the level of their abilities. Some of them die after organizations have spent substantial financial resources in training them. What compounds the situation is that the Human Rights Declaration prohibits HIV screening as a prerequisite for employment. Individuals that are HIV carriers cannot be discriminated against since HIV is equated with any other disease such as blood pressure, diabetes, malaria and the like.

Paradoxically, there are those sectors of employment in the industry that require people to produce a medical certificate for their health status before they can be employed.

These are sectors like the military, police, pilots, and the navy. The reason behind this is that the medical certificate is regarded as a standard minimum requirement to join such fields. This discrimination helps the above-mentioned organizations to have healthy and strong professionals, because they can serve their employers for many consecutive years without any significant health related problems. This helps the human resources sector to manage their planning accordingly.

The UN, International Organization of Employers (IOE), the Department of Public Service and Administration of South Africa, and Escom issued the following booklets/publications stating guidelines on how to handle HIV/AIDS infected people or people who are living with HIV/AIDS in any organization:

- Employers Handbook on HIV/AIDS – A Guide for Action, by IOE.
- HIV/AIDS and Human Rights International Guidelines, by UN.
- Managing HIV/AIDS in the Workplace: A Guidance for Government Departments by Department of Public Service and Administration (July 2002)
- Eskom's AIDS policy: awareness, prevention, mobilization and vaccine support.
- Code of good practice on aspects of HIV/AIDS employment (www.labourprotect.co.za/hiv_aids_legislation.htm)

The controversy surrounding HIV/AIDS in the workplace is sensitive and very personal. This is compounded by the fact that individuals have a right to confidentiality that means they have the right to disclose or not to disclose.

The issue of confidentiality poses a moral dilemma in that the workplace is expected to accommodate people living with HIV. However, the workplace can only do that if they have information about who is infected. Because of this dilemma, the HIV/AIDS pandemic has given rise to a vast array of ethical, moral and legal issues. Van Dyk (2001:22) explains that although there is need for laws to guide organisations to make the right decisions about people living with HIV/AIDS, an attempt should be made to do the right things through the use of common sense, ethical and moral values, compassion, and respect for the human rights and dignity of all people.

According to the Report on the global HIV/AIDS epidemic (2002: 62-78), in Sub-Saharan Africa the virus generally targets the working age population. This therefore leads to reduced earnings, increased care demands, high expenditure on health care and premature death. In the long term, savings and income decline, the customer market is reduced and resources for investment decline.

The World Bank estimates that by the year 2020, the macro economic impact of HIV/AIDS may be significant enough to reduce the growth of national income by up to a third in countries with an adult prevalence rate of 10% (Employers Hand Book 2002:8).

In developing countries human capital is one of the most important economic assets. Therefore, HIV/AIDS impacts not only on the size of the labour force but also on its quality. Some of the people infected are experienced and skilled in both managerial and non-managerial positions, thus the International Labour Organization's (ILO) projections for 29 African countries with a prevalence rate of 2% in 1997 indicating that the population of these countries will decrease by 8% in 2020 as a result of AIDS-related deaths will mean a great loss in these areas.

According to the International Organization of Employers (2002:9-11), in high prevalence countries due to higher mortality, no sector of the economy will escape the impact of the pandemic. South African industries are also affected by the scourge of HIV. Eskom as one of the big industries in the North West province faces the dilemma of maintaining production and profits along with providing a reasonable accommodation plan to use HIV personnel productively.

The scourge of the HIV/AIDS pandemic has a great impact on the balance between production, supply, demand and profits as explained below:

- *Declining productivity* – This occurs because of increased absenteeism and organizational disruption which lead to declining profits, whilst production costs are increasing at an even faster rate. As a result of fluctuation and decline in productivity, it becomes difficult for companies to meet supply demands by their customers. To counter act this anomaly, companies tend to use untrained temporary staff.
- *Increased cost* - The rising production cost affects current profit margins and future profits by reducing investment capacity, expansion, research and development.
- *Recruitment and training* – Companies have a high staff turn over and therefore lose skilled workforce. To deal with staff fluctuation, companies are forced to pay high replacement costs of skilled personnel, and high training costs for less skilled employees.

- Insurance cover - Health management and funeral costs that are caused by HIV/AIDS are affecting both enterprises and individual stability (IOE 2002: 9-11).

1.2 Objectives of the study

The objectives of the study are:

- To determine the extent of HIV/AIDS in the workplace in Eskom, Mafikeng
- To determine the effects of HIV/AIDS in the workplace in Eskom, Mafikeng
- To determine what programmes are in place at Eskom, Mafikeng to accommodate HIV/AIDS employees.
- To determine whether Eskom (Mafikeng) is benefiting or not by implementing HIV/AIDS programmes.

1.3 Importance of the study

The HIV/AIDS infected category of workers range from daily labourers up to highly qualified experts. In some cases, the employer depends entirely on them for production and profits. Based on this, the study should help to create awareness of HIV/AIDS in the workplace and to explore supportive structures. This should assist companies to intensify preventive measures in order to alleviate the scourge of HIV/AIDS, which tends to affect the balance between profits and production.

1.4 The Scope of the study

The geographical parameter of the study is Mafikeng, capital of the North West province. The study takes place at the company called Eskom in the Mafikeng area. Eskom is one of the world's largest electricity utilities. Based in South Africa, it runs 20 power stations and maintains over 26,000 kilometres of transmission lines. In general Eskom has over 35,000 employees. Its Mafikeng area office has 266 staff members.

1.5 Background to the research

To accommodate HIV/AIDS employees, Eskom operates the following initiatives as obtained from www.eskom.co.za:

1.5.1 HIV/AIDS Programme

Eskom has a long-standing HIV/AIDS programme that has evolved as both the epidemic and the Company's understanding of it grow: The programme comprises:

- ***Prevention & Awareness***, using proven methods including trained peer educators (over 1,200 to date) and theatre to reach employees at all sites, covering human rights and HIV/AIDS care as well as HIV prevention. Condoms are available through dispensers in most company toilet facilities. The company provides treatment for sexually transmitted infections (STIs) free of charge through its clinics. Sessions are run by people living with HIV/AIDS to help address the stigma associated with the virus.
- ***Voluntary Counselling and Testing (VCT)***, is encouraged, with Eskom paying for the first test, which can be done through any agency approved by the company.
- ***Care and support***, including psychological support from counsellors, access to antiretroviral therapy (ARVs) under the Company's Medical Aid Insurance Scheme (which covers all employees and their immediate families) through approved HIV clinicians, and monitoring of TB treatment at the company's own clinics.

1.5.2 Motivation for action

Eskom initiated an HIV/AIDS policy as far back as 1988, covering education, surveillance and counselling. However, by the mid-1990s, Eskom became aware of the real threat of HIV/AIDS to its business and workforce. The Company commissioned an

impact analysis of HIV/AIDS on its operations. The projections, including a 26% HIV prevalence rate in the workforce in ten years in the absence of any interventions, motivated Eskom to declare HIV/AIDS a strategic priority. In developing its program, Eskom formed two specific committees. The strategic committee looked at the impact of HIV/AIDS on the Company and employees, and developed strategies to cope with the impact. The operational committee developed and implemented education, prevention and care programs. An HIV/AIDS cost centre was created in 1996 to monitor education, awareness and care costs. In 1999, direct costs, not including Medical Aid, amounted to R125 per employee (circa \$US19), including treatment of opportunistic infections.

1.5.3 Monitoring and evaluation

Policies and practices are reviewed annually to ensure non-discrimination in all business processes, including recruitment and procurement. The Company has trained staff to monitor the trends and impact of HIV/AIDS using a model developed by the Harvard Institute of International Development.

1.5.4 Results and lessons

A key component of Eskom's program is the emphasis placed on monitoring and evaluation. Eskom's experience shows how reliable information on the impact of the epidemic can first be used to trigger attention to the workplace problem and then direct an effective company response. After the initial impact study undertaken in 1995, Eskom commissioned a more sophisticated HIV/AIDS risk analysis in 1999, taking account of the demographics of employees. This highlighted the economic and financial impact, particularly in terms of productivity, loss of personnel, training needs, pension and medical costs. The company also undertook knowledge and attitude studies (demonstrating 80 % awareness and knowledge levels) and an anonymous and voluntary HIV/AIDS surveillance study (showing that HIV prevalence was lower than the 1995 prediction of 11 %). These studies have provided evidence of success and will help to assess the effectiveness of future actions and training.

Other benefits that Eskom identified are: the support and cooperation from management, employees and unions; low incidence of discrimination against the field workers with HIV/AIDS and a greater willingness of employees to seek more information about their risks and HIV status.

Eskom's corporate responsibility programs on HIV/AIDS, including its support for the development of an AIDS vaccine, were born largely out its workplace program, and are underpinned by the conviction that the benefits of HIV/AIDS prevention and care strategies outweigh the costs of an unchecked spread of HIV/AIDS within the workplace and communities (www.eskom.co.za).

1.6 Clarification of concepts

- **HIV** is described as the Human Immuno-deficiency Virus, being the virus that causes AIDS. HIV antibody positive means that the antibodies of HIV are present in the blood stream, and an indication that the person concerned has been exposed to (and is therefore infected with) the HI Virus (Van Dyk 2001: 424).
- **AIDS** is Acquired Immune Deficiency Syndrome. This acronym emphasizes that the disease is acquired and not inherited. The virus that invades the body attacks the body's immune system, makes it weak and unable to protect the body from both serious and common infections and pathogens that causes it. (Van Dyk, 2001:424)
- **Workforce** is the physical working conditions. This aspect refers to the amount of work and the availability of facilities, such as production machinery and protective clothing, and to assets of the physical environment in which the employee works, such as ventilation, lighting and space (Nel 2004:20). In this study the term refers to the people working in a work environment.
- **Profit** is the difference between the income and expenditure when the result is positive (ibid 2002: 31).

- **Production** is the manufacturing process when employees could come together to manufacture products (Smit & Cronje 20003: 35).
- **Human resource management** is the process through which an optimal fit is achieved among employee, job, organization and environment so that employees reach their desired level of satisfaction and performance and the organization meets its goals (Nel 2004: 6).
- **Reasonable accommodation** means that employers find ways to adapt circumstances to help the employee who is living with HIV/AIDS, to continue working (HIV/AIDS and the Law 2001:171). Reasonable Accommodation means any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment (HIV/AIDS and the Law 2001: 171).

1.7 Plan of the study

The theoretical foundation of the study is dealt with in chapter 2. Chapter 3 is the literature survey. The problem is stated in chapter 4. The research design and analysis is presented in chapter 5. In chapter 6 the results are given. The outcome of the study is discussed in chapter 7, which ends with conclusions and recommendation.

CHAPTER TWO

THEORETICAL FOUNDATION

2.1 Introduction

Chapter 1 introduced the reader to an understanding of the objectives of the study. The importance, scope and the environment of the study were dealt with. Certain concepts were clarified and it ended with the plan of the study.

Chapter 2 deals with the relationship between individuals and work in the workplace. It further explores the role of management in the workplace. It ends with a discussion of HIV/AIDS in the workplace with reference to global and South African perspectives.

2.2 Individuals and motivation for work

People are motivated to work because of their unsatisfied needs. To satisfy their needs people look for employment and secure work according to their skills, knowledge and potential. According to Smit and Cronje (2002: 345 -348) the motivation for work leads them to develop behaviour such as acquiring skills needed by their employers. The dimensions or the benefits of the predicted personal and work outcomes are expressed well in the following job characteristics model (Figure 2.1 below) developed by Hockman and Oldham (Smit & Cronje 2003: 363).

The consequence of the working behaviour leads to satisfaction or dissatisfaction in the workplace. Those who are dissatisfied may leave their job or lack promotion. The rest of the employees who perform according to their employers' satisfaction continue to satisfy the rest of their needs by staying in the same company.

Maslow's hierarchy of needs model (Figure 2.2) distinguishes between physiological needs, security needs, affiliation needs, esteem needs, and self-actualisation needs (Smit and Cronje 2002: 348).

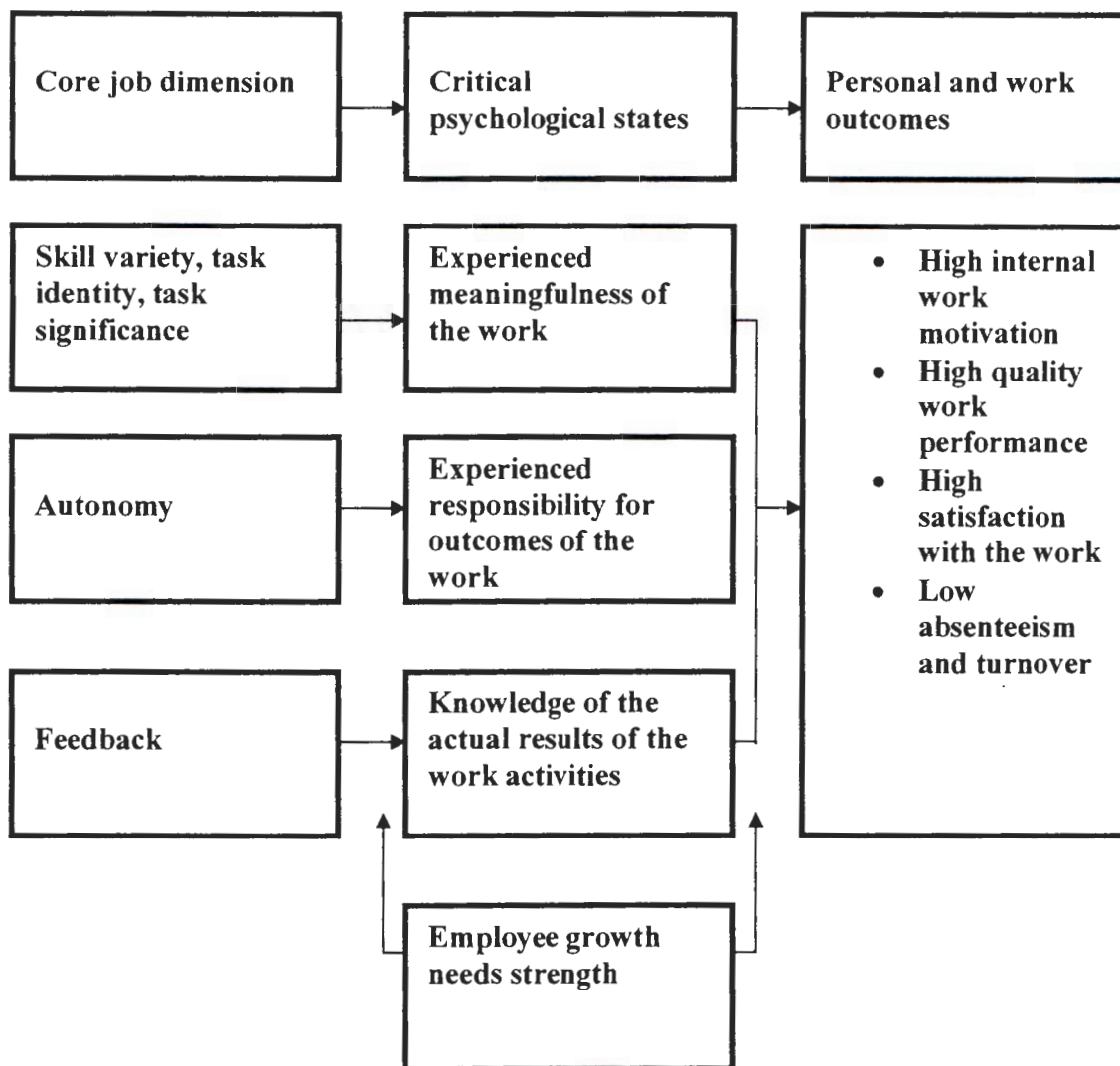


Figure 2.1: The job characteristic model

Needs satisfaction mostly arises from the earnings and benefits that come from the employers. Employers are willing to pay when they get services according to the service conditions and job description that both parties signed. The conditions of service would include bonuses, salary increments, medical coverage, sick leaves with payments, insurance at workplace, and training fees. When all these expenses are put together, they determine every employee's salary, and show how much employers spend on their staff directly and/or indirectly. These expenses are recorded in the companies' balance sheet

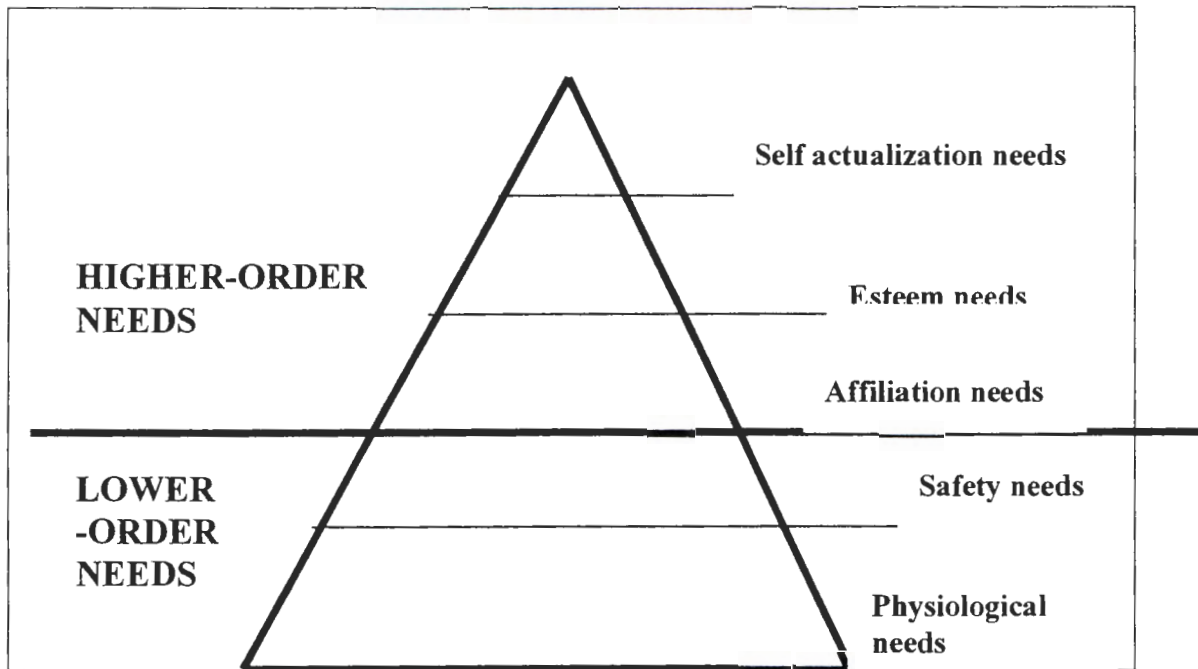


Figure 2.2: Maslow's hierarchy of needs model

under fixed and variable costs. Schultz (Nel 2004: 269) listed them as elements of total compensation as indicated in Figure 2.3.

It is interesting to note that medical coverage, sick leave with payment, part timers' wages, overtime payments, recruitment fees are increasing in the world after the existence of HIV/AIDS. (Schultz in Nel 2004: 269).

2.3 Management in the workplace

A century or two ago, most of the people especially in rural areas were part of an agricultural society (Smit and Cronje 2002: 7-10). They depended on themselves and a few individuals such as the local shopkeepers, tailor, butcher, blacksmith etc for products and services. With modern changes and technological development, these local organizations developed to adapt themselves to systems in order to satisfy the customers' needs. Modern organizations, for example, hypermarkets, sport clubs, universities, power suppliers, core manufacturers, banks, and government offices came into existence using proper management styles to render services and supply products. They implemented the

management functions namely planning, organizing, leading, and controlling – in their world of work on a day-to-day basis.

Direct compensation	Other direct compensation	Incentives
- Cash compensation	share options	bonuses
- Basic salary	share ownership	profit sharing
- Deferred cash	restricted shares	recognition
Employee benefit	Perquisites/fringe benefits	
- Retirement benefits	cars	
- Death benefits	holidays, loans	
- Disability benefits	other	
- Medical benefits		
- Other		

Figure 2.3: The elements of total compensation

Organisations became the common place where employees spent hours every day. Thus, they needed policies and guidelines to manage production and service delivery, organising the working environments, handling wages and benefits, and occupational health and safety (Nel 2004: 81-120). For instance, in the Republic of South Africa the Employment Act No. 75 of 1997 gives guidelines on ordinary hours of work, over-time, extended ordinary daily hours of work, meal intervals, daily and weekly rest period, night work, sick leave, and family responsibility leave (Nel 2004: 86 – 89). Though government has introduced different Acts to protect employees, workplace forums help to promote the interests of all employees in the workplace, irrespective of whether they are trade union members (Nel 2004:102).

The Occupational Health and Safety Act No. 85 of 1993 gives guidelines about the duties of employers and employees concerning health and safety in the workplace. All these Acts are put in place to help maintain sustainability, protect each party's rights and responsibilities, and fair human resource management.

Irrespective of all the systems in place human resource management became affected due to various controversial issues. One of the controversial issues is HIV/AIDS. When the employees' holistic lives are affected, the organizations' efficiency and effectiveness also get affected. For instance, according to Smit and Cronje (2002: 75) investors and human resource managers have to deal with a workforce where one-third is infected by HIV/AIDS. This means that the organisation is likely to lose key people. This eventually will lead to a state of imbalance in the organization.

2.4 HIV/AIDS and the workplace

Since the discovery of the HI virus, in 1980, the number of people infected is escalating. According to the UNAIDS and WHO report on AIDS Epidemic update (December 2003: 36-39), the number of people living with HIV/AIDS rose from 34 million to 46 million by 2003. Out of this number, 5 million were infected only in the year 2003, and the deaths due to HIV/AIDS in 2003 were 3 million. Based on the above total figure, the estimated adults and children who were living with HIV/AIDS in the same year in different parts of the world were as indicated in Table 2.1.

Table 2.1: The estimated adults and children who were living with HIV/AIDS in 2003

Parts of the World	Estimated Number
Australia	12 000 – 18 000
Caribbean	350 000 – 590 000
Western Europe	520 000 – 680 000
North Africa & Middle East	470 000 – 730 000
North America	790 000 – 1.2 million
East Asia & Pacific	700 000 – 1.3 million
Eastern Europe & Central Asia	1.2 million – 1.8 million
Latin America	1.3 million – 1.9 million
South & South –East Asia	4.6 million – 8.2 million
Sub-Saharan Africa	25.0 million – 28.2 million

Out of the sub-Saharan infected population, South Africa has about 5 million adults and children infected with HIV/AIDS. According to AVERT.org the prevalence of HIV/AIDS affects every group of the population of South Africa. The prevalence and the effect are reflected in Table 2.2.

The escalating number of the epidemic equally affects every NGO, government, private and public enterprises. Initially companies neglected the seriousness of the epidemic.

Table 2.2: Estimated HIV prevalence among antenatal clinic attendees, by province

Province	2000 prevalence %	2001 prevalence %	2002 prevalence %	2003 prevalence %	2004 prevalence %
KwaZulu-Natal	36.2	33.5	36.5	37.5	40.7
Gauteng	29.4	29.8	31.6	29.6	33.1
Mpumalanga	29.7	29.2	28.6	32.6	30.8
Free State	27.9	30.1	28.8	30.1	29.5
Eastern Cape	20.2	21.7	23.6	27.1	28.0
North West	22.9	25.2	26.2	29.9	26.7
Limpopo	13.2	14.5	15.6	17.5	19.3
Northern Cape	11.2	15.9	15.1	16.7	17.6
Western Cape	8.7	8.6	12.4	13.1	15.4
National	24.5	24.8	26.5	27.9	29.5

This resulted in companies not preparing themselves with regard to managing the pandemic. This eventually caught up with the management structures, causing companies to incur costs directly or indirectly. Misperception of AIDS became challenging, and prevention became expensive. The Asian Business Coalition on Aids (2002: 9) compared the direct and indirect costs of managing HIV/AIDS. These are indicated in table 2.3.

Countries and international organizations participated in different programmes like prevention, research and campaigns. According to UNAIDS report on the global HIV/AIDS epidemic (2002:152) the total estimated expenditure of managing HIV/AIDS for 2005 was US\$ 4,440 million (Table 2:4).

Table 2.3: Increased costs through lack of management response to HIV/AIDS

Direct cost of HIV/AIDS	Indirect cost of HIV/AIDS
1. Recruitment & training of new staff	1. Higher labour turnover
2. Decrease in productivity and increase in accidents as a result of newly recruited (unskilled) staff	2. Bad public relations (negative corporate image)
3. Potential (ongoing) workplace conflicts	3. Higher absenteeism
4. Greater insurance premium	4. Decreased job security
5. Increase medical claims	5. Threat to consumer markets
6. Increased management time spent on HIV related issues	6. Workplace unrest (discrimination)

Irrespective of all the monies put down to contain HIV/AIDS, the impact of HIV/AIDS is increasing. For instance, according to the UN Department of Economic and Social Affairs estimation, in South Africa the projected deaths at ages 15-34 with Aids in 2005 through 2015 will increases from 1.2 to 1.8 million, while deaths without Aids remains constant at about 200,000 (UNAIDS report on the global HIV/AIDS epidemic 2002:46). Hence, HIV/AIDS continues to be the global menace.

Table 2:4: Projected annual expenditure requirements for HIV/AIDS care and support in 2005 by region

Regions of the world	Estimated expense (in USD million)	Persentage
1. Eastern Europe, Central Asia	20	0.45
2. North America, Middle East	50	1.13
3. East Asia, Pacific	80	1.80
4. Latin America, Caribbean	550	12.39
5. South and South – East Asia	670	15.09
6. Sub-Saharan Africa	3,070	69.14

2.5 Conclusion

Chapter 2 dealt with the relationship between individuals and work in the workplace. It also explored the role of management in the workplace. The chapter closes with a discussion of HIV/AIDS in the workplace with reference to global and South African perspectives. Because of HIV/AIDS, employees expect different benefits that could translate to either direct or indirect costs for enterprises, affecting employer and employee relationships.

CHAPTER THREE LITERATURE SURVEY

3.1 Introduction

In chapter two the theoretical foundation of the study was given. Chapter three deals with a survey of literature relating to the research problem, more specifically literature relating to the concept of “reasonable accommodation”, the impact of HIV/AIDS on enterprises and workplaces. Literature relating to HIV/AIDS and Eskom is also considered.

3.2 Reasonable accommodation

The concept of reasonable accommodation is an important concept in this study because it incorporates different components like economical, technical, political, psychological, and social benefits (individual as well as organizational).

“Reasonable accommodation” is defined as a modification or adjustment to a job or the work environment that will enable an applicant or employee with disability to participate in the application process or to perform essential job functions. It includes adjustments to the application process assuming that a qualified individual with a disability has rights and privileges in employment equal to those of employees without disabilities (www.aeigis.com/topics/ada/adafaq.htm).

It is also any modification or adjustment to a job or to a workplace that is reasonably acceptable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment

(www.nedlac.org.za/top.asp?inc=docs/agreements/code_aids.html).

According to the United States Development Authority (USDA) interpretation (www.usda.gov/00/target/gefininitins.htm), reasonable accommodation is something done to accommodate a disabled person, that does not jeopardize safety or pose any undue hardship for the party (employer) doing it; also something done to accommodate a religious need that does not create undue hardship for the employer.”

Reasonable accommodation is a change in the work environment or the application process that would enable a qualified individual with a disability to enjoy equal employment opportunities. There are three general categories of reasonable accommodation:

- 1 Changes to a job application process to ensure that applicants with disabilities will have an equal opportunity to participate in the application process and to be considered for jobs;
- 2 Changes to enable an employee with a disability to perform the essential functions of the job or to gain access to the workplace; and
- 3 Changes to provide people with disabilities equal access to the benefits and privileges of employment

According to USDA (www.usda.gov/00/target/gefnitins.htm) a qualified individual with a disability is an individual with a disability who satisfies the requisite skills, experience, education, and other job related requirements of the employment position. This is an individual with:

- A physical or mental impairment that substantially limits one or more of the major life activities; or,
- A record of such an impairment, or
- Being regarded as having such an impairment

An example of "a record of such impairment" includes having a history of, or having been misclassified as having a mental or physical impairment that substantially limits one or more major life activities.

An example of "being regarded as having such an impairment" includes having an impairment that does not substantially limit a major life activity but is treated by USDA as constituting such limitation; having an impairment that substantially limits a major life activity only as a result of the attitudes of others toward such impairment; or, having none

of the impairments described in this section, but being treated by USDA as having a substantially limiting impairment.

Mental impairment is (www.usda.gov/00/target/gefinities.htm) any psychological or mental disorder, for example, mental retardation, organic brain syndrome, emotional or mental illness or specific learning disability.

Physical impairment is any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, cardiovascular, reproductive, digestive, genito-urinary, haemic and lymphatic, skin or endocrine.

A qualified individual with a disability is a person who meets legitimate skills, experience, education, or other requirements of an employment position that s/he holds or seeks, and who can perform the essential functions of the position with or without reasonable accommodation. Requiring the ability to perform "essential" functions assures that an individual with a disability will not be considered unqualified simply because of inability to perform marginal or incidental job functions. If the individual is qualified to perform essential job functions except for limitations caused by a disability, the employer must consider whether the individual could perform these functions with reasonable accommodation. If a written job description has been prepared in advance of advertising or interviewing applicants for a job, this will be considered as evidence, although not conclusive evidence of the essential functions of the job. (ADA and HIV/AIDS)

The individual with a disability requiring the accommodation must be otherwise qualified, and the disability must be known to the employer. In addition, an employer is not required to make an accommodation if it would impose an "undue hardship" on the operation of the employer's business. "Undue hardship" is defined as an "action requiring significant difficulty or expense" when considered in light of a number of factors. These factors include: the nature and cost of the accommodation in relation to the size, resources, nature, and structure of the employer's operation. Undue hardship is determined on a case-by-case basis. Where the facility making the accommodation is part of a larger entity, the structure and overall resources of the larger organization would be

considered, as well as the financial and administrative relationship of the facility to the larger organization. In general, a larger employer with greater resources would be expected to make accommodations requiring greater effort or expense than would be required of a smaller employer with fewer resources.

If a particular accommodation would be an undue hardship, the employer must try to identify another accommodation that will not pose such a hardship. Also, if the cost of an accommodation would impose an undue hardship on the employer, the individual with a disability should be given the option of paying that portion of the cost which would constitute an undue hardship or providing the accommodation (usda.org).

3.3 The impact of HIV/AIDS on enterprises and workplaces

The epidemic rate of HIV/AIDS is increasing every year (AIDS Epidemic Update 2003: 2). According to this summary, the number of people globally living with HIV/AIDS in the year 2003 was about 40 million. According to statistics, about 5 million people are infected every year; and globally 3 million people die every year (ibid. 3). Out of 40 million people who are living with HIV/AIDS, 65% are living in Sub-Saharan Africa. For comparison, only 2.5% are living in North America (ibid. 37).

The International Organization of Employers (IOE) in its Guide for Action on HIV/AIDS stated that HIV/AIDS has great impact on individual companies. Some of its microeconomic impacts are declining productivity, rising production cost, increasing recruitment and training costs, high insurance cover and pension, increasing health care costs, and high funeral costs (IOE 2002: 9-10).

The vast majority of people living with HIV/AIDS worldwide are between the ages of 15 and 49. This is the prime of their working lives (Report on the Global HIV/AIDS Epidemic 2002: 54). This is an indication of how much it can cripple the production of an organization. The small and large enterprises' productivity and profitability are also affected because HIV/AIDS weakens economic activity by squeezing productivity,

adding direct and indirect costs, diverting productive resources, and depleting skills. Organizations are affected mainly by rising absenteeism that pushes costs up while pushing productivity down, and eventually putting profits at risk.

Many Southern African countries estimated that the impact of AIDS is related to absenteeism, low productivity, high health-care expenditure, high recruitment and training expenses that cut profitability of enterprises by 6 - 8 % (ibid. 54). Figure 3.1 shows the estimated workplace lost to AIDS in 2005 and the projected loss in 2020 in selected African countries.

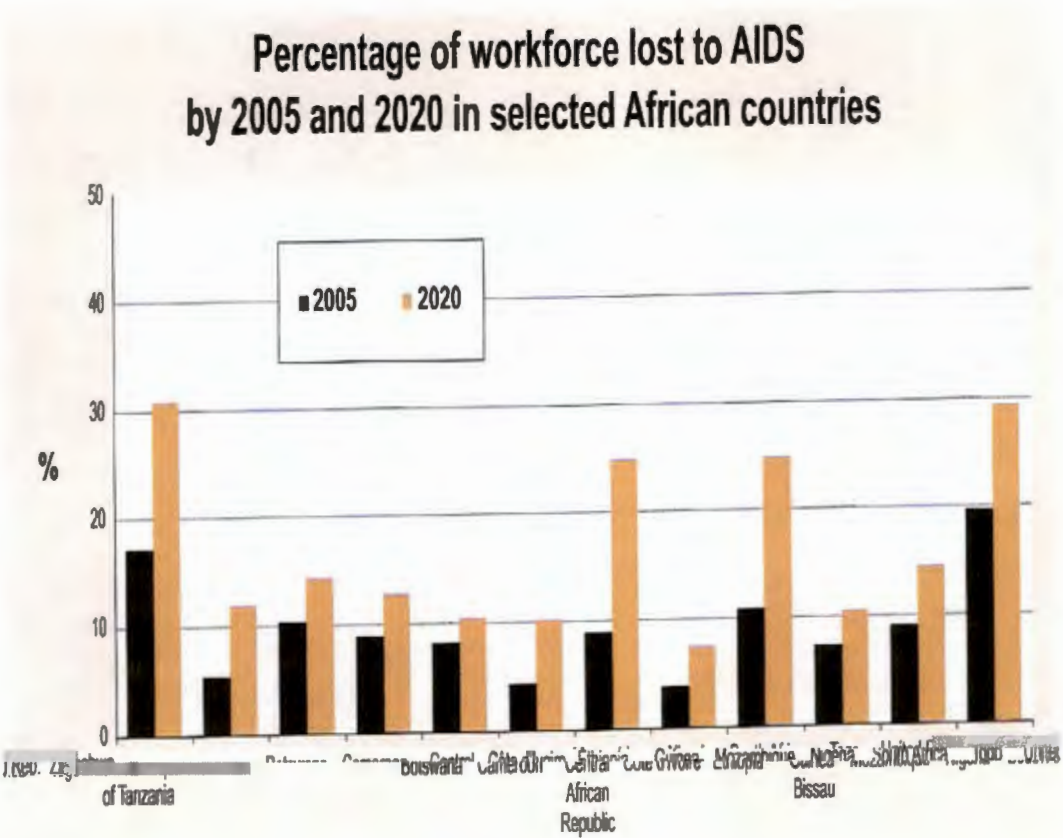


Figure 3.1 Percentage of workforce lost to Aids by 2005 and 2020 in selected African countries

According to UNAIDS (IOE 2002: 3,7) increased absenteeism and staff turnover, loss of skills and tacit knowledge and declining morale contribute to the increase of insurance

cover, retirement funds, health and safety medical assistance, and funeral costs. These funeral costs increase while productivity and profits decrease. This scenario is portrayed in Figure 3.2.

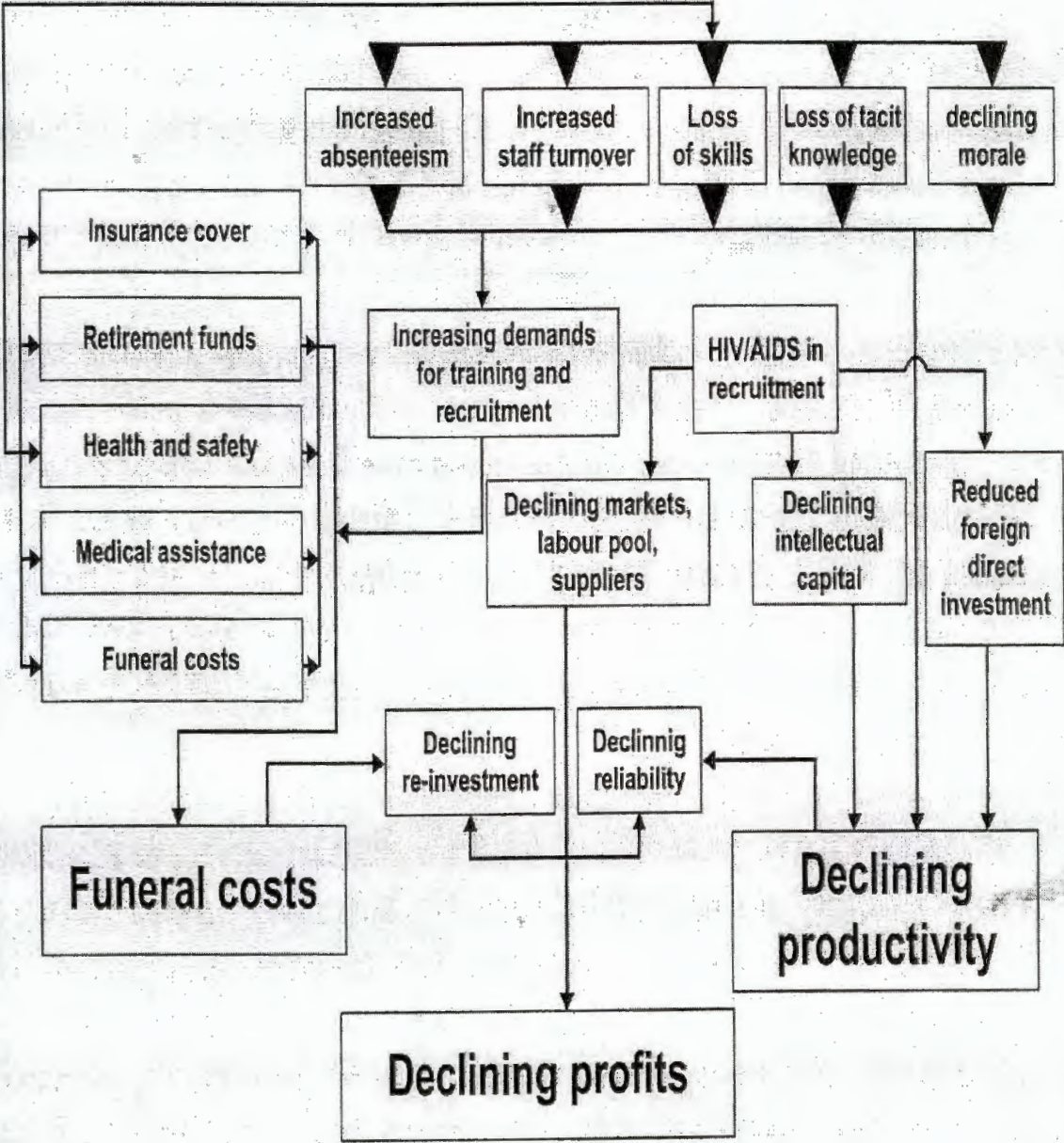


Figure 3.2: The impact of HIV/AIDS on employers' over view

According to Michael (in Mattras 2004: 163) until recently there were no reliable studies of the impact of AIDS on the private firms in South Africa. Press reports varied widely and there was little understanding of how different estimates of

productivity losses were arrived at. Mattras further indicated that research into the impact of AIDS on a sugar mill in KwaZulu-Natal (Morris and Cheevers in Mattras 2004: 163), and synthetic modelling work by Bosen (in Mattras 2004: 163), are improving the understanding about the nature of the impact on firms in South Africa. However, these kinds of empirical work remain (inevitably) subjective in terms of both estimating indirect costs and how direct costs are framed and quantified.

The standard demographic assumption in South Africa appears to be that individuals who contract HIV live for an additional seven to ten years and that most of the debilitating illness and symptoms manifest in the last two years of life. The KwaZulu-Natal sugar mill study found that in the two year prior to the men taking retirement (on grounds of ill – health), an average of 22.7 days were lost in each year. Of these, 11.7 days were accounted for by sick leave, 5.4 days by hospitalisation, and 10.6 by visits to the clinic (assuming that each visit to the clinic during work hours resulted in half a day lost (Morris (in Mattras 2004:164).

The cost of hiring and training replacement workers, and limited clinic and hospital-related costs, of each HIV infection are estimated to be roughly three times the annual salary in each of the final two years of employment.

According to Morris, no adjustment was made for increased pension or medical aid costs, on the grounds that most (94%) of the HIV-positive workers were on the lowest skill bands (Morris (in Mattras 2004:164)

Rosen (in Mattras 2004: 165) used the model to show how medical interventions that increase life expectancy save firms money (by pushing costs further into the future – thus causing them to be discounted more heavily). According to their model the present value of a new HIV infection would fall by 9% if employees' average life expectancy could be extended by one year, by 25% for a three-year extension, and by 38% if five more years of productive life could be achieved (Rosen in Mattras 2004: 165). Here they applied a 19% discount rate. Their model (Table 3.1) shows present value of the future costs of new HIV infection assuming a seven-year interval between infection and death.

Table 3.1 Present value of the future cost of HIV infection, assuming a seven-year interval between infection and death

Cost component	Salary= R25 000	Salary= R50 000	Salary= R100 000
Paid sick leave	R5471	R11481	R22961
Pension benefits	38487	R76974	R15947
Recruitment/Training	R4313	R4313	R4313
Total	R48540	92267	R181222
Ratio of total costs to annual salary	1.94	1.86	1.81
Savings (life extended by one year)	R4412 (9%)	R8433 (9%)	R16475 (9%)
Savings (life extended by three years)	R12071 (12%)	R23070 (12%)	R45067 (12%)
Savings (life extended by five years)	R18400 (38%)	R35166 (38%)	R68697 (38%)

Booyesen and Molelekoa (Matras 2004:166-167) adopt a similar methodology to estimate the impact of AIDS in the twenty firms they surveyed in Bloemfontain and Welkom. Their results were similar to those reported by Rosen. The report indicated that the present value of the cost per AIDS death was R44 319 for unskilled employees, R70 437 for skilled employees, and R190 877 for highly skilled employees. However, the ratio of total costs to annual salary was more sensitive to skills level in the Booyesen and Melelekoa study. That was 1.35 for unskilled, 1.27 for skilled, and 2.5 for highly skilled. The reason was related to the different benefits provided for different skill levels. They found that only a quarter of firms offered medical benefits to unskilled work force, as medical benefits were offered mostly to skilled workers (Matras 2004:164).

The above models indicated that firms use highly active antiretroviral therapy (HAART) to extend their workers lives. As a result companies get profits as outlined in Table 3.2.

Table 3.2: Net savings to firms as a result of providing HAART to workers

	Additional 1 year	Additional 3 years	Additional 5 years
Discounted cost to firms of antiretroviral treatment	R4800	R13131	R20016
Net savings (for salaries of R25 000)	R4412 – R4800 =-R288 (R4024)	R12071 – R13131 =-R1060 (R11011)	R18400 – R20016 =-R1616 (R16784)
Net savings (for salaries of R50 000)	R8433 – 4800 =R3633 (R12066)	R23070 – R13131 R9939 (R33009)	R25166 – R20016 R15150 (R50316)
Net savings (for salaries of R100 000)	R16475 – R4800 =R11675 (R28150)	R45067 – R13131 =R31936 (R77003)	R68697 – R20016 =R48681 (R117378)

Research further indicated that enterprises have to design suitable plans and programmes to use for people who are living with HIV/AIDS, positively. Van Dyk (2004: 9) said, “We must assure that any person who is economically active would have received some degree of education and training.” This type of strategy will help organizations to utilize their human resources especially those who are HIV/AIDS positive to serve their companies to their last minutes.

Eskom’s recommendation for improvement in the Employer’s Handbook of HIV/AIDS (2000: 62) is that organizations have to establish leadership level based commitment, and demonstrate business benefit and human resource implication of HIV/AIDS programmes.

Finally, Grant (2002:171) recommends that employers be expected to find ways to adopt circumstances to help the employees who are living with HIV/AIDS to continue working with the system through provision of reasonable accommodation. It is central to decision making among citizens, about how to formulate and achieve social priorities (Matras 2004: 122).

3.4 HIV/AIDS and Eskom

An HIV/AIDS surveillance study was done in Eskom during 1999. A total of 5482 (15%) Eskom employees took part in the study between May and August in the same year. The highest infection rates were recorded in KwaZulu-Natal, North West and Mpumalanga; and the lowest infection rates were recorded in the Western and Eastern Cape (Eskom Programme Module 4). Due to an agreement between the management and the trade unions, no percentages or actual figures can be released, but some trends revealed were as follows:

- More Black than White, Coloured and Asian employees are infected when compared with 1992 statistics.
- HIV prevalence is higher among semi-skilled employees
- Employees who live in hostels and construction companies are four times more likely to be infected with HIV, which correlates closely with days spent away from home.
- Employees who are away from home more than 20 days per month are three times more likely to be HIV positive than employees who are away from home between zero and nine days.
- Employees with recent symptoms of sexually transmitted infections (STI's) are at high risk, and that recent sex with a non-regular partner increases the risk.
- A substantial proportion of the group had incorrect beliefs about their own status such as the following:
 - Only 15% of employees tested had HIV tests before and were aware of their status
 - A large number of employees believed themselves to be uninfected but the study showed that about 6% of them were actually HIV positive

- 23% of those employees who believed themselves to be infected tested HIV negative

3.5 Economic Impact of HIV/AIDS in Eskom

In late 1999 Eskom engaged a team of researchers from the Harvard Institute for International Development (HIID) to carry out an analysis of the likely economic impact of HIV/AIDS on Eskom employees and on the company over the next ten years.

According to the HIID results, the cost of HIV/AIDS to a formal-sector company can be divided into direct, indirect, and systemic costs (Eskom Programme – Module 4). The results of the HIID analysis were divided into the cost of single new infections and the total cost to Eskom of all new infections.

According to the HIID the cost of a single new infection ranged from R50 000 to R 70 000 for older employees in the lower bands to a high of R1to R2 million for younger employees in the highest bands. These numbers are an average of 4 to 6 times annual salaries.

For younger employees up to age 50, pension contributions comprise 50 to 70 % of total cost for triple AAA- BBU bands and 40 to 50 % for capital CCL- MPS bands.

According to HIID, the cost of all new infections in the bottom line was highest in 1999 as portrayed by R188 million. The pension contribution in the same year comprised by far the largest single cost, accounting for 55% of the total cost of HIV/AIDS to Eskom. Sick leave (14%), training (10%), productivity losses (8%) and recruitment (7%) are summarized in Figure 3.3 below:

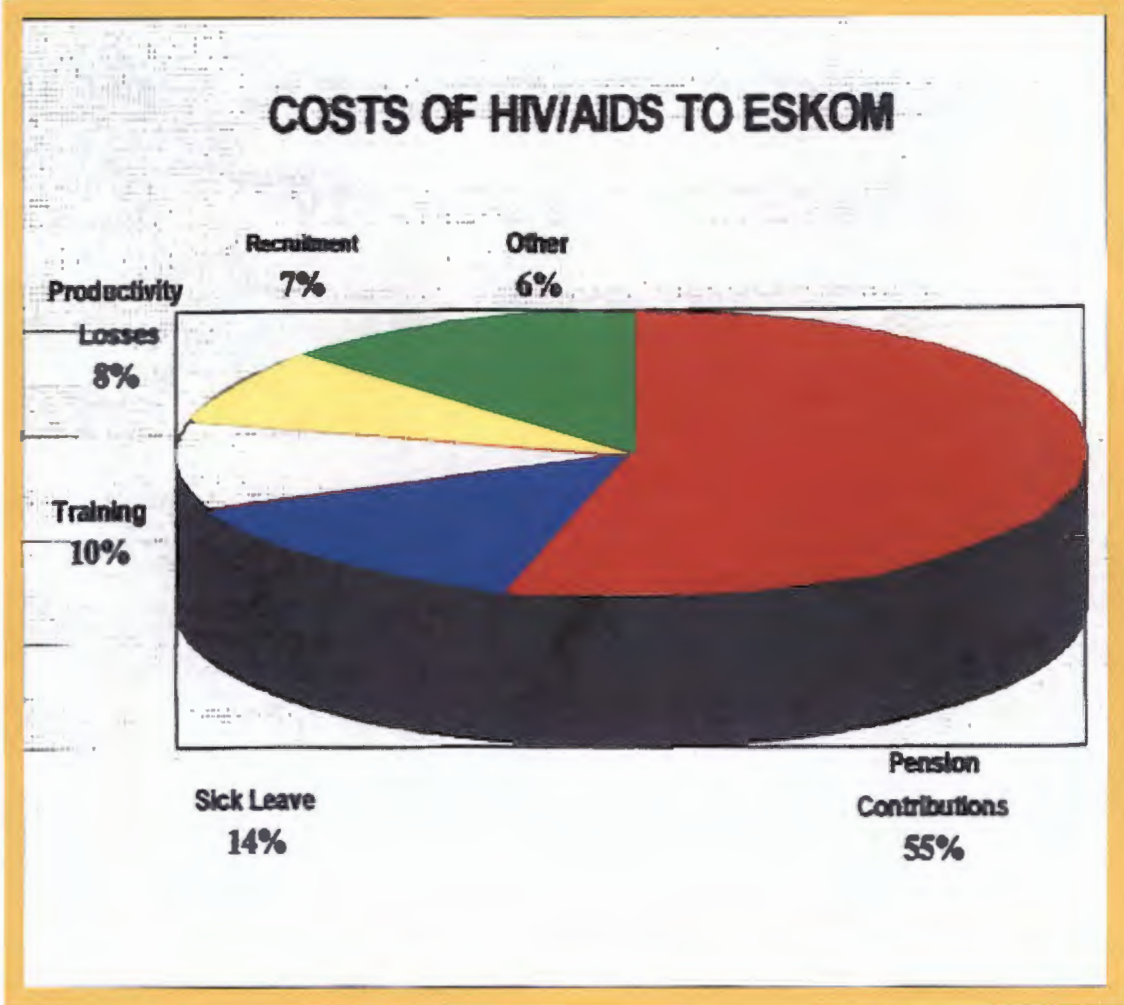


Figure 3.3: Cost of HIV/AIDS to Eskom

The report indicated that starting in 2000, the cost of new infections per year is projected to fall steadily until 2005, when it will be about R84 million. The reasons for the decline are due to the similar size of Eskom’s work force and steady declines projected in new HIV infection rates. After 2005, the total cost decline will slow down due to the effect of rising medical costs and premiums, reaching a low of R75 million in 2010. These costs represent between 3 and 7% of the Eskom’s payroll per year.” Figure 3.4 illustrates the total present value cost of new HIV infections in Eskom from 1999 – 2010 as adapted from Eskom Programme – Module 4.

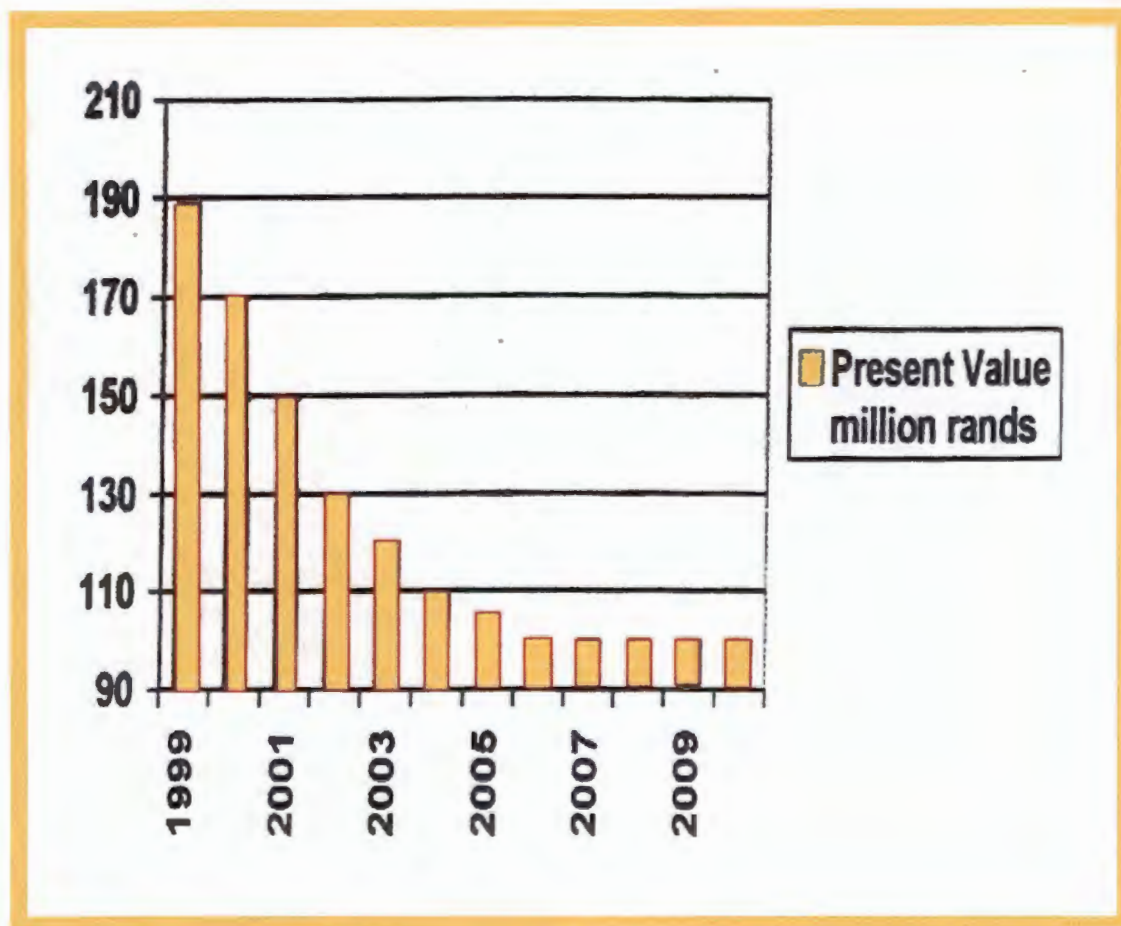


Figure 3.4: The total present value cost of new HIV infection in Eskom from 1999–2010

According to HIID’s projection in 2006, the year when Eskom’s costs for HIV/AIDS are likely to be highest, the total cost is projected to be approximately R179 million. This declines gradually after 2006.

The Annual cost of all existing HIV infections during the years 2006 – 2010 average 7% projections of new HIV infection that will occur over the next 10 years. The cost of HIV/AIDS to Eskom will be directly related to HIV incidence; if real HIV incidence turns out to be 25 % higher.

3.6 Conclusion

Chapter 3 is a literature survey relating to the concept of “reasonable accommodation”, and the impact of HIV/AIDS on enterprises and workplaces. Literature regarding HIV/AIDS and Eskom was also considered. The survey suggests that even if it is expensive keeping HIV positive staff in the organization, it is preferable in order to increase productivity and profitability. However, there have to be proper programmes to reduce the effect of the virus in organizations.

CHAPTER FOUR

THE PROBLEM STATEMENT

4.1 Introduction

The previous chapter dealt with the literature survey relating to “reasonable accommodation”, the impact of HIV/AIDS on organizations and workplaces. Literature regarding HIV/AIDS and Eskom was also documented. The survey suggests that even if it is expensive keeping HIV positive staff in the organization, it is preferable and advisable in order to increase productivity and profitability. This can be achieved through proper programmes to reduce the effects of the virus in the organization.

In chapter 4 the problem is firstly formulated in general terms, and then in the form of research questions in line with the objectives as spelled out in chapter 1.

4.2 Formulation of the problem

Sub-Saharan African countries especially South Africa is affected by the HIV epidemic. The country is losing members of its workforce in every area of production as well as service rendering. According to the Department of Health statistical surveys, many companies are losing around 3% of their employees to AIDS each year. In business, the epidemic imposes direct, indirect, and systemic costs. For instance, it is estimated that by the year 2010, approximately 15% of highly skilled employees will have contracted HIV (Eskom programme (2000)– Module 4).

The actual impact of HIV/AIDS in labour intensive organisations causes loss of the labour force. Highly skilled labour intensive industries spend a substantial amount on training and staff replacement. Capital-intensive industries, especially those in which employees specialise in operating certain machinery, may turn out to be more vulnerable to HIV/AIDS than labour intensive businesses.

The above realities indicate that almost all enterprises can be affected directly or indirectly. Eskom as one of the organizations is no exception. Eskom has identified and

projected the impact of HIV/AIDS on Eskom itself, through an in-depth study undertaken in 1999. Eskom is spending millions of Rand every year to accommodate the infected staff, as well as on preventing the remaining staff from getting infected.

The HIV epidemic has a considerable effect in the workplace. Eskom like other organizations is facing serious challenges such as absenteeism, declining productivity, increased costs of recruitment and training, insurance cover and pension, health management and increasing funeral costs.

The Human Rights Convention is encouraging organizations to employ HIV infected applicants without discrimination. Most organizations therefore are not allowed to ask their applicants to present their HIV status report before employment. This therefore, means that they have to design different programmes to use every HIV/AIDS infected staff members profitably until their disability, and to prevent other staff members from getting infected.

Though Eskom has a reasonable accommodation programme; its reliability and profitability has not been tested to show whether both the organization and the staff are benefiting from the programme. To obtain information to the above concern, this study intends to get answers to the following research questions:

- What is the extent of HIV/AIDS in Eskom, Mafikeng?
- What is the effect of HIV/AIDS in the workplace in Eskom?
- What programmes are in place to cater for HIV/AIDS affected employees and for infected employees?
- Is Eskom Mafikeng benefiting or not by implementing an HIV/AIDS programmes?

4.3 Conclusion

Chapter 4 dealt with the problem statement. First it was stated in general terms followed by a series of research questions. In the next chapter an exposition of the research design and analysis is given.

CHAPTER FIVE

RESEARCH DESIGN AND ANALYSIS

5.1 Introduction

The theoretical foundation (chapter 2) and literature survey (chapter 3) form the basis for chapter 4, which deals with the formulation of the problem. Chapter 5 spells out the research design and analysis used for this study. The aspects receiving special attention are: sampling, the measuring instrument and data analysis.

5.2 Research design

Cooper & Schindler (2004: 771) define research design as the “blueprint for fulfilling research objectives and answering questions.” Burn et al (1987: 228) define research design as the “structural framework or blueprint of the study that guides the researcher in planning and implementation of the study, while optional control is achieved over factors that could influence the study.”

The research design is exploratory and mainly quantitative. This was chosen, as there is limited knowledge about the topic. Exploratory research is the extension of descriptive research and is more directly oriented toward the discovery of relationships. In this study, the researcher is exploring the relationship between HIV/AIDS and the balance between production and profits in the company. The purpose of such exploration is to gain more insight into the domain phenomena, and to extend a preliminary investigation into a more structured study, to eliminate central concepts and constructs, to determine the priorities for further research and to develop new hypotheses in respect of an existing phenomenon. Explanatory studies are further aimed at gaining insight and understanding the impact of HIV/AIDS in the workplace.

5.3 Measuring instrument

Data collection is the gathering of data that may range from a simple observation at one location to a grandiose survey of multinational corporations in different parts of the world

(Cooper & Schindler 2004: 82). For purposes of this study, a questionnaire was used to collect data from Eskom staff at Mafikeng.

De Vos (1998: 290) describes a questionnaire as an instrument with open or closed ended questions or statements to which a respondent must react. A questionnaire is always structured and questions are arranged in a definite order according to the researcher's choice. In close-ended questions, a series of possible answers are given from which the respondent must make his/her choice.

The questionnaire was compiled after the identification of most of the variables to be included in the study. The questionnaire comprised 27 questions most of which were close ended. Thus the study was mostly quantitative in nature. The language used in the questionnaire was English. An effort was made to construct questions that were directly related to the area being studied. The questions were simple to understand.

Although the language for the questionnaire was English, for those staff unfamiliar with English, the questionnaire was translated into Setswana. The researcher used a fluent Setswana language speaker who could communicate with each respondent. The researcher explained the process to the translator before administering the questionnaire.

The questionnaire was designed, considering its validity and reliability (Addendum A). a good measurement is evaluated based on a tool. It measures validity, reliability and practicality. Cooper & Schindler express these major criteria as follows:

- Validity refers to the extent to which a test measures what we actually wish to measure.
- Reliability has to do with the accuracy and precision of a measurement procedure.
- Practicality is concerned with a wide range of factors of economy, convenience, and interpretability (Cooper & Schindler 2001: 210).

The study design was based on the objectives of the research. The questionnaire considered both the theory and the measuring instrument being used. The questionnaire was designed taking into consideration both the management and non-management staff, to reflect their opinions relating to the effects and extent of HIV/AIDS in Eskom Mafikeng. In addition, it considered reasonable accommodation and HIV prevention programme in the organization.

The questionnaire possessed reliability because it was administered to the management and non-management respondents. It was used to get opinions from members of staff who were serving the company at different levels. In addition, the sample set was based on the ratio of staff in the company.

The study was practical. It was administered where the researcher could get suitable information. The measuring instrument was convenient for the respondents. They could understand and reply to each question without ambiguity. The results obtained from the instrument were easy to understand and interpret.

5.4 Sampling

Balancing the broad aim of the study against the constraints imposed by available resources like money, time and personnel, it is essential to obtain a design that is both effective and affordable - the bigger the sample size, the smaller the error. However, as the size of the sample increases, the cost also increases. Hence, one has to decide at some point that added precision is not worth the extra cost. But cost should not compromise precision and size of the information.

According to Cooper & Schindler (2001: 164 – 180) sampling is the process of selecting some elements from a population to represent the population as a whole. Therefore, the researcher used disproportionate stratified random sampling to select respondents. The steps in stratified sampling are:

- Determine the variables to be used in stratification.
- Determine the proportion of the stratification variables in the population.

- Select disproportionate stratification based on the research needs.
- Divide the sampling frame into separate frames for each stratum.
- Rationalize the elements within systematic procedures to draw the sample (ibid: 185-6).

The population was divided into the following strata: top management, middle level management, supervisors and lower level staff. After stratifying the population, the respondents were randomly selected from each stratum. By using simple random selection in each stratum, each employee had an equal chance to be selected into the sample, as such making it more representative of the population.

The 73 (100%) samples were chosen from a total population of 266. Out of this, 17 (23%) represented the management staff; and the rest 56 (77%) represented the non-management staff. The management staff included: 4 (5%) top management, 7 (10%) middle management, and 6 (8%) represented the supervisors (Table 5.1).

Table 5.1: Sample from each stratum

Groups	No. of representatives	Percentage
Top management	4	5
Middle management	7	10
Supervisors	6	8
Non-management	56	77
Total	73	100%

5.5 Data analysis

Before the analysis of the relationships among variables, the variables to be used have to be chosen so as to meet the objectives of the study. The data were analysed using frequency and percentage distribution tables.

5.6 Ethical considerations

Ethics are concerned with the rules and principles that would harmonise the aims and desires of all men. Since human beings are the subjects of the study in the social sciences, this brings its own unique ethical problems to the fore that would never be relevant in the pure, clinical laboratory settings of the natural sciences (De Vos 1988: 23).

Ethical standards were adhered to in this study through the following strategies:

- Justice – All the respondents were treated with respect and fairness.
- Beneficence – No respondent was exploited in any way, nor harmed nor even exposed to any discomfort physically, emotionally or psychologically.
- Confidentiality- No information provided by the researcher was available to any other person in the company.
- Privacy- The researcher took the necessary precautions to ensure that the self-respect and dignity of the respondents were maintained by collecting the questionnaires privately.
- Informed consent- Full disclosure was given to the respondents on the purpose and objectives of the study and how the study would be conducted.
- Trust: trust between the researcher and respondents is vital throughout the whole study. Every attempt was made to gain the trust of the respondents during the course of the survey.

5.8 Conclusion

This chapter dealt with the research design and analysis. In the next chapter the results of the study are presented.

CHAPTER SIX

RESEARCH RESULTS

6.1 Introduction

Chapter 5 covered the research design and analysis. In Chapter 6 the response rate is dealt with and the results of the study are presented and interpreted in relation to the objectives of the research, which were spelled out in Chapter 1.

6.2 Response rate

The questionnaire was administered to 76 Eskom Mafikeng staff members out of the 266 employees. Of the 76 staff members, 63 returned the questionnaire. Nine questionnaires out of 63 were not properly completed; leaving 54 usable questionnaires. Of these questionnaires, 10 were filled in by management staff and 44 by non-management staff. This represents 20% of the total Eskom Mafikeng staff.

The overall response rate was less than the expected sample size. There were different reasons why some staff members did not fill in the questionnaire. For instance, in the Technical Service Centre, the head of the section was not willing to allow the researcher to administer the questionnaire, as he preferred to do it himself. After some days he reported that his staff was not willing to complete the questionnaire. After long discussions, the head allowed the researcher to meet the staff at the end of their regular meeting. The questionnaires were distributed and translated to the non-English speaking staff.

Some other staff in the Energy House (Mmabatho) gave their job load as a pretext not to complete the questionnaire, although it required only ten minutes of their time. Some of them were not prepared to give their personal opinions, as they considered HIV/AIDS as a confidential issue of Eskom's.

6.3 Presentation of results

6.3.1 Biographical data of the respondents

In Table 6.1 the qualifications of the respondents are reflected. Most of the respondents (35%) were illiterate or partially illiterate; an insignificant number (2%) had achieved high school level, whilst (63%) had post matric qualification. This is an indication that the majority of Eskom employees are literate enough to understand the impact of the HIV/AIDS pandemic.

Table 6.1: Qualification of the respondents

Qualification	Number of respondents	Percentage
Illiterate or Partially Illiterate	19	35
High school	1	2
Certificate	10	19
Diploma	13	24
Degree/post graduate	11	20
Total	54	100%

Table 6.2 provides the number of years of service the respondents have been with Eskom.

The majority of respondents (89%) have been in Eskom's employment for more than 3 years. This suggests that employees should have a reasonable knowledge of what is going on in the company.

Table 6.2: Years of service at Eskom

Year	Number of respondents	Percentage
Less than 1 year	2	4
1 year	0	0
2 years	4	7
3 years	6	11
More than 3 years	42	78
Total	54	100%

The age distribution of respondents is reflected in table 6.3. The majority of employees (56%) are above 40 years of age, followed by 17% of 35-39 years. This table confirms that most of the employees at Eskom Mafikeng are at the prime of their working age, which is considered the vulnerable age for HIV/AIDS (Table 6.3).

Table 6.3 The respondents' age groups

Age group	Number of respondents	Percentage
Below 20	0	0
20-24	4	7
25-29	4	7
30-34	7	13
35-39	9	17
Above 40	30	56
Total	54	100%

6.3.2 The extent of HIV/AIDS in the workplace

Table 6.4 confirms that the majority (78%) of respondents have knowledge of the prevalence of HIV in the organization. This indicates that staff members at Eskom Mafikeng are aware of the epidemic and its devastating consequences.

Table 6.4: Respondents knowledge of the presence of HIV positive staff in Eskom Mafikeng

Opinion	Number of respondents	Percentage
Yes	42	78
No	2	4
Not stated	10	18
Total	54	100%

The majority of the respondents (74%) was not aware of or did not know whether HIV/AIDS prevalence is escalating or decreasing in the workplace (Table 6.5). Since HIV/AIDS is still stigmatised in the workplace people generally have a problem

accepting that HIV is increasing daily. There is still an element of denial. An insignificant number of respondents (9%) were of the opinion that HIV is decreasing and gave the following reasons for the decrease:

- Workshops are being conducted to make people aware of the virus.
- Awareness campaigns are being rolled out.
- Eskom conducts voluntary HIV/AIDS testing.
- Eskom provides its staff with everything regarding HIV/AIDS.

Table 6.5: Opinion on the prevalence of HIV/AIDS in Eskom Mafikeng

. Opinion	Number of respondents	Percentage
Increasing	9	17
Decreasing	5	9
Don't know	40	74
Total	54	100%

6.3.3 The effect of HIV/AIDS in the workplace in Eskom

Table 6.6 suggests that HIV is more prevalent among people of 35-39 years as indicated by 24% of respondents, followed by 20-24 and 25-29 with 11% of respectively. These are groups that are still sexually active, and therefore at high risk of contracting the virus.

Table 6.6: Expected age group infected in Eskom Mafikeng

Age group	Number of respondents	Percentage
Below 20	-	-
20-24	11	20
25-29	11	20
30-34	9	17
35-39	13	24
Above 40	4	8
Not stated	6	11
Total	54	100%

The majority of the respondents (54%) had no idea whether the HIV/AIDS costs were increasing or decreasing (Table 6.7). This correlates with information in table 6.5 where respondents did not know whether HIV is increasing or decreasing in the company. However, a significant number 22 or 41% of respondents were of the view that HIV costs are increasing.

Table 6.7: Respondents evaluation of Eskom’s expenditure for HIV/AIDS

Opinion	Number of respondents	Percentage
Highly increasing	13	24
Increasing	9	17
Decreasing	3	5
Highly decreasing	-	-
Don’t know	29	54
Total	54	100%

Table 6.8 indicates that there is a general trend towards believing that absenteeism, conflict, insurance, and medical claims are increasing because of HIV. These variables create an expense for the company. 63% of the respondents agreed that Eskom’s expenditure for medical claims is increasing because of HIV/AIDS. On average 58% of the respondents agreed that Eskom’s expenditure is increasing because of absenteeism, conflict, insurance, and medical claims caused by HIV/AIDS.

Table 6.8: Increased Expenses because of HIV/AIDS in Eskom

Item	Opinion	No. of respondents	Percentage
Absenteeism	Strongly agree	15	28
	Agree	17	31
	Don't know	17	31
	Disagree	3	6
	Strongly disagree	2	4
	Total	54	100%
Conflict	Strongly agree	9	17
	Agree	15	28
	Don't know	21	39
	Disagree	5	9
	Strongly disagree	4	7
	total	54	100%
Insurance	Strongly agree	13	24
	Agree	11	20
	Don't know	23	43
	Disagree	7	13
	Strongly disagree	-	-
	Total	54	100%
Medical claims	Strongly agree	19	35
	Agree	15	28
	Don't know	17	31
	Disagree	-	-
	Strongly disagree	3	6
	Total	54	100%

Table 6.8 and Figure 6.1 suggest reasonable accommodation has high costs. When there is a very high or very low amount of reasonable accommodation, the profitability of the company is low. However, the productivity, profitability and the savings of the company

will be high if it accommodates the HIV infected staff who fall within the middle range of the higher and the lower periods that they can still serve the company.

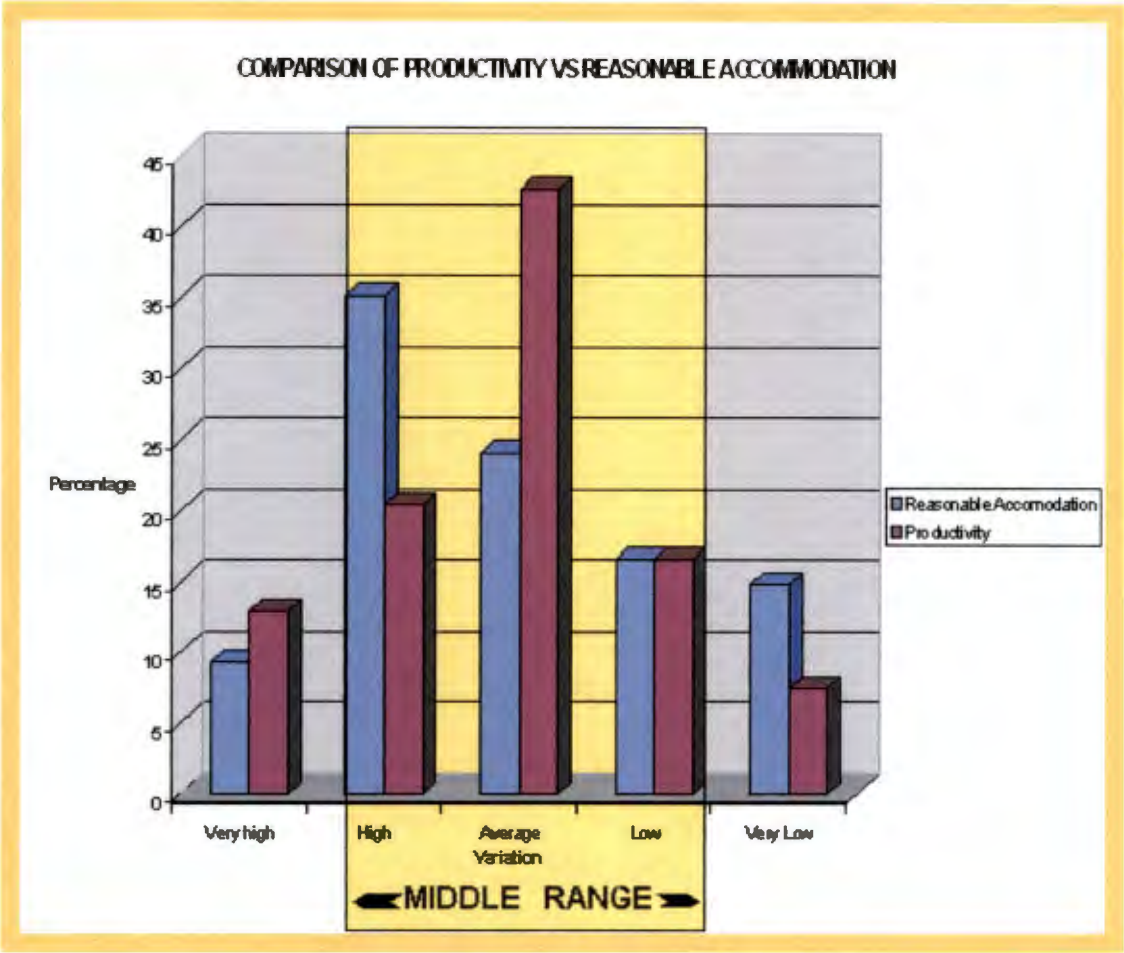


Figure 6.1: Comparison of Productivity Verses Reasonable Accommodation

Table 6.9 confirms that 43% of the respondents did not know whether Eskom’s production and profitability had decreased because of HIV/AIDS, while 26% of them agreed that it had decreased, and 24% of respondents disagreed. The rest, 7% didn’t state their opinion.

Table 6.9 contradicts table 6.8, because in the previous table an average of 58% of the respondents agreed that the Eskom’s expenditure had increased as a result of absenteeism, conflict, insurance, and medical claims caused by HIH/AIDS. When expenditure increases profits decrease. This table suggests that the Eskom Mafikeng staff

did not have information about the effect of HIV/AIDS on the profitability of the company.

Table 6.9: Opinion whether Eskom’s production and profitability decreased because of HIV/AIDS

Opinion	Number of respondents	percentage
Strongly agree	3	6 } 26%
Agree	11	20 }
Disagree	9	17 } 24%
Strongly disagree	4	7 }
Not stated	4	7
Don’t know	23	43
Total	54	100%

6.3.4 Programmes in place to cater for HIV/AIDS affected employees and for infected employees

Table 6.10 shows that 44% respondents agreed that keeping HIV/AIDS infected staff in the organization contributes to the profitability of Eskom, followed by 32% who disagreed with the statement, and 24% did not know about it.

This suggests that the organisation’s profitability increases when it accommodates its HIV infected staff until their disability. In addition, Table 6.5 shows that 70% of the respondents felt that out of 266 staff members at Eskom Mafikeng, 50 or less of them are HIV positive and 20% believed that between 26 and 50 people are HIV positive. This suggests that there is a huge burden that has to be carried by the company in providing reasonable accommodation for the HIV workforce. This also suggests that the company has to bear high medical and funeral costs.

Table 6.10: The respondents' opinion on keeping HIV/AIDS infected staff and their contribution for the profitability of Eskom

Opinion	Number of respondents	Percentage
Strongly agree	5	9
Agree	19	35
Disagree	9	17
Strongly disagree	8	15
Don't know	13	24
Total	54	100%

Table 6.11 indicates that 56% of respondents agreed that by keeping the HIV positive staff till their disability, both Eskom and the staff would benefit. 27% of them said none of them benefited, and 17% said only the staff would benefit. None said Eskom would benefit. This table suggests that through reasonable accommodation, both parties, the employers and the employees would benefit.

Based on the statement from the questionnaire, 43 (80%) of the respondents indicated that they knew that Eskom spends millions of Rand on HIV/AIDS employees every year.

This figure confirms that the majority of Eskom Mafikeng employees (80%) knew very well that their company spends millions of Rand on the well being of its staff. This creates a positive attitude among the staff towards their organization.

Table 6.11: Who is benefiting from keeping HIV positive staff in Eskom

Opinion	Number of respondents	Percentage
Eskom	-	-
The staff	9	17
Both	30	56
None	15	27
Total	54	100%

Table 6.12 indicates that 29 (62%) of respondents knew that Eskom's management shifted HIV/AIDS workers from demanding jobs to less demanding positions in

reasonable time depending on their disability; and 15 (28%) of respondents were not aware. The remaining 7 (10%) respondents disagree with the statement. This indicates that the staff members are aware of the management's efforts to continue using HIV infected workforce till disability.

In addition, all respondents 54 (100%) indicated they knew that Eskom has an HIV/AIDS programme in place. However, 30 (56%) of respondents agreed that every Eskom Mafikeng staff benefited equally out of the HIV/AIDS programme; and 19 (35%) respondents believed that highly skilled staff benefited more.

This study identified that there is a gap between the management, specially the Human Resource Management, and the rest of the staff members. This is because the staff did not have much knowledge on how the organization was implementing its reasonable accommodation programme. For instance, one respondent whose position was at non-management level expressed his views as follows: "HIV/AIDS issues are very sensitive topics at the workplace. We only get statistics on the total number of employees infected in the company, not per region or sub-offices. Some people don't even disclose their status. So, you won't even know if your workmate is infected or not. The company's occupational nurses are not always available to assist, and the VCT is not on site." Another non-management respondent indicated that the communication channels are in place but not properly used.

Table 6.12: Respondents opinion on the shifting of HIV/AIDS workers from demanding to less demanding position

Opinion	Number of respondents	Percentage
Strongly agree	12	31
Agree	17	31
Disagree	3	6
Strongly disagree	2	4
Don't know	15	28
Total	54	100%

The reasonable accommodation programme is known about in Eskom Mafikeng, but the respondents had different opinion on the information. Table 6.13 identified that 30 (56%) of the respondents agreed that reasonable accommodation is implemented effectively. However, 18 (33%) disagreed with the statement. This study identified that there is a communication gap between the top management and the staff members in relation to HIV/AIDS. The HIV/AIDS issue is still regarded as a “not talked about” issue in the company.

Table 6.13: Whether reasonable accommodation is implemented (in Eskom Mafikeng) effectively

Opinion	Number of respondents	Percentage
Agree	30	56
Disagree	18	33
Don't know	6	11
Total	54	100%

The respondents generally knew about Eskom HIV/AIDS prevention programme though some had different opinions about the staff benefiting out of it. Table 6.14 identified that 36 (67%) agreed that the majority of Eskom Mafikeng staff are benefiting from the HIV/AIDS prevention programme, and 15 (28%) respondents did not commit themselves. The study identified that the HIV/AIDS prevention programme in Eskom Mafikeng is effectively implemented.

Table 6.14: Eskom Mafikeng HIV/AIDS prevention programme

Respondents were asked to indicate whether the HIV/AIDS programme was efficient or not

Opinion	Number of respondents	Percentage
Strongly agree	13	24
Agree	23	43
Disagree	3	5
Strongly disagree	-	-
Don't know	15	28
Total	54	100%

The HIV/AIDS prevention programme includes not only financial but also non-financial supports. Table 6.15 identified that 28 (53%) of the respondents did not know whether HIV/AIDS infected staff do get non-financial support from the organization. Equal number of respondents (20% each), agreed and disagreed with the statement respectively. The remaining 7% did not state their opinion. This table correlates with table 6.7 which indicated that the majority (54%) of the staff did not have information on what is going on in the company in relation to HIV/AIDS. There is a communication gap between the management and the staff members, in that management does not seem to communicate information down to the staff. It also indicates that the members of staff are still not confident to talk freely about the organisation’s HIV/AIDS prevention role.

Table 6.15: Non-financial support from the HIV/AIDS prevention programme

The respondents were asked to indicate their opinion of whether the HIV/AIDS infected staff do regularly get non-financial support from the organization?

Opinion	Number of respondents	Percentage
Strongly agree	4	7
Agree	7	13
Don't know	28	53
Disagree	4	7
Strongly disagree	7	13
Not stated	4	7
Total	54	100%

Table 6.16 indicated that 42 (78%) of the respondents agreed that the Eskom Mafikeng’s HIV/AIDS prevention programme is extended to accommodate affected members of the family. This is an indication that Eskom is aware that the welfare of the staff members extends beyond the boundaries of the organization and that the family has a role in facilitating or encouraging the infected staff to do their best in performing their duties at work. This in return contributes to better productivity.

Table 6.16: Does Eskom Mafikeng HIV/AIDS prevention programme accommodate every staff's family members?

The respondents were asked whether the company's HIV prevention programme extended beyond the company's boundaries to include the affected members of the family

Opinion	Number of respondents	Percentage
Agree	42	78
Disagree	5	9
Don't know	5	9
Not stated	2	4
Total	54	100%

6.4 Conclusion

Chapter 6 dealt with the results of the research. It indicated the extent and impact of HIV/AIDS in the workplace. It further assessed or evaluated the efficiency of Eskom's prevention programme as well as reasonable accommodation; and assessed whether the staff members are benefiting from the programme. It also indicated benefits of Eskom from the reasonable accommodation and its HIV/AIDS programme.

Chapter 7 focuses on the conclusion and recommendations based on the research results.

CHAPTER SEVEN

DISCUSSION, CONCLUSIONS AND ECOMMENDATIONS

7.1 Introduction

In chapter 1 the objectives of the study were spelled out and the importance of the research motivated. Chapter 2 (theoretical foundation) and chapter 3 (literature survey) form the basis of the problem that is defined in chapter 4. In chapter 5 an exposition of the investigation is given and the research results are presented in chapter 6. The results of the study are discussed in chapter 7, conclusions are drawn and the chapter closes with recommendations.

7.2 Discussion

HIV/AIDS is a global issue. It especially infects and affects the workforce whose age range is between 15 and 49. As a result the epidemic is affecting the workplace through a decline in production and profit of companies. One of the affected companies is Eskom Mafikeng. It has 266 employees who are serving the company at different levels and positions.

This study found that the extent of HIV/AIDS at Eskom Mafikeng is high. As a result the expenditure of the company for the prevention and reasonable accommodation of HIV infected staff is high. However, even if the Eskom Mafikeng staff members know that the company is spending millions of Rand in relation to HIV/AIDS, they don't have clear information about the extent and effect of the epidemic on the company.

7.2.1 The extent of HIV/AIDS in Eskom Mafikeng

The study indicated that every member of Eskom Mafikeng is aware of the epidemic and the ways of transmission and prevention of the HI virus. However, 74% of the staff members do not have information whether the epidemic is increasing or decreasing in the company. Since HIV/AIDS is still stigmatised in the workplace, people generally have a problem accepting that HIV is increasing daily. There is still an element of denial.

The finding of Booysen and Molelekoa (in Mattras 2004) indicates that companies in South Africa spend per AIDS death up to R44 319 for unskilled employees, R70 437 for skilled employees, and R190 877 for highly skilled employees.

7.2.2 The effect of HIV/AIDS in the workplace in Eskom

The majority of the Eskom Mafikeng staff (63%) agreed that absenteeism, conflict, insurance, and medical claims caused by HIV/AIDS increased the company's expenditure. As a result the company can face poor production and less profit.

The UNAIDS report on the global HIV/AIDS epidemic (2002) found that the total expenditure of managing HIV/AIDS for 2005 was US\$ 4,440 million. This figure is higher than in the previous years. In addition, the Asian Business Coalition on Aids (2002) revealed that the companies' direct and indirect costs increased through lack of management response to HIV/AIDS.

Reasonable accommodation does not come without cost. This was the finding of the HIID (Harvard Institute for International Development) in indicating that the cost of a single new infection ranged from R50 000 to R70 000, for older employees in the lower bands to a high of R2 million for younger employees in the highest bands. These numbers are an average of 4 to 6 times the annual salaries.

In addition, Mattras (2004) confirmed for instance, that if a company accommodates an HIV infected person for 1 year the cost will be R4800. However, if the patients' life is elongated by 7-10 years by antiretroviral drugs, the cost will go up to R20, 016.

7.2.3 Programmes in place to cater for HIV/AIDS infected employees

According to the Asian Business Coalition on Aids (2002: 9), the misperception of AIDS by management structures is a challenge, and therefore prevention becomes expensive. Countries and international organizations participated in different programmes like prevention, research and awareness and action campaigns. According to UNAIDS' report on the global HIV/AIDS epidemic (2002:152) the total estimated expenditure of managing HIV/AIDS for 2005 was US\$ 4,440 million.

In addition, Van Dyk (2001) and Rosen (in Mattras 2004) indicated that medical intervention increases expectancy. As a result members of staff, especially the infected ones can share what they know, and learn from others to contribute to the profitability of the company till their disability.

Eskom has different programmes to cater for HIV/AIDS infected staff. According to Eskom's HIV/AIDS education and training programme (Module 4), the company respects the human rights, legal rights and employment Equity Acts of the country. It also gives different training to prevent the prevalence. In addition, it implements medical treatment, counselling, and financial and non-financial supports to the HIV infected personnel and their families based on their needs.

7.2.4 Is Eskom Mafikeng benefiting or not by implementing HIV/AIDS programmes?

The majority of the members of staff (54%) believe that through reasonable accommodation, both the company and the staff are benefitong. The company benefits when the HIV infected staff serve the company for a reasonable time. Hence, Eskom can reduce the recruitment, training, direct and indirect costs. The HIV infected staff can transfer their knowledge and experience to the newly employed staff before their disability.

This is confirmed by HIID in indicating that if Eskom has a suitable HIV/AIDS prevention programme, it can reduce its costs that are related to HIV/AIDS, and as a result the HIV infected person can serve the company for a reasonable time compared to the company's expenditure on providing care to the HIV infected staff in the workplace

7.3 Limitation of the study

The study was conducted by taking samples from the total population at Eskom Mafikeng only. The findings have identified problems and recommendations have been given based on the research. It was restricted only to Eskom Mafikeng because of financial constraints, proximity to the researcher's home area, and because it was felt that the sample population was representative of the total Eskom South Africa and the extent of

the problem. It is hoped that the findings therefore, will have universal applicability in the companies that implement reasonable accommodation programmes in the work place.

7.4 Conclusions

- There were 54 respondents for this study. They represented 20% of the Eskom Mafikeng staff. The sample included 19% of management, and 81% of the non-management staff. The non-management figure represented both literate and illiterate staff with the rate of 65% and 35% respectively. 78% of the respondents had served Eskom for more than three years, and all of them were adults.
- The majority of the respondents (89%) have been in the employment for more than 3 years.
- Most of the respondents (56%) are above 40 years of age.
- Most of the respondents (78%) agreed that there are HIV/AIDS infected staff in Eskom Mafikeng. The HIV infected staff number might be between 1 -50.
- Most Eskom Mafikeng staff (74%) agreed that they did not have current information whether the HIV prevalence is increasing in Eskom Mafikeng.
- In general, the age group 20-39 is highly vulnerable to HI virus.
- On average the respondents (53%) agreed that Eskom's expense increased because of absenteeism, conflict, insurance, and medical claims as a result of HIV/AIDS.
- More than half of the staff (56%) agreed that both Eskom and the staff benefit from the company's reasonable accommodation programme.
- The research indicated that the members of Eskom Mafikeng staff know that the company spends millions of Rand to accommodate as well as to prevent HIV/AIDS through its different programmes.

- The majority of the respondents (54%) had no idea whether the costs of the company for HIV/AIDS were increasing or decreasing. This correlates with information where the respondents did not know whether HIV/AIDS is increasing or decreasing in the company.

7.5 Recommendations

Based on the findings, the following recommendations are made

- Management must be encouraged to utilize available communication channels in order to allow free flow of information to all levels of the company. This will keep members aware of what is going on in the company with regard to HIV and other important issue
- The company needs to intensify preventive programmes and create more awareness about the epidemic.
- The staff members must be encouraged to de-stigmatise HIV and learn to talk more freely about it.
- Peer counselling must be encouraged at all cost.
- Voluntary testing on site must be established.
- Shifting of HIV infected people from heavy-duty positions to lower ones must be done timeously to prevent more cost to the company.
- Management has to design a system to increase the support of staff for the reasonable accommodation programme to meet a more satisfactory figure than 63 percent – preferably a 100%.
- The topic needs further research after about 3 years to determine any improvements as per recommendations.

7.6 Conclusion

Chapter 7 dealt with conclusions and recommendations. It summarized the foundations of the study and then stated the recommendations based on the findings.

REFERENCES

- Cooper, D.R., & Schindler, P.S. (2001). *Business Research Methods*. 7th Edition. Boston: McGraw-Hill.
- Daly, K. (2000): *The Business Response to HIV/AIDS: Impacts and Lessons Learned*. UNAIDS/01 50E August. Geneva.
- Eskom (2000): *Eskom Programme: HIV/AIDS Education and Training*. Module 4. Eskom.
- Grant, K.B., Fine,D., Haywood, M., & Strode, A. (2001): "*HIV/AIDS and the Law: A Resource Manual*." 2nd Edition. South Africa: AIDS Legal Network.
- Grant, K.B., Strode, A., & Smart, R. (2002): *Managing HIV/AIDS in the Workplace: A Guide for Government Departments*. Department of Public service and Administration. South Africa.
- Mattras, N. (2004). *The Moral Economy of AIDS in South Africa*. Cambridge University Press.
- Nel, P.S., Van Dyk, P.S., Haasbroek, C.D., Schultz, H.B., Sono, T.,& Wemer, A. (2004). *Human Resources Management*. 6th Edition. Oxford University Press.
- Pramualratena, A. (2002): "*Business Taking Action to Manage HIV/AIDS: A Solution of Business Practices Responding to HIV/AIDS in and outside the Asian Workplace*." Thailand. April.
- Smit, P.J., & Cronje, G.J. (2002). *Management Principles*. 3rd Edition. South Africa: Juta.
- UNAIDS (2002): *Report on the Global HIV/AIDS Epidemic*. UNAIDS/02 26E July. Geneva.
- UNAIDS, International Organization of employers (2002): *Employers' Handbook on HIV/AIDS: A Guide for Action*. UNAIDS/02 17E. Geneva: IOE.
- UNAIDS, WHO (2003): *AIDS Economic update*. UNAIDS/03 39E December. Geneva.

Van Dyk, A., (2001). *HIV/AIDS Care and Counseling- A Multidisciplinary Approach*. CTP Book Printers, Cape Town.

Web Sites

AIDS Bells (2000): "Eskom's AIDS Policy: Awareness, Prevention, Mobilisation, and Vaccine Support." AIDS BELLS. www.AIDS-BELLS.org. October 16.

Centre for HIV/AIDS Networks (2002): "Seeking a Solution to HIV/AIDS – Eskom's Strategic View." CHN. <http://www.hivan.org.za/spotlight/business.asp>. October.

COSATU (2000): "COSATU Campaign Against HIV/AIDS: A Guide for Shopstewards." COSATU. <http://www.cosatu.org.za/docs/2000hivbook/htm>. September.

AVERT-org (2005): "HIV/AIDS in South Africa." AVERT-org. <http://www.avert.org/aids-counrties.htm>. July 16.

AVERT-org (2005): "HIV/AIDS Statistics for South Africa." AVERT-org. <http://www.avert.org/aids-counrties.htm>. July 16.

International Marketing Council of South Africa (2005): "HIV/AIDS in South Africa." IMCSA. <http://www.southafrica.info/ess-info/saglance>.

ADDENDUM A: The questionnaire

RESEARCH - MBA

My name is Ledetu M. Teklemariam studying at the North West University Mafikeng Campus. I am conducting research for completion of my Masters Degree, and I will appreciate your kindness in completing this questionnaire. It will not take more than ten minutes.

With best regards,

Ledetu M. Teklemariam

BIOGRAPHICAL DATA

Kindly place an **X** in the relevant boxes below, to indicate your opinion

a. Position you occupy in the company:

Management	Non-management
------------	----------------

b. Your qualification:

Partially finished scholastic education	High school	Certificate	Diploma	Degree/ Post graduate
---	-------------	-------------	---------	-----------------------------

c. How long have you been within Eskom?

Less than 1 year	1 year	2 years	3 years	More than 3 years
---------------------	--------	---------	---------	----------------------

d. Have you hold another position before this in Eskom?

Yes	No
-----	----

e. Your age group:

Below 20	20-24	25-29	30-34	35-39	Above 40
----------	-------	-------	-------	-------	----------

Please answer the following questions to the best of your ability

1. Do you think there are HIV positive staffs in Eskom Mafikeng?

yes	No
-----	----

2. Do you think every staff in Mafikeng Eskom knows the ways in which of transmitting and the methods of prevention of HIV/AIDS?

yes	No	Don't know
-----	----	------------

3. How many staff in Eskom Mafikeng do you think infected with HIV out of 266 staff members?

0-25	26-50	51-75	76-100	101-125	126-150	151-175	Above 176
------	-------	-------	--------	---------	---------	---------	-----------

4. Do you think HIV/AIDS infected staff in Eskom-Mafikeng are living positively with the virus?

Very positively	Positively	Don't know	Negatively	Very negatively
-----------------	------------	------------	------------	-----------------

5. What is your view regarding to the prevalence of HIV/AIDS in Eskom Mafikeng since the last three years?

Highly increasing	Increasing	Don't know	Decreasing	Highly decreasing
-------------------	------------	------------	------------	-------------------

6. If increasing what is the organization doing to control? _____

7. In your opinion which age group(s) is/are more infected with HIV in Eskom Mafikeng?

Below 20	20-24	25-29	30-34	35-39	Above 40
----------	-------	-------	-------	-------	----------

8. How do you evaluate the expense of Eskom for HIV/AIDS since the past three years?

Highly increasing	Increasing	Don't know	Decreasing	Highly decreasing
-------------------	------------	------------	------------	-------------------

9. Absentism, conflict, insurance, and medical claims increased in Eskom because of HIV/AIDS.

	Strongly Agree	Agree	Don't know	Disagree	Strongly disagree
Absentism					
Conflict					
Insurance					
Medical claims					

10. Eskom's production and profitability decreased because of HIV/AIDS.

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
----------------	-------	------------	----------	-------------------

11. Keeping HIV/AIDS infected staff in the organization contributes to the profitability of Eskom.

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
----------------	-------	------------	----------	-------------------

12. In your opinion, when Eskom keeps the HIV positive infected staff till their disability, who will be more benefited?

Eskom	The staff	Both	None
-------	-----------	------	------

13. Do you know that Eskom spends millions of rand for HIV/AIDS patients every year?

Yes	No
-----	----

14. Do you think that every Eskom Mafikeng staff equally benefited out of the HIV/AIDS programmes?

Yeas	No	Don't know
------	----	------------

15. If not, who will get more benefit?

Highly skilled staff	Semi-skilled staff	Non-skilled staff
----------------------	--------------------	-------------------

16. Eskom's management transfers HIV/AIDS patients from difficult jobs to lower responsibilities according to their disability, in reasonable time.

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
----------------	-------	------------	----------	-------------------

17. Even if Eskom has suitable programmes for HIV/AIDS staff, it is not implemented properly in Mafikeng branch.

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
----------------	-------	------------	----------	-------------------

18. Majority of the Eskom Mafikeng staff are benefited from HIV/AIDS prevention programme.

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
----------------	-------	------------	----------	-------------------

19. The HIV/AIDS infected staff get non-financial support from the organization regularly.

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
----------------	-------	------------	----------	-------------------

20. The Eskom Mafikeng HIV/AIDS prevention programme is extended to every staff's family.

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
----------------	-------	------------	----------	-------------------

21. In your opinion, the Eskom's HIV/AIDS prevention programme is in line with the South African HIV/AIDS prevention programme and the reality?

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
----------------	-------	------------	----------	-------------------

22. Please write below, any idea you want to _____

ADDENDUM B: Mmabatho customer service

