

**PERCEPTIONS AND ATTITUDES
ON THE MANAGEMENT OF
HIV AND AIDS IN THE
DEPARTMENT OF
AGRICULTURE, CONSERVATION,
ENVIRONMENT AND TOURISM
OF NORTH WEST PROVINCE IN
REPUBLIC OF SOUTH AFRICA**

BY

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**PERCEPTIONS AND ATTITUDES ON THE
MANAGEMENT OF HIV AND AIDS:
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CONSERVATION, ENVIRONMENT AND TOURISM OF
NORTH WEST PROVINCE
IN REPUBLIC OF SOUTH AFRICA.**



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Masters of Business Administration: (HR)

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ABSTRACT

The researcher is propelled and motivated by the Minister of Public Service Association, Geraldine Frasser-Moleketi, recognising the serious nature of HIV and AIDS and its impact on South Africa when she initiated the Impact and Action Project in January 2000, which was aimed at ensuring that Public Service is able to sustain a quality service in spite of pandemic: AIDS.

The apprehension of writing on the theme is to enlighten both the employer and employees with their obligations, rights and legal framework in the management of the pandemic: AIDS within the employment perspective. The eminence of the study is based on the participation of management and their intervention, because without their involvement, AIDS deaths translate into lost productivity, increased high rate of absenteeism, short or long illnesses, and lower morale of employees and hampering of rendering of services.

The study comprises of five chapters, containing the orientation of the study; literature review; research design and methodology; data analysis and results and summary, findings and recommendation, respectively. The instrument employed to gather data was applied in five regions, and data is gathered from a target sample of 96 out of 2084 employees. Please note in order to avoid the continuous use of "HIV and AIDS", virus, epidemic, disease or cumbersome descriptions, the noun pandemic: AIDS, will be used and will denote "HIV and AIDS".



DECLARATION

I, Pheletso Abednigo Mothibedi, declare that this mini dissertation for the degree of Master of Business Administration in the Graduate School of Business and Government Leadership in the Faculty of Commerce and Administration of the North West University hereby submitted, has not previously been submitted by me for a Degree at this or any other university, that it is my own work in design and execution, and that all material contained herein has been duly acknowledged.


PHELETSO ABEDNIGO MOTHIBEDI

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ABBREVIATIONS

AIDS	: Acquired Immune Deficiency Syndrome.
EAP	: Employee Assistant Programme.
EWP	: Employee Wellness Programme.
HIV	: Human Immune Virus.
HRM	: Human Resource Management.
PLWA	: People Living With AIDS.
STI's	: Sexual Transmitted Infections.
VCT	: Voluntary Counseling and Testing.

CHAPTER 1

ORIENTATION

1.1. BACKGROUND TO THE STUDY.

Just like other life threatening diseases, HIV and AIDS affect the employee's negatively and impacts on the performance of those employees who are infected and affected. It is managers' responsibility to develop skills in terms of prevention, provisioning of care and support programmes for the infected and affected employees. The Department, from employment perspective, should create a positive attitude for its employees living with HIV or AIDS.

Thinking of the outbreak one can associate himself or herself with these variables: death, rejection, orphans, hunger, divorce, job loss and many other things that will bring no pleasure to the employees. Many think AIDS does not exist. There are many myths and misconceptions regarding HIV and AIDS amongst employees. The Department and the Sub-directorate Employee Wellness Programme with HIV/AIDS peer educators', coordinators and lay counselors face a big challenge in enlightening employees about the pandemic: AIDS and how the disease can be fought and managed in the workplace.

There are many beliefs common in the working society as well in the communities, which led people to believe that, the pandemic: AIDS cannot happen to them or that it happens to certain kinds of people who deserve to become infected. All these views are really based on false beliefs. It depends on the Department to act proactively with its employees and particularly those who are HIV/AIDS activists within the Department to disseminate information to the rest of employees.

The virus precise origin remains obscure; therefore, no employee should be discriminated, stigmatised or victimised because of the pandemic: AIDS. The virus made its first appearance during 1980's or early in several countries of Sub-Saharan Africa, prior to cause such disease as cancer and leukemia in animals. The pandemic: AIDS entered the workplaces "when first cases were diagnosed amongst employees in the early 1980's, a great deal of mystery still surrounded the cause of AIDS and the means by which a person could become exposed to the disease" (Puckett and Emery, 1988:12).

Classes of the virus were known as 'retro-viruses'. The new form of retrovirus was named by its various discoveries as 'Human T-Lymph tropic Virus Type III (HTLV-3)', 'Lymphadenopathy Associated Virus' (LAV) and 'AIDS Retro Virus' (ARV). In 1986, an International Scientific Committee gave ARV the official designation, that is, 'Human Immunodeficiency Virus' to the members of the public known as, 'AIDS'. In 1979 to 1981, men and young males between 20's and 30's were patients of skin cancer. The Los Angeles, New York and San Francisco physicians unknowingly encountered the first manifestations of new and deadly medical phenomenon Patients had as 'Pneumocystic Pneumonia', which is rare cancer of the capillary. In mid 1988, the first cases of pandemic: AIDS was reported to Public Health Officials and more than 60000 Americans were diagnosed with the disease, more than half of those diagnosed, with the disease died.

For others 'death seemed only a matter of time'. Therefore, this dreadful disease is the management responsibility in collaboration with the employees. In order for the Department to exist in years to come, its employees should be in a healthy state and be productive in order to render services to the public, rather than Department occupied by unproductive employees due to the result of the pandemic: AIDS. The employees in this Department presumed to be aware that the life expectancy after being diagnosed is only 18 months. "There is no cure for the condition and no vaccine

to prevent its spread”. If there is no cure to this disease the Department in the North West Province as the custodians of agricultural produce’s competencies will hinder the economic growth of the country, because of its unproductive employees due to this pandemic’s negative impact on productivity.

“There is a period called ‘incubation’; it has an unusually long period. This is the length of time between initial entry of the virus into the body and the development of identifiable symptoms of disease.” (Puckett and Emery, 1988:13). The protracted the cases of AIDS have not yet been discovered even in the workplaces. Therefore, the management of pandemic: AIDS in the Department is crucial as the policy is used as a guide when dealing with AIDS related issues. The incubation period as compared to the employee’s delay in discovering his or her HIV status takes a long time, as the employee will be off-sick almost twice or thrice in a week. Puckett and Emery (1988:32) say, “The incubation period for AIDS is usually three to five years. In some people, the incubation period might even be as long as ten years”. During this period and before the appearance of the other chronic diseases called opportunistic infections that signal the onset of HIV or AIDS, the infected employee with the virus would have no physical indication that he or she carries the virus.

“AIDS tend to strike people in their economically most productive years from 25 to 45 years”, (Puckett and Emery, 1988:14) and this has brought a negative impact towards productivity and service delivery to this Department, hence HIV and AIDS should be managed efficiently and effectively. In another report created in November 29, 2000 by the National Institute of Health it is claimed that “as from the end of 2000, an estimated 36.1 million people worldwide, 34.7 million adults and 1.4 million younger than 15 years were living with HIV or AIDS. Through 2000, cumulative HIV and AIDS associated deaths worldwide numbered approximately 21.8 million adults and 4.3 million children younger than 15 years”.

The Departmental policy on HIV/AIDS explicitly states, “Persons with HIV/AIDS have a legal right to confidentiality and privacy. No employee or prospective employee is required to disclose his or her HIV status” and “employees with HIV/AIDS, STI’s or TB will not be prejudiced, victimized or discriminated against on account of their HIV status”, part of principles 6.4 and 6.1., read respectively.

The South Africa Population Report of 2000 shows that: Life expectancy has dropped from 63 years in 1990 to 56.5 years in 2000. Child mortality has increased from 75, per 1000 in 1990 to 91 per 1000 in 2000. In 1990 the probability of a 15 year old, dying before the age of 60 was 27 per 1000 and has risen in 2000 to 40 per 1000.

Come 2005 Census Population Report will differ with all these figures. These numbers include statistics of working class in agricultural produce, as a result the agricultural sector management need to manage pandemic: AIDS as it is their responsibility to manage the behavior of their employees. In addition, the former Member of Executive Council (MEC) of the Department, Mrs. Molewa B.E.E., in her 2001/2002 budget speech mentioned challenges and constraints that led current impacts in six broad areas that need attention to ensure that the Department contributes to Provincial development goals. An inadequate risk management mechanism as well as support because of an inadequate sector response to the impact of HIV and AIDS is emphasised.

The Medical Research Council’s report on AIDS mortality in South Africa estimated that 40% of 15 to 19 year old deaths in 2001 were due to HIV and AIDS. It is perceived that within three years almost 250000 South Africans will die of the pandemic: AIDS each year.

The chapter contains the background earlier discussed, the definition of concepts, statement of the problem, objectives of the study, significance of the study, design of the study, scope of the study and conclusion.

1.2. DEFINITIONS OF CONCEPTS.

Affected person	:	A persons who are affected in any way by HIV and AIDS, for example, if they have a partner or a family member who is infected with the virus.
Attitude	:	A way of regarding a disposition or reaction to situation. (Oxford Reference Dictionary, 1986:52). An attitude is a positive or negative orientation toward an object and it can be strong or weak. (Weisberg, 1996:13). Attitudes are general evaluation people make about themselves, other persons, objects or issues. A tendency to respond toward or to react against any idea, objects, or issues. (Van Rensburg, 1991:20).
Department	:	Agriculture, Conservation, Environment and Tourism of North West Province in Republic of South Africa.
Employees	:	Refers to all staff members employed by the Department and its parastatals in the North West Province. Employed in terms of the Public Service Act of 1994 or any other Act of Parliament whether on permanent basis, on probation, on contract or on a temporary basis.
HIV Positive	:	Having tested positive for HIV infection.
Infected person	:	A person who has tested positive for HIV or who has been diagnosed as having HIV or AIDS.

Informed Consent	:	A process of obtaining consents from a person which ensures that the person fully understand the nature and implications of the test before giving his or her agreement to it.
Management	:	In business, the term used to “describe the techniques and expertise of efficient organization, planning, direction and control of operations of a business”. (Microsoft@Encarta@97Encyclopedia, 1993-1996).
Perceive/ Perception	:	To become aware of something by using your senses. To come to understand, grasp. To interpret something in a certain way, view. (Word Power Dictionary, 1996: 791).
Pre and Post Testing Counseling	:	A process of counseling which facilitates an understanding of the nature of HIV test. It examines what advantages and disadvantages the test holds for the person and the influence the result positive or negative will be on the individual.
Stakeholders	:	Represent all the various interested parties within the standard setting project (within the Department) and should include groups such as Management, HIV/AIDS Peer Educators/ Coordinators, employees’ representative from various divisions and labour unions. Their role is to make sure the proposed qualifications satisfy the needs of the various groups within the Department.

Variable : In statistics an item that is subjected to study, by score, by counting, by measuring and by relationship.

1.2. STATEMENT OF THE PROBLEM.

In this study, the researcher desired to address the Perceptions and Attitudes on the Management of HIV and AIDS in the Department. Above all the study touched on the salient issues of the pandemic: AIDS such as high rate of absenteeism, short or long ill health, poor work performance, low rate of productivity, lower morale of employees, improvement of service delivery, the legal rights and framework of employees affected by the virus.

The purpose of this study was to tackle and examine internal workplace issues and come up with the end-results of practical values to the Department that can help shape and implement an effective action plan, develop policies within human rights and legal framework and provide guidance and information on perceptions and attitudes on the management of HIV and AIDS.

1.4. HYPOTHESES.

The following hypotheses were formulated based on the objectives of the research study:

Hypothesis 1: The Department is playing its role by integrating management of the pandemic: AIDS.

Hypothesis 2: The HIV/AIDS prevention programme is ineffective.

Hypothesis 3: The Department is not in the position to provide care and support into HIV/AIDS programmes.

Hypothesis 4: The impediments towards employees' performance, productivity and service rendering in the Department.

Hypothesis 5: Awareness and education of employees concerning HIV/AIDS policy and laws that protect them in the workplace perspective.

1.5. OBJECTIVES OF THE STUDY.

The main objective of the study is on Perceptions and Attitudes on the Management of HIV and AIDS and to assess the following:

- How the Department integrates the management of HIV and AIDS into its normal service rendering.
- How the Department implements the HIV and AIDS prevention, care and support programmes.
- Provisioning of care and support programme.
- How the impact of HIV and AIDS hinders performance, productivity and service rendering.
- How the Department implements the rights and legal framework of employees who are infected by the virus.

1.6. SIGNIFICANCE OF THE STUDY.

The Department can make a huge positive different by the manner in which they manage or address HIV and AIDS with respect to the impact on management and those in their employ. In view of the above, the significance of the study is:

- To enlighten management and employees about the importance and urgency of managing and addressing the negative influences of the virus.
- To increase awareness within the Department, this will lead to the treatment of other sexually transmitted diseases, in order to reduce the probability of infections significantly.

- To provide care and support, for the affected and infected employees and their families.
- To bring the study as a challenge to the Department on why so little is been done concerning HIV and AIDS related issues.
- To see to it that the prevention programme in place is implemented as agreed.
- To enlighten employees with rights and legal framework of those who are PLWA's.

1.6.1. OTHER AREAS OF SIGNIFICANCE TO THE STUDY.

1.6.1. 1. Economic.

The economic impact of HIV and AIDS has relatively little been given attention so far. It is evident enough that the Department and its parastatals will be affected in different ways, the demand for some products and services will increase dramatically with the converse being the case for others. The competitive position of countries and areas with high incidence of HIV or AIDS is likely to deteriorate relative to areas and countries less affected. In general, the pandemic: AIDS will reduce economic growth of the North West Province. The impact on per capita income remains less clear, but it will probably also decline.

1.6.1. 2. Production of goods and services.

It is perceived that production will be affected because ailing employees are less productive and may not be able to carry out the more demanding jobs. Absenteeism will increase because of sickness, but also because employees may take time off to care for their HIV or AIDS infected families. Higher staff turnover, knowledge, skills and experience will be lost. Evidently, these issues

cannot be in isolation of human resource matters and readily points out the need for proactive action.

Furthermore, the Department should be recognising that the suppliers as well as the entire distribution chain would be affected by the pandemic. It is evident that there will be any impact on agricultural produce; community authorities often allocate land to families based on their size. The illness and death of an adult can result in the inability of the household to cultivate all the land at its disposal. Tending for sick can take a considerable amount of time, which is no longer available for agriculture. Thus, more remote fields will tend to be left fallow and the total output of the agricultural unit consequently declines.

1.6.1. 3. Human Resources Matters.

In the face of these threats, the Department has developed an HIV/AIDS policy. This policy covers inter-alia labour relations, education of employees, healthcare and employee benefits. The Department HIV/AIDS Coordinating Committee developed the policy document on HIV/AIDS, STI's and TB on behalf of the employer and the employees' interests guided by prescripts and regulations of Public Service to make it equitable and fair for both parties.

With regard to employee benefits, a number of innovative ideas should be put forward regarding death and disability benefits that form part of the retirement fund package. These include flexible benefits, but we assume it is fair to say that Human Resource practitioners are still in search of the optimal solution.

1.7. DESIGN OF THE STUDY.

1.7.1. SAMPLE DESIGN.

Research study was conducted on all employees of the Department in the various directorates and levels that defined the population exclusively senior managers and above. The researcher chose this technique because of the problem statement earlier discussed and his interaction with the population at various workstations, that is, Head Office, Central, Bojanala, Bophirima and Southern regions.

1.7.2. DATA COLLECTION METHODS.

Interviews were conducted for purposes of more information and opinion of respondents questionnaires were distributed within the Department, permission was sought from the Senior Executive Manager (Head of Department), and a letter of explanation on the purpose of the research was attached to the questionnaires distributed to the target population.

A structured questionnaire was developed and designed to gather data from the target sample of ninety-six (96) employees comprising of managers, divisional managers, supervisors and staff. All questionnaires were completed and notes taken to beef up inputs and capturing of data for analysis purpose.

1.7.3. DATA ANALYSIS.

Where applicable, measures such as totals, frequencies and percentages were used to present data in the report in the form of tables and graphs or figures.

Data collected was analysed using SPSS (Statistical Package for the Social Sciences). SPSS is one of the powerful statistical software packages, which cover a broad range of statistical procedures that allowed the researcher to summarize data, determine differences between t-tests, relationships among variables, analysis of variance (ANOVA) and graph results.

1.8. SCOPE OF THE STUDY.

Focus of the study is on the 'Perceptions and Attitudes on the Management of HIV and AIDS in the Department of Agriculture, Conservation, Environment and Tourism of the North West Province in Republic of South Africa'. The duration of the study covers a four (4) year period from 2000 to 2004.

The researcher was propelled and motivated by the Minister of Public Service Association, recognising the serious nature of HIV and AIDS and its impact on South Africa when she initiated the impact and Action Project in January 2000, which is aimed at ensuring that Public Service is able to sustain a quality service in spite of the pandemic: AIDS.

1.9. CONCLUSION.

In this chapter, focus was on the orientation, which involves background, definition of concepts, statement of the problem, hypotheses, objectives, significance, design and scope of the study.

The researcher apprehension of writing on the theme is to enlighten management and employees with their obligations, rights and legal framework in the management of the pandemic: AIDS in the work place. Document on the following aspects of research study, how the pandemic: AIDS can be fought back and managed,

provisioning of care and support, eradicate misconceptions and myths, and guard against discrimination, stigmatisation and victimisation.

Synopsis on the origin of the disease and classes of the virus formed the background of the study. The critical aspect of the study was the availability of the policy document, what it entails as compared to DPSA guide on the management of HIV and AIDS in the workplace and DPSA minimum standard on HIV and AIDS policy.

The next chapter deals with literature review with more emphasis on the Perceptions and Attitudes on the Management of HIV and AIDS within the Department. It focuses on internal workplace issues and contains guidelines on how to manage the pandemic: AIDS on the Public Service from an employment perspective.

CHAPTER 2

LITERATURE REVIEW.

2.1. INTRODUCTION.

In the preceding chapter, questions were raised relate into addressing salient issues in Perceptions and Attitudes on the Management of HIV and AIDS in the Department. It is critical that views of other researchers are explored in search of a solution to the questions. Blaxter, Hughes and Malcolm (2000:219) say, "Criticism is about joining in a wider research debate with others you never met".

Review of literature focus is on the perceptions and attitudes on the management of the pandemic: AIDS in the Department. "Departments must be prepared to deal effectively with HIV/AIDS so as to maintain high productivity and service delivery levels while avoiding discrimination of those infected or affected" (DPSA Guide on 'Managing HIV/AIDS' in the workplace, 2002:1). In order to sustain quality service delivery, the Department should as well avoid stigmatisation and victimisation of affected or infected employees.

The Department comprises of large number of people for example, employees, farmers and stakeholders. As a result, the fate of community as a whole is closely entertained with the health and wellbeing of Departmental employees, whose health is perceived as one of the responsibilities of the employer in order to render public services.

2.2. HOW THE DEPARTMENT INTEGRATES THE MANAGEMENT OF HIV AND AIDS INTO ITS NORMAL SERVICE RENDERING.

Due to the growing prevalence of HIV and AIDS in the workplaces, “as the human rights perspective it is imperative for the Department...to set out a formal HIV/AIDS policy and programme in consultation with relevant stakeholders”. (Departmental and its Parastatals HIV/AIDS, STD’s and TB Workplace Policy, April 8:2002). It is perceived that the Department is not shunting the responsibility onto their human resource employees. All stakeholders should be brought to the drawing board in fighting the pandemic: AIDS.

Marlon Stevens, the project manager at Wits University in ‘The Star’ of April 23, 2003 mentioned that “of 428 companies found, there was executive (management) involvement in the HIV/AIDS programme is needed as it is their business that the workers are in good health in order to produce good results”.

The configuration of the policy statement and development of the prevention programme on the pandemic: AIDS is the significant mandate to HRM directorate in consultation with the relevant stakeholders to commit them in addressing the salient issues on the pandemic: AIDS and related issues. The policy document is available in three official languages, that is, Afrikaans, English and Setswana and the prevention programme in fighting HIV and AIDS is in place. All Department’s employees need to be briefed about this policy document in the form of conducting presentations in the language of their choice, among the three official languages used in the North West Province.

Commitment, coordination and implementation of the policy and its preventative programme lie down with the coordinators for all regions in the North West Province

appointed in terms of Departmental and its Parastatals HIV/AIDS, STD's and TB Workplace Policy (April 8:2002). The appointment of coordinators is very slow as compared to a large structure of the Department and five regions existing. The issue of appointment is discouraging employees, since the permanent coordinators are needed to educate all employees about the pandemic: AIDS. Up to, so far during the research study only posts at Head Office and Bojanala region are filled.

2.2.1. DEPARTMENTAL RESPONSIBILITY.

The perception is that the Department has serious stake in this deadly disease. Therefore, it is the Department's responsibility to bring the fight of HIV and AIDS into its normal service rendering. However, Magennis, health care consultant at Deloitte and Touché Human Capital Corporation, says "organizations that put their heads in the sand about AIDS do so at their peril".

Researcher's assumption is that the pandemic is manageable as well as other resources attached to the employees are well managed. Managers and supervisors should not be turning a blind eye on the issue when interacting with employees. Both the coordinators and peer educators are mandated to implement the prevention programmes by responding to HIV and AIDS salient issues.

2.2.2. CASE STUDY AS ADAPTED FROM PUCKETT AND EMERY (1988: XIV).

Mr. Robert Haas, the President and Chief Executive Officer of Levi Strauss and Company explained how he did not know a good deal about HIV and AIDS in 1982 when several of his employees asked permission to distribute literature about 'AIDS' in the lobby of their head-quarters building in San Francisco. He said that he was stunned by the reaction they got from many of their employees but he understood "two things right away. First, this was an issue that would touch all of us and second,

as a company executive, it was my responsibility to help set standards about how we would respond”.

Haas joined the group and invited other senior managers to work with them. For several days, they took turns staffing an information booth in their lobby at lunchtime, handing out information about HIV and AIDS, how it is and is not transmitted.

It was twenty years ago when manager and a leader such as Haas tried to manage the pandemic in the workplace. In the workplaces HIV and AIDS has become an epidemic and has taken a terrible toll. The Department had to confront serious business consequences as well as the loss of talented employees, the enormous medical and insurance costs, the disruption in the Department, the fear, prejudice, and discrimination that occur. All these can be eradicated only if the management intervenes, own the prevention programmes, the policy, and manage the pandemic: AIDS.

Haas imparts courage when he said, “I believe it is our responsibilities as a business leaders to manage as carefully as in the business we are in, all of us depend on the talents, productivity and goodwill of our employees. They are assets we can safeguard through open, honest communication”.

2.3. HOW THE DEPARTMENT IMPLEMENTS HIV AND AIDS PREVENTION, CARE AND SUPPORT INTO HIV/AIDS PROGRAMME.

2.3.1. DEPARTMENTAL HIV/AIDS PREVENTION PROGRAMME.

Without management's commitment and involvement, any HIV/AIDS programme is doomed to failure and without all stakeholders participation the process will collapse if some stakeholders are excluded.

The impact of the pandemic: AIDS can be managed through a planned strategy. The Department needs to recognize the management of the pandemic: AIDS is one of the costs involved in operating in North West Province and move forwards. There is no need for costly HIV and AIDS programme if the peer educators are let to tackle the management of the pandemic: AIDS in the workplace. The peer educators are one of the appropriate workplace programmes that can be employed to provide relevant information and clear myths and misconceptions concerning the pandemic: AIDS mentioned in Chapter 1.

The Department can respond to the pandemic: AIDS by getting the relevant information from the peer educators, which will help the employees improve their knowledge, insight and change their attitude and behavior. During the financial year 2001 and 2002, the Department had trained sixty-five employees as volunteer peer educators for a minimum of two years. All trainees were volunteers representing their various directorates at Head Office, Central, Bophirima and Bojanala and Southern regions. In 2003 and 2004 the number of trainees dropped. The Sub-directorate Employee Wellness Programme has a mandate of nominating and enrolling HIV/AIDS peer educators in their database as well as establishing workplace outreach programmes in terms of the Department of Public Service Administration (DPSA) minimum standards for HIV and AIDS programmes.

The database is alleged to be hampered by the factors that participants are taken on voluntary basis and the resistance of support by managers and supervisors and also the bad attitudes and wrong perceptions of employees about taking part in volunteering services. The objective is to get the list of interested and devoted employees to be trained as HIV and AIDS peer educators, who are willing to take on the responsibilities as Departmental and its Parastatals HIV/AIDS, STD's and TB Workplace Policy, (April 8:2002, sections 10.5 and 10.6).

The programme need not be costly to be implemented. The events relating to the subject during calendar of events need to be observed by the Department in a special way. For instance, commemoration of STI's, TB and candlelight and others are usually commemorated separately by all regions. The events usually lasting for one hour and there is no need to get into costs while there are resources that can be organised from other departments. Partnership in fighting the pandemic: AIDS, with other departments is strongly recommended.

Normally the Department does these commemorations collectively with the department of Health. The latter department had experts in various fields and they are always available to assist and give a talk during calendar of events' theme. Main events such as commemoration of World AIDS Day (WAD) and others should be departmental special events. The Department's employees have all along commemorated the 'WAD' event collectively in the province since the past three years, that is, 2002, 2003 and during December 2004.

Costs were presumed to be involved as the event consume large amount of the funds because of some logistics and preparations to make the events a success. The researcher concurs with the inspiration of Donnelly in 'The Star': March 6, 2002, "The most cost-effective way of implementing an HIV/AIDS programme within an organization (Department) is through the use of peer educators".

The Departmental peer educators have been involved in the fight against the AIDS, in all levels and across all components within the Department to ensure equal representation training in 2001. They have been nominated from all stakeholders, from all cultural and language groups. During the study investigations, the researcher noted that representation started through the said year, some of the trained peer educators developed negative attitudes and became less interested, as they were largely involved in their core functions. It is perceived that their interests was not let down by this matter, but the element of attitude contributed, as they were just volunteers carrying out the mission, it is also perceived that a volunteering issue needs to be something that comes from inside an individual, who has interest, passion and committed to do it.

The number of peer educators has drastically decreased. The HRM and the employee responsible for the wellness of employees, that is, HIV/AIDS and EAP are faced with the big task of recruiting peer educators and offering them training. As part of their training to minimize costs they will also require to participate in 'train the trainer' programme, as peer educators are responsible for running ongoing training programme for their own colleagues or peers within the Department HIV and AIDS prevention programme. The Department experience the impact of the pandemic: AIDS in a number of ways, as stated hereunder.

2.3.2. PROVISIONING OF CARE AND SUPPORT INTO THE HIV/AIDS PROGRAMME.

One of the objectives and goals of the Department, and in terms of the Gauteng Workplace AIDS strategy, is to diminish the impact on all infected and affected employees and to develop capacity to support infected employees. "Programmes should be developed at work to prevent new infections, provide care and support for

those infected or affected, and manage the impact of HIV epidemic on organization” (AIDS Law Project, July 2000:12).

At this stage, it is difficult to provide treatment or ‘VCT’ service within the Department due to problems of stigma and confidentiality. One of the contributing factors will be the hiring of the professionals to render these services indoor, which somehow may leak information and expose the innocent employees’ clients. Employees may be referred out to ‘VCT’ service or NGO’s (Non Government Organizations) could be contacted to provide the service. Amongst other things, employees are members of communities and access social support services locally.

The workplace should be supportive of employees infected and affected by the pandemic: AIDS. The following key activities should be taken into cognizance in support of a safe and supportive working environment; awareness, education, access to services, systems for preventing exposure to HIV, dealing with accidental exposure and training of employees.

Umsebenzi (2004:31) states, “Comprehensive care and support must include a range of services” such as ‘VCT’ so that employees must know their HIV status and deal effectively with it. Psychological support to help employees cope with the implications of having a life threatening disease should be made available.

During this study, the researcher established that the Department lacks adequate training on “First Aid” to enable employees to have adequate protection from exposure to HIV at workplace. The Department lacks adequate committed peer educators with passion in executing their responsibilities to fight against the monstrous HIV and AIDS, to bring it down to its knees.

Dr. Molefi Sefularo, the former M.E.C. of the Health Department in the North West Province on the 30 May 2000 challenged the employers at a conference on addressing occupational health and safety issues, to look seriously at investing in first aid programmes, building capacity for prevention, care, support as well as health education and promotion at workplace level.

2.4. HOW HIV AND AIDS HINDERS PERFORMANCE, PRODUCTIVITY AND SERVICE RENDERING.

2.4.1. PERFORMANCE.

2.4.1.1. Morbidity/ Health of employees.

“As infected employees become ill they take additional sick leave. This will hamper the operation of the institution (workstation) for which they work. The disruption will amplify when the more qualified and experienced employees are absent”. (DPSA Guide on ‘Managing HIV/AIDS in the workplace’, 2002:15). The statement is supported by the script of the department of Labour in their book ‘HIV/AIDS Technical Assistance Guidelines’ (page 3 item 1.3 paragraph 2) which reads thus: “...finding a temporary replacement becomes more difficult”. During the restructuring process in terms of Public Service Commission Bargaining Council (PSCBC) Resolution 7 of 2002, imposed moratorium on new recruitment on public service resulted in some of the directorates within the Department experiencing under-staffed employees. This act has an impact on the elements branded above.

Magennis, health care consultant at Deloitte and Touché said, “Carrying an increase number of ill co-workers, whose health deteriorates, pushes health care costs up and productivity down”. The Department is supposed not to find it operating like this, wait for the employee to become too sick to work and then terminate his or her

service. During the study investigations, this was not the case with the Department. The serious issue is to wait for the employee to become too sick after frequent short or long sick leaves without prior arrangements for such leaves as it is a normal practice or failing to adhere to prescripts such as PSCBC Resolution 7 of 2000, Labour Relations Act number 66 of 1995 read with schedule 8. Yvonne Fontyn in Careers (July 2002:8) says it is not an effective practice, “to wait for the employee to show he or she can no longer do the work is inhumane. It is not well perceived, and exposes the Department to risk”.

2.4.1.2. Mortality/ Deaths of employees.

The researcher strongly concur with the Department of Labour in their Guidelines book page 3: which says, “Increases in death will lead to increased absenteeism, as employees attend funerals for family members, friends and colleagues during working hours”. Both gender folks irrespective of marital status will take family responsibilities leave as caregivers to care for sick children and partners, which may involve a large time off from work.

TABLE: 2.1: HIV and AIDS Morbidity and Mortality in the North West Province.

South Africa	Total Population	Total HIV (positive)	Cumulative AIDS deaths	Total AIDS sick
2000	3753128	466730	23924	19324
2001	3812734	530218	37485	27799
2002	3864204	582089	56407	38153
2003	3906592	622038	81732	50372
2004	3939265	650045	114359	63918
2005	3961890	666306	154801	78137
2006	3974601	671451	203095	91931
2007	3978202	666741	258649	10424
2008	3974139	653903	320265	11384

2009	3964249	635133	386266	12022
2010	3950663	612887	454735	12316

Source: Adapted from the ASSA Model, 2002.

The Department of Labour (2002:22) corresponds with these estimates, that is, table 2.4.1.2 above. “This means that the demand for health services is expected to increase somewhat in the coming years as the disease progresses through the various health, “the expected number of deaths would impact on a number of sectors and services that would need to be investigated further to assess priorities”.

2.4.1.3. Absenteeism of employees.

Absenteeism still negatively affects performance because “business (Department) has also failed to react strategically to the pandemic” (The Star, 23 April 2003). Absenteeism in the Department has a negative impact on the performance of those employees who are infected with or affected by AIDS, because “every element of African society from teacher to soldier to farmers is under attack by AIDS” (The Star, 26 June 2002). The perception is that there is no employee, who is not infected or affected by this life threatening disease. Employees often take annual leave or sick leave to aid others or themselves, consequently productivity decreases so rapidly because of the working gaps during working hours. It is perceived that most of the employees present to ‘day-to-day’ work suffer, as they had to carry the workload alone without management interventions.

The researcher is assured if the Department reacts strategically to the virus the high rate of absenteeism from work could have dropped down. The researcher emphasis is on the statement that other directorates within the Department are under-staffed because of AIDS direct impact not managed or other related illnesses that keep away employees from work.

2.4.1.4. Absenteeism Data of employees.

Sydney Rosen of Boston University “investigated a range of local companies, analyzing absenteeism records for someone who had recently died of AIDS and compared the data to the workforce average, from here we get the conservative 55 days per individual taken over the last two years of life” (The Star, 15 May 2003). The above analysis is but nothing when compared to this Department employees suspected or presumed of being killed by AIDS. This exercise should be a study on itself, a survey need to be conducted to determine the truth of the problem statement.

The records of ailing employees give indication on the number of days taken for leave before the definite death of the employee, a survey needs to be conducted to determine the truth of the problem statement raised by the researcher. The Department is perceived to be unable to act proactively in fighting AIDS, as most of the employees are not disclosing their HIV status. This also hampers the prevention, provisioning of care and support programmes, which should be developed and implemented by Human Resource Management. Absenteeism is indeed noticeable and there are multitude reasons the impact of the pandemic: AIDS is under-reported.

2.4.1.5. Retirement of employees.

The impact of mortality or retirement of an infected employee is assumed similar to morbidity, although the problems are permanent. DPSA Guide on ‘Managing HIV/AIDS’ in the workplace, (2002:15) states clearly “that training and recruitment are costly and disrupt operations”. The loss of an employee requires an appropriate replacement to be appointed and trained. Particularly for posts that require highly qualified employees such as agricultural scientists, veterinary surgeons, nature conservators and agricultural economists.

2.4.1.6. Employees Morale.

The perceptions prevail amongst employees that the pandemic: AIDS has a negative impact on morale of employees in the Department because of management attitude on failure to shoulder the additional responsibilities for employees who are off sick. The morale of employees is very low towards the employer's attitudes and treatment when they become sick because the employer had interest on their physical fitness and productivity whilst not bedridden because of their ailments. The provisioning of care and support programmes need to be introduced and implemented as soon as possible despite the fact that some of the employees do not disclose their HIV status.

The appointed coordinators and voluntary peer educators should see to it that the programme is put into full force in order to assist the Department on managing the impact of this pandemic and make the rest of the employees aware about health programmes.

2.4.2. PRODUCTIVITY.

"Employees with HIV are allowed to do their job for as long as they are medically fit to do so" (AIDS Law Project, July 2000:12). In broad terms, productivity is the efficient and effective use of resources in the production of goods or services specifically to this Department as it is responsible for the economic growth of the North West Province.

Absenteeism and low productivity are the problems facing the Department and it is these issues that need to be addressed. Productivity will drop off in a sick labour force and extra workers will have to be hired to cover for those who are absent. In terms of the North West Population Report of 2003/2004, "productivity would be affected as skilled or experienced staff fall ill, stay absent and eventually die". "Absenteeism,

lower productivity and permanent loss of experienced staff would add to the draining cost of HIV/AIDS in the workplace”. “Loss of employees means loss of productivity, loss of skills, increase in training and recruitment costs, a drain employee benefits, uncertainty and workplace instability” (Staff Talk, issue number 1 of 2001:6). In order to replenish the lost skills of employees, the Department has to spend relatively high amounts of money for training, retraining and educating of employees.

2.4.3. SERVICE RENDERING.

2.4.3.1. The core problems of service rendering.

“Service delivery will be negatively affected, not only due to the number of infected employees, but also to the increased demand for certain services, especially health and welfare” (DPSA Guide on ‘Managing HIV/AIDS’ in the workplace, 2002:16). The spread of the AIDS amongst employees could seriously affect the quality of service provided if management does not take action or intervention. The pandemic: AIDS posed an enormous threat and pressure on service rendering “by increasing demand for services while eroding its workforce through increased absenteeism and mortality”. Levin, the Public Service Commission’s Deputy Director-General, responsible for good governance, pronounced during delivering a review in 17 February 2004 of the performance of the public service in the past ten years.

The researcher believes that, if the Department does nothing about the pandemic: AIDS for the benefit of its employees, the following scenario is painted, (See table 2.4.3.1 below). The table illustrates the status, percentages, and ages of South African workforce (employees) projection of pandemic: AIDS, as from 2001 by five years intervals. The table shows increases of workforce (employees) with HIV, new cases, orphans and decrease of life expectancy estimates of both males and females.

TABLE: 2.2: The Metropolitan Doyle Model.

YEAR	STATUS AND PERCENTAGE OF SOUTH AFRICAN WORKFORCE.	AGE	PROJECTION (IF NOTHING IS DONE)	
			2005	2010
2001	18.02% HIV positive.	16-59	22.35%	24.08%
2001	0.93% Full blown AIDS.		1.98%	2.91%
2001	235000 New AIDS cases reported.		329000	541000
2001	197000 AIDS orphans were reported.		1000000	2000000
2001	Female's life expectancy estimates.	52	43 years	37 years
2001	Male's life expectancy estimates.	49	43 years	38 years

Source: The Non-Intervention Scenario Projection: Metropolitan Doyle Model-2002

2.4.3.2. Incorporating HIV and AIDS activities to the job descriptions of peer educators.

Based on the Departmental strategic plan and the PSCBC Resolution number 7 of 2002 HIV and AIDS have been recognised as one of the cross cutting function. The Department aligned itself with the said plan and resolution, to ensure effective and efficient execution of the management and coordination of HIV and AIDS activities. These should be integrated in the performance agreement of all the heads of directorates. The clause included in the performance agreement of each senior manager of directorate in the Department reads thus "To manage and coordinate HIV and AIDS related activities within the directorate in conjunction with the Employee Wellness Programme".

The source of support to the line function for the implementation of this programme is presumed to be the responsibility of the manager of the sub-directorate EWP. The performance agreement of senior managers will then inform the job descriptions of other levels within the directorates' structures. For the sake of service rendering the directorates are therefore, to take the implementation process forward, make

employees aware of AIDS and its programmes observe and support national and provincial calendar of events.

The voluntary programme participants, that is, peer educators are encouraged to sign the “pledge form” to indicate their commitment in fully carrying out the relevant responsibilities as stated in the Departmental and its Parastatals HIV/AIDS, STD’s and TB Workplace Policy, (April 8:2002). Finally, all the responsibilities added to their job description. This is an unfortunate effort because of some managers’ attitudes within the Department since most of the employees’ job descriptions are not discussed.

The implementation of the incorporation of the activities into job descriptions of peer educators is perceived as an obstacle. The exercise is not feasible at this level since there are different perceptions about the participation of these employees and indifferent attitudes on the management of the pandemic: AIDS in all workstations. The mindset of the managers and supervisors need to be changed first and offer education in fighting the monster AIDS in the work environment.

2.5. HOW THE DEPARTMENT IMPLEMENTS THE RIGHTS AND LEGAL FRAMEWORK.

Focus is on the studies of the rights and the legal framework that provide the aid for the workplace policy and its programmes. The focus is mainly at the rights of employees in the workplace; how the affected and infected can overcome problems. they often have with the employer and their peer groups. To deal with this problem, the study objectives are on laws and policies put in place to protect employees and imply out their rights, as set out hereunder by the human rights and laws of this country.

2.5.1. THE CONSTITUTION.

The study has explored how the perceptions and attitudes on the management of the pandemic: AIDS have been experienced in many areas, such as mobility and absenteeism, mortality or retirement, employees' morale and rendering of services. The eminence of this study is based on the participation of management and intervention, because without their involvement, AIDS deaths and illnesses translate into lost productivity, increased absenteeism, higher insurance costs for employees and their dependents and additional training and recruitment costs to cover for ill or deceased employees.

The South African Constitution Act, No.108 of 1996 is the supreme law of our country and all other laws must comply with it. The Department workplace policy on the management of HIV and AIDS is presumed to comply with the said Act. Section 23 (1) says, "everyone has the right to fair labour practices". Therefore, it is the duty of the HIV and AIDS coordinator with peer educators to make other employees aware of these laws by conducting presentations, workshoping employees, distributing educational material and disseminating such information. The policy document must comply with the constitution of the country. It is accepted not to hurt some of the employees or to hunt the employees affected or infected but it is to serve as a remedial means to all employees' problems solving.

2.5.2. THE BILL OF RIGHTS.

"The Bill of Rights within the Constitution protects the rights of every person, amongst others; the right to equality, dignity, privacy and fair labour practices". The Department workplace policy on managing HIV and AIDS and its preventative programme of action is based on an understanding of the rights of employees infected and affected by HIV or AIDS.

The general perception is that the employees should be taught their rights and report cases associated with harassment or discrimination by the employer or other employees if they assume they are HIV positive, and had a valid proof that they have been aggrieved. There are several remedial steps as adapted from Willis (2002:69) that should be taken before pursuing legal remedies or formal internal complaints. The steps recommended are not to embarrass victims at the long run and finally should help them win such cases. They should document every incident of suspected discrimination. They should talk with a labour personnel, HIV/AIDS counselor, peer educator or coordinator, or EAP personnel. Talk with an attorney if the matter is 'blown out of proportion' and if no action is taken, contact structures such as support groups or National Network on Violence Against Women (NNVAW), AIDS Helpline, Life Line and National Association of People with AIDS (NAPWA), to discuss your situation.

Other support networks includes, families, friends, work colleagues, medical and paramedical staff, social services or charitable organisations, professional counselors and psychologists, faith communities and special organisations working specifically with HIV/AIDS infected people and their families. The researcher believes that aggrieved employees should be encouraged and urged not to wait too long to confront discrimination.

2.5.3. SOUTH AFRICAN LAWS.

South Africa has a good legislative framework concerning the management of HIV and AIDS in the workplace. The HIV/AIDS coordinators and peer educators should be the custodians and source of such information to Department's employees. The said team needs to interact with the office of Labour Relations concerning understanding, knowledge, interpretation and discussion for such topics to be simple to explain to the employees and make referrals.

2.5.4. LABOUR LEGISLATION.

There are number of labour statutes, which are important such as the Employment Equity Act (Number 55 of 1998), which specifically refers to HIV and AIDS. The Labour Relation Act (Number 66 of 1995) aims at regulating the relationships between employees, trade unions and employers. It also regulates the resolution of disputes between employers and employees and sets out the rights of employees with regard to dismissal.

The rights of employees who have HIV or AIDS are often abused by dismissing employees once they have HIV or AIDS. This is not the case with the Department before and during the research study, as such cases have not been experienced. The Labour Relation Act, states that you can be dismissed if you are not able to work anymore, as long as fair procedures are followed. “These include your employer trying to find you other work to do or changing the work you do so you can do it even though you are sick” (AIDS Law Project, July 2000:6).

2.5.5. COMMON LAW.

Common law protects the personality rights of all employees. These rights include ‘the right to privacy and bodily integrity’. This means that the medical treatment must be carried out with the informed consent of the person concerned and disclosed with their consent. The employer cannot on his own force the employee to provide detailed medical reports, but for the purpose other than this, a medical certificate can suffice.

In terms of privacy, only you can decide who should know the result of your HIV test. The employees do not have to tell the employer their HIV status or anyone if they do not want to disclose. Thus far, the researcher maintains on disclosure of employees

HIV status because of the under mentioned factors discussed in the following sub-heading (item 2.5.6).

2.5.6. TESTING FOR HIV AND AIDS STATUS.

The codes of legislation are clear, obligatory testing for HIV constitutes a breach of confidence and can lead to unfair discrimination, with consequences under the Labour Relation Act (Number 66 of 1995). According to the 'Fact Sheet' by World Health Organization (WHO), "test for HIV detects the presence of antibodies to HIV, not the virus itself". Peer educators in the Department are urged to disseminate such information to peers to encourage them to test their status for HIV antibodies. This healthy exercise will assist the HIV/AIDS coordinator and peer educators to carry on with their prevention, provisioning of care and support programmes and aid the HRM with planning and budgeting for this project.

The sub-directorate EWP and peer educators should be in the position to persuade with confidence employees to attend VCT's services to find out their HIV status. It is professed that if the employees know their HIV status, they will learn to live positively, accessing prevention, care, support at an early stage, and planning for their own, their family's career, and future.

The Department should disseminate HIV and AIDS information to its employees taking an HIV test because they must give the informed consent prior to being tested, however, the employee should be encouraged of shared confidentiality. Shared confidentiality refers to confidentiality that is shared with others. These others might include family members, loved ones, caregivers, and trusted friends. Nevertheless, this shared confidentiality is at the discretion of the employee who will be tested. Here the employee must be well-informed and conscious that the managed supervisor or managers is not her or his psychologist or counselor in order to provide appropriate

care but should as counselors, health and social service workers, need to provide support and care.

Emphasis should be on testing and knowledge about employees' status on AIDS, however the study reveals that stigma and denial surrounding HIV can prevent employees seeking testing and treatment. In terms of Willis R (2002:70), "voluntary testing and counseling therefore needs to be handled with sensibility" but the general perception in the employment perspective, testing and counseling can be effectively used with education, workshops, video presentations, others seeking a healthy lifestyle and who want to be informed in matters of health and keen to learn more.

2.6. CONCLUSION.

The Department has to address the pandemic: AIDS in a compassionate, responsible, and humane manner, because the disease can rob its victims of life, and human contact. The Department is expected to be responsible for making sure employees are treated with respect and dignity in terms of laws and policies spelled out.

The research study has demonstrated how the questions raised in the previous chapter related to salient issues in the management of the pandemic: AIDS can be addressed. How far true is the problem of the statement in terms of the researcher's formulation of hypotheses? The chapter enlightened all employees with their rights, the laws and policies that protect the infected and make the infected sure that they are treated in the same way as anyone who is physically fit to work without fear, prejudice, stigmatisation, discrimination and victimisation. Above all, the Department should maintain confidentiality concerning the health status of its employees. The laws create balance between the rights and responsibilities of all employees and employer in managing the pandemic: AIDS within the Department.

The next chapter documents the design and methodology of the study comprehensively, the number of the target population who completed the questionnaires as opposed to the total number of employees of the Department in the Head Office, Central, Bojanala, Bophirima and Southern regions.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1. INTRODUCTION.

The focus will be on research design, methodological orientation, research parameters within which data was composed, research instruments used as well as sampling design and procedure for data collection analysis. The chapter indicates the type of study and scope within questionnaires distributed and completed by respondents.

3.2. RESEARCH DESIGN.

A research design is defined by Thyer in De Vos(1998:77) as a “blueprint or plan for how a research study is to be conducted-operationalising variables so that they can be measured, selecting a sample of interest to the study; collecting data to be used as a basis for testing hypotheses and analysing the results.” Thus, the research design refers to all of the decisions made about how a research study is to be conducted.

Rubin and Babbie (1993:330) further point that research designs can be classified according to their purpose. The research design used in this study is classified by De Vos (1998) as exploratory, as it seeks to describe a particular phenomenon (perceptions and attitudes towards the management of the pandemic: AIDS in the workplace) thoroughly, the purpose being to develop ideas and theoretical generalisations.

3.3. THE UNIT OF ANALYSIS.

Bless and Higson-Smith (1995:64) define the unit of analysis as “the person or object from whom the social researcher collects data”. Data is collected from the Department’s employees, which is the unit of analysis for this study, the Department as an organisation “with the formal structure a particular kind of social research”, therefore, in this study “questions of interest might relate to proportions of employees from different social groups, organisational”. Bless and Higson-Smith (1995:65) the authors say, “It is very important that the researcher keep the units clearly in mind through the research process. It is often very tempting to draw conclusions about one unit of analysis when in actual fact the research focused on a different one”.

Bless and Higson-Smith(1995:65-66) emphasise, “we should all remember that virtually nothing in the in the world is dependent only upon one of those levels and that in order to be effective in our work we need to consider social reality at many level simultaneously”. Therefore, the researcher is supportive on Bless and Higson-Smith’ statement using the individuals as the unit of analysis in this study, because the research is investigating the Perceptions and Attitudes of Department’s employees towards the Management of HIV/AIDS. The individuals investigated are managers; divisional managers; supervisors and general staff.

3.4. TARGET POPULATION.

Bless and Higson-Smith (1995:87) says, “It is absolutely essential to describe accurately the target population”. The target population specifically comprises of managers, divisional managers, supervisors and other general in the Department. The said population is drawn from all five (5) regions, i.e., Head Office, Central, Bojanala, Bophirima and Southern. The total sample is ninety-six (96) employees and

each five regions consists of twenty (20) target respondents with Southern region having sixteen (16) respondents.

3.5. DATA COLLECTION METHODS.

It was decided that a suitable data collection instrument for this study was individually administered questionnaires. In this case, individual respondents completed a questionnaire on their own. For the purpose of this study, the questionnaires were distributed by the researcher and were completed within a working hour's time. The researcher provided the instrument, where for example a questionnaire with a five (5)-point scale ranging from 'strongly agree' to 'strongly disagree' was used. Data collection was made, to ensure consistency between the variables' workstations, positions and how to avoid researcher bias.

Questionnaires and interviews allowed the researcher to access information that is not directly observable. By talking with employees, one can access their feelings, attitudes and perceptions about the theme. The researcher's questionnaire respondents comprise managers, divisional managers, supervisors and staff, required to complete the structured questionnaires. A questionnaire was developed and sent out to the employees, where after some were posted back while others were collected. Botes (1995:100) says that a questionnaire is one of the most useful instruments in research because the researcher has tangible evidence of the factual situation, and by juxtaposing certain issues, he may be able to draw certain conclusions. The questionnaire requires the respondent's awareness, knowledge, insight, experience and participation as a challenge to the Department HIV/AIDS action plan.

3.6. QUESTIONNAIRE DEVELOPMENT.

The questionnaire included statements on which the respondents were required to provide their opinions using a 5-point scale ranging from 'strongly agree' to 'strongly disagree'. According to de Vos (1988), the basic objective of such a questionnaire is to obtain facts and opinions about a phenomenon from employees who are informed on a particular issue, which in this case is the Management of HIV and AIDS in the workplace.

Interviews were also held. The interviews were aimed at gathering data regarding management processes, activities of the Department and design a suitable questionnaire for the target population.

3.7. PILOT STUDY.

As the pilot study, a small sample was drawn from the target population and three employees were interviewed at Head Office, Bophirima and Bojanala regions. Bynard and Hanekom (1997:40) say, "The need for pre-testing is to remove ambiguous, leading or vague questions" and De Vos (1998) says it is essential that newly constructed questionnaires be pilot-tested before being used in the main investigation. This ensures that errors can be rectified and the necessary modifications can be made before presenting the questionnaire to the full sample. It is hence advisable to test the correctness, relevance and lucidity in a pilot investigation. The pilot was able to indicate that respondents were sensitive to providing their credentials for fear of victimisation as such, a question requiring their qualifications was removed. Some of the questions were ambiguous and were subsequently adjusted.

3.8. SAMPLING.

“A sample is the element of the population considered for actual inclusion in the study”. In other words, we study the sample in order to understand the population from which it comes. This research study therefore studied a sample of Department’s employees consists of managers, divisional manages, supervisors and staff whose ages are between 18 to 56 years and older. This sample was representative of the broader population of Department employees in Head Office, Central, Bojanala, Bophirima and Southern regions. The five regions was investigated because they cover all the Department’s workstations in the North West Province, therefore, the outcome of the research analysis will then reflect the true statistics concerning HIV/AIDS. In this instance, a stratified random sampling with position levels would form the “different groups, called strata, so that each element of the population belongs to one and only one stratum” (Bless and Higson-Smith, 1995:91).

Sampling procedures should meet the criteria of the data collection strategy. In qualitative research, because of the in depth nature of the studies and the analysis of the data required, usually sampling relates to a small, selective sample. This suggests that qualitative research has low population validity. However, the strength of this approach is professed when the sample is well defined for then it can be generalised to a population at large.

The researcher chooses probability sample in order to be able to generalise because each member of the target population has a “known, equal and non-zero chance of being selected in the sample”. The statement means, in the case of probability samples the following conditions should be specified, the size of the population should be known and elements must have a known and equal chance of being included in the sample.

3.9. DATA ANALYSIS.

“When you can measure what you are speaking about and express it in numbers, you know something about it; but when you cannot measure it, your knowledge is of a meager and unsatisfactory kind; it may be the beginning of knowledge, but you have scarcely, in your thoughts, advanced to the stage of science” Lord Kelvin in (Andrews: 1969).

De Vos (1998) describes analysis as a reasoning strategy with the objective of taking a complete whole and resolving it into its parts. Using the research design and methodology describes in this Chapter, it was possible to conduct the research, which rendered the results following in Chapter 4. By means of statistical analysis, the contextual variables and factors relevant to the understanding of pandemic: AIDS were isolated, interpreted and reported. The SPSS data analysis tool was used to analyse the data. Tables, figures or graphs were used to describe the data. The researcher then presented the data (Chapter 4) in an organized manner that permitted conclusion drawing and created the basis for thinking about its meaning in terms of the research question.

3.9.1. DATA.

Botes (1995:96) defines data as “the occurrence of facts in relation to time and date. Whenever statistical analysis is done, certain tendencies can be noticed, conclusions can be drawn and extrapolations can be made”, “The data therefore will be used to describe, explain and predict the results” (Brynard 1997:28). Data in turn is based on facts and can be classified into two kinds, which are quantitative and qualitative data. “Qualitative data and quantitative research go hand in hand” (Bless and Higson-Smith, 1995:99-100). Most of the data gathered will be qualitative in nature and the end results will be presented in the next chapter in tables, figures, charts and graphs.

3.9.2. FREQUENCY ANALYSIS.

The researcher's purpose of using frequency or one-way tables represents the simplest method for analysing categorical data. These frequency tables are often used as the exploratory procedures to review how different categories of values are distributed in the sample (Allan: 1982). For example, in this research project, data was collected by means of questionnaire-instrument. Could be summarised the respondents' perceptions and attitudes towards HIV/AIDS in a frequency table that shows the number, proportion and cumulative proportion of respondents who characterise their interests or concerns in managing HIV/AIDS as either (1) Strongly agree, (2) Agree, (3) Uncertain, (4) Disagree and (5) Strongly disagree.

The researcher's data analysis includes frequency tables, which show the population demographic information; respondents involved in the survey, gender participated, the number of respondents from particular ethnic and racial background and so on. Analysing data set includes categorical information, which the researcher computed and presented in Chapter 4 by means frequency tables.

3.9.3. ANOVA.

ANOVA denotes **Analysis of Variance**. ANOVA is used to test for differences among several sample means. Levin and Rubin (1991:505) say, ANOVA "it is a method an automobile manufacturer might use to evaluate five series of test on the same model." Using ANOVA technique the researcher will be able to make hypothesis about whether his samples are drawn from populations having the same mean (Iverson and Helmut: 1987).

The researcher in Chapter 4 presented results of the ANOVA in an ANOVA table to reflect the independent variable, which is 'Position' of employees. This table contain

'Source' 'DF-for degrees of freedom' 'SS-Sum of Squares' 'Mean Square' 'F or F-value' and 'p, pr, prob, probability'. The only columns for interpretation are the first and the last and the others are used for intermediate computational purposes. The researcher most likely focuses on information presented in the ANOVA table and the value located in the $Pr > F$ (Iverson and Helmut: 1987).

3.9.4. T-TEST.

The technique t-test is used to compare observed, recorded, and measured data that you would expect in terms of numerical value. The t-test is the commonly used method to evaluate the differences in means between two groups. The t-test is used to examine the effects of one independent variables and it is restricted to comparisons of two conditions or groups.

The results of t-test enable the analyser to determine if two means differ significantly. Two basic experimental designs between subject and within-subjects designs can be analysed with t-test.

The researcher used the t-test to examine the differences among more than two sample size and to make assumptions about whether such samples are drawn from populations each having the same proportion. The t-test is the powerful technique to analyse all the data at a time. The t-test is just a special case of ANOVA earlier discussed because if you analyse the means of two groups by ANOVA, your data expected in terms of numerical value (Iverson and Helmut: 1987).

3.10. METHODOLOGY.

3.10.1. SURVEY METHODOLOGY.

The design used in this study is the survey methods on the Perceptions and Attitudes on the Management of HIV and AIDS in the Department. Specifically five regions will be used as units of analysis and that is, Head Office, Central, Bojanala, Bophirima and Southern regions.

Survey is a method employed in this study to interview employees to collect information and a formal questionnaire was used to structure such interviews. Survey is the collection of data on a wide range of investigations of this study, each investigation case of division's being investigated only on a particular aspect under consideration. It does not emphasise the diverse aspects of a single study case but rather the frequency or number of responses to the same statement by different employees. However, the survey is the best method for a certain specific tasks, but not for others. In essence, a survey involves asking a series of formal questions of selected employees, writing down their responses and subsequently analysing them.

A survey aims to give systematic, representative and reliable information about a particular set of people, for example, the research population as tabulated in the next chapter and the research questionnaire forms. If the Member of Executive Council (MEC) for Agriculture, Conservation, Environment and Tourism needs to know about animal stock life threatening diseases in a particular region, then some form of survey will be the preferred method of getting the most reliable answers.

3.10.2. RESEARCH METHODOLOGY.

Rubin and Babbie (1993: 30) explain that there are two research approaches: quantitative methods and qualitative methods. Quantitative methods emphasise the production of precise and generalisable statistical findings. When we want to verify whether a cause produces an effect, we are likely to use quantitative research methods. When we want to emphasise depths of understanding, the attempts to tap the deeper meanings of human experience and that tends to generate theoretically richer observations, which are not easily reduced to numbers, we generally use qualitative methods.

For the purpose of this research project, the researcher has to employ a predominantly quantitative approach (methods) rather than qualitative approach. The quantitative approach will produce numerical and factual data that will provide for a statistical and numerical analysis of the phenomenon of the management of HIV and AIDS, which is being explored in his research study.

3.11. RESPONSE TO THE QUESTIONNAIRE.

The questionnaires were distributed to the respondents from September 2004 and were physically collected after they had been completed to create an opportunity to hold interviews.

3.12. CONCLUSION.

This Chapter focused on the research procedures followed in this study, these included: unit of analysis, target population, data collection method, how questionnaire was developed, the research as a pilot study, what sampling methods were used, data analysis, ANOVA and t-test technique used to compare data

measured in terms of numerical value and the research methods used. The implementation of the said methods led the researcher to obtain data, which will be presented, analysed systematic interpreted and brief discussion of results in the next Chapter 4.

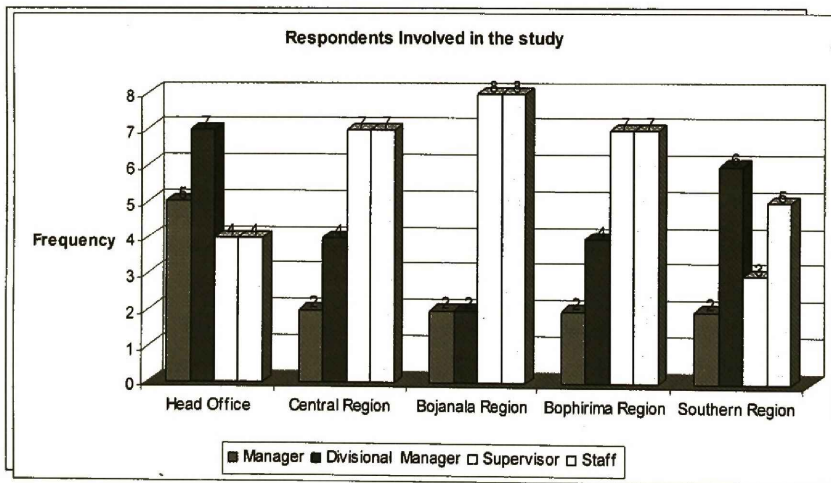
CHAPTER 4

DATA ANALYSIS AND RESULTS

4.1. INTRODUCTION.

This Chapter presents the data and the research findings from the survey research conducted on the Perceptions and Attitudes on the Management of HIV and AIDS in the Department of Agriculture, Conservation, Environment and Tourism of the North West Province in South Africa. A questionnaire was administered to Department staff members in the five workstations namely Head Office, Central, Bojanala, Bophirima and Southern Regions. The total number of respondents was 96, with the other regions having 20 respondents and only Southern Region with 16 respondents. Most of the respondents were either supervisors, 29(30.2%) or were divisional managers, 23(24%). This is illustrated in figure 4.1 below.

Figure 4.1 Respondents involved in the study.



4.2. RELIABILITY ANALYSIS.

It is very important to check for data reliability in social research. If data is found to be unreliable, the research findings become questionable. The Cronbach Alpha (Carmines and Zeller, 1979) test of internal consistency of data is used in this analysis. While some authors argue that a minimum overall value of 0.65 coefficient alpha is an acceptable level of strong internal consistency, others contend a minimum value of 0.70. It is therefore argued that minimum overall coefficient alpha lying within the range 0.65 and 0.70 is indicative of strong internal consistency. Nunnally (1978). As can be seen in table 4.1, the overall coefficient alpha is 0.759278, indicating strong support of internal consistency.

Table 4.1: Reliability Analysis.

Cronbach Coefficient Alpha	
Variables	Alpha
Raw	0.708485
Standardized	0.759278

4.3. DEMOGRAPHIC INFORMATION.

The demographic information' variables as captured have likely had most bearings in the data analysis and the results, because the demographics inform the researchers of the categories or the type of the population they are investigating. Therefore, the outcomes of this study provide the true picture of the data collected and computed as compared to respondents' frequency distribution in table 4.2. For instance, the demographic information illustrates that it is the married female-employees who are enthusiastic on the HIV/AIDS activities and support the launching of support and care programme.

Figure 4.2 Demographic Variables.

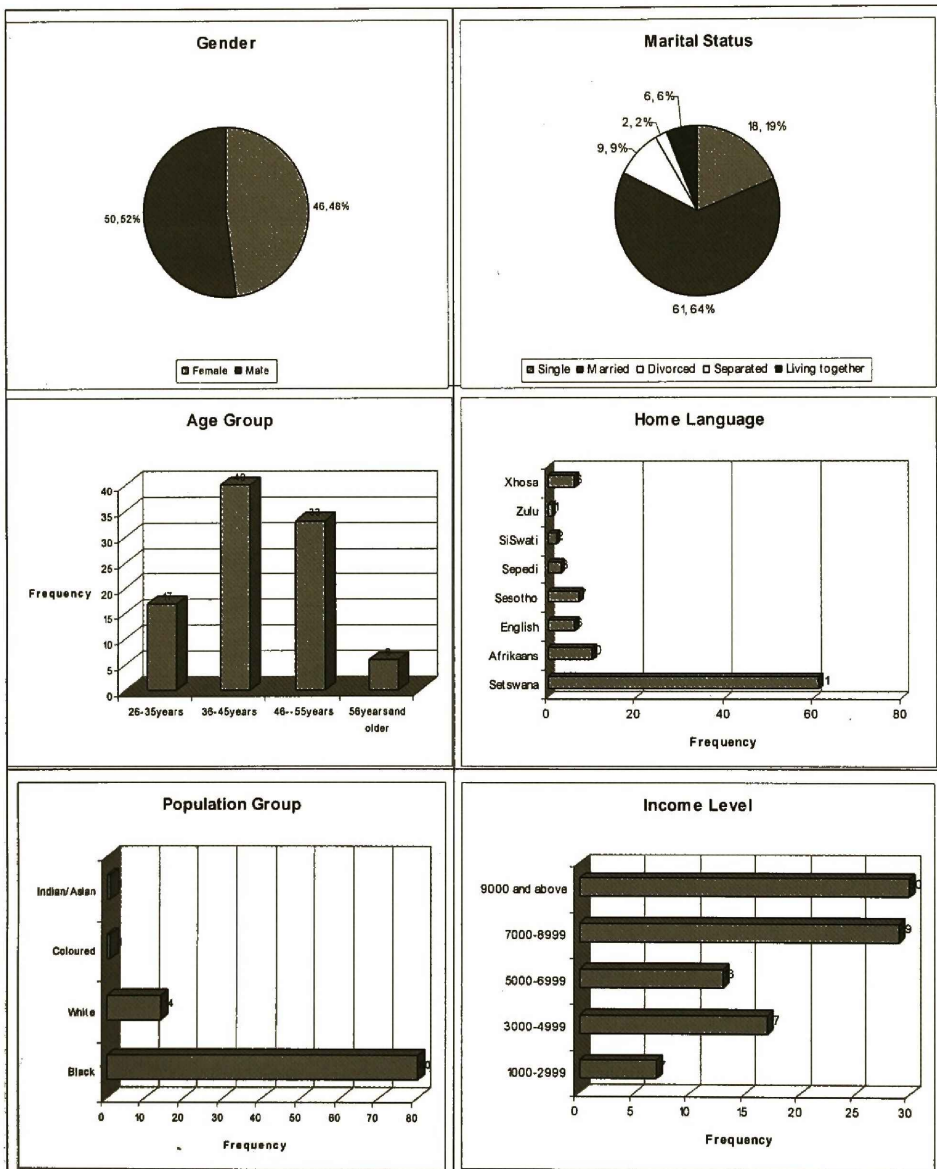


Table4.2 Respondent's Frequency distribution.

Demographic Variable	Categories	Frequency	Percentage
Gender	Male	50	52%
	Female	46	48%
Marital Status	Single	18	18.9%
	Married	61	63.5%
	Divorced	9	9.4%
	Separated	2	2.1%
	Living Together	6	6.3%
Home Language	Setswana	61	63.5%
	English	6	6.3%
	Afrikaans	10	10.4%
	Sesotho	7	7.3%
	Sepedi	3	3.1%
	SiSwati	2	2.1%
	Zulu	1	1%
Age Group	Xhosa	6	6.3%
	26-35years	17	17.7%
	36-45years	40	41.8%
	46-55years	33	34.3%
	55years and older	6	6.3%
Population Group	Black	80	83.3%
	White	14	14.6%
	Coloured	1	1.04%
	Indian/Asian	1	1.04%
Income level per month	1000-2999	7	7.3%
	3000-4999	17	17.7%
	5000-6999	13	13.5%
	7000-8999	29	30.2%
	9000 and above	30	31.3%

4.3.1. GENDER.

The majority 50 (52.1%) of the 96 respondents are male and only 46 (47.9%) are female as seen from figure 4.2 above.

4.3.2. MARITAL STATUS.

From figure 4.2 and table 4.2 above most 61(63.5%) of the respondents are married and only a very small proportion 2(2.1%) are separated.

4.3.3. AGE GROUP.

The youngest respondents was between the ages 26-36 years 17(17.7%) and the oldest were above 56 years 6(6.3%). The average age of the respondents was between the ages 46-55 years 33(34.3%). It is important to note the missing ages of 18- 25 years as figure 4.2 therefore reflects only 26-56 years and older respondents who answered the questionnaire.

4.3.4. HOME LANGUAGE.

The majority of respondents are Setswana speaking 61(63.5%), with 3(3.1%) Sepedi, 2(2.1%) SiSwati, 1(1.04%) Isi-Zulu and 6(6.25%) Isi-Xhosa speaking. With regard to the population group most of the respondents are black 80 (83.3%), Whites make up 14(14.6%), Coloureds and Indians make up 1(1.04%).

4.3.5. POPULATION GROUP.

The majority of the respondents are Blacks 80(83.3%), with Whites 14(14.6%) Coloureds 1(1.04%) and Indians 1(1.04%).

4.3.6. INCOME LEVEL PER MONTH.

The study also revealed that most 59(61.5%) of the respondents receive incomes of more than R7000 while 41(38.5%) receive less.

Table 4.3: Cross Tabulation of workstations and the Department tackles HIV/AIDS as a business.

The FREQ Procedure						
Table of QAQ1 by QBQ1						
QAQ1(Workstation)	QBQ1(The Department tackles HIV/AIDS as a business)					
Frequency Percent Row Pct Col Pct	Strongly, Agree	Agree	Uncertain	Disagree	Strongly, Disagree	Total
Head Office	3	12	3	1	1	20
	3.13	12.50	3.13	1.04	1.04	20.83
	15.00	60.00	15.00	5.00	5.00	
	30.00	27.91	10.34	10.00	25.00	
Central Region	3	9	5	2	1	20
	3.13	9.38	5.21	2.08	1.04	20.83
	15.00	45.00	25.00	10.00	5.00	
	30.00	20.93	17.24	20.00	25.00	
Bojanala Region	2	9	4	4	1	20
	2.08	9.38	4.17	4.17	1.04	20.83
	10.00	45.00	20.00	20.00	5.00	
	20.00	20.93	13.79	40.00	25.00	
Bophirima Region	2	5	12	1	0	20
	2.08	5.21	12.50	1.04	0.00	20.83
	10.00	25.00	60.00	5.00	0.00	
	20.00	11.63	41.38	10.00	0.00	
Southern Region	0	8	5	2	1	16
	0.00	8.33	5.21	2.08	1.04	16.67
	0.00	50.00	31.25	12.50	6.25	
	0.00	18.60	17.24	20.00	25.00	
Total	10	43	29	10	4	96
	10.42	44.79	30.21	10.42	4.17	100.00
Statistics for Table of QAQ1 by QBQ1						
Statistic	DF	Value	Prob			
Chi-Square	16	17.7018	0.3416			
Likelihood Ratio Chi-Square	16	19.3306	0.2519			
Mantel-Haenszel Chi-Square	1	2.6618	0.1028			
Phi Coefficient		0.4294				
Contingency Coefficient		0.3946				
Cramer's V		0.2147				

From table 4.3 above 15(15.6%) of the respondents who were from the Head Office 12(12.4%), from Central 11(11.4%), from Bojanala 7(7.2%), from Bophirima and from the Southern region 8(8.3%) agreed that the Department tackles HIV/AIDS as a business. There is no significant difference between employees with regard to tackling the pandemic: AIDS in the five regions since the prob-value of the chi-square value's < 0.05 or 5%. Table 4.3 represents a cross tabulation between the five-workstations and the responses to questionnaire's statement (QBQ1), in which

significant differences were not found. All five workstations validate that the Department tackles the pandemic: AIDS as a business.

Table 4.4: Cross Tabulation of Position and the Department tackles HIV/AIDS as a business.

Table of QAQ2 by QBQ1						
QAQ2(Position)	QBQ1(The Department tackles HIV/AIDS as a business)					
Frequency Percent Row Pct Col Pct	Strongly, Agree	Agree	Uncertain	Disagree	Strongly Disagree	Total
Manager	2 2.08 15.38 20.00	8 8.33 61.54 18.60	2 2.08 15.38 6.90	1 1.04 7.69 10.00	0 0.00 0.00 0.00	13 13.54
Divisional Manager	3 3.13 13.04 30.00	12 12.50 52.17 27.91	3 3.13 13.04 10.34	4 4.17 17.39 40.00	1 1.04 4.35 25.00	23 23.96
Supervisor	0 0.00 0.00 0.00	15 15.63 51.72 34.88	9 9.38 31.03 31.03	4 4.17 13.79 40.00	1 1.04 3.45 25.00	29 30.21
Staff	5 5.21 16.13 50.00	8 8.33 25.81 18.60	15 15.63 48.39 51.72	1 1.04 3.23 10.00	2 2.08 6.45 50.00	31 32.29
Total	10 10.42	43 44.79	29 30.21	10 10.42	4 4.17	96 100.00
Statistics for Table of QAQ2 by QBQ1						
Statistic	DF		Value		Prob	
Chi-Square	12		18.9294		0.0902	
Likelihood Ratio Chi-Square	12		23.2521		0.0257	
Mantel-Haenszel Chi-Square	1		1.6619		0.1973	
Phi Coefficient			0.4441			
Contingency Coefficient			0.4058			
Cramer's V			0.2564			

From table 4.4 above, of those respondents who agreed that the Department tackles HIV/AIDS as a business, 8(8.3%) were managers, 12(12.5%) divisional managers, 15(15.6%) were supervisors and 8(8.3%) were general staff members. There is no significant difference amongst the positions of the employees, whether they regard HIV/AIDS as a business, since the prob-value of the chi-square value's < 0.05 or 5%. Table 4.4 represents a cross tabulation between the employees-positions and the responses to questionnaire's statement (QBQ1), in which significant differences were not found in their responses to this particular questionnaire statement. Irrespective of

employees positions they all harmonize with the statement that the Department tackles HIV/AIDS as a business.

Table 4.5: Cross Tabulation of Population Group and the Department tackles HIV/AIDS as a business.

Table of QAQ7 by QBQ1						
QAQ7(Population Group)						
QBQ1(The Department tackles HIV/AIDS as a business)						
Frequency Row Pct Col Pct	Strongly, Agree	Agree	Uncertain	Disagree	Strongly Disagree	Total
Black	9 9.38 11.25 90.00	37 38.54 46.25 86.05	24 25.00 30.00 82.76	7 7.29 8.75 70.00	3 3.13 3.75 75.00	80 83.33
White	1 1.04 7.14 10.00	5 5.21 35.71 11.63	4 4.17 28.57 13.79	3 3.13 21.43 30.00	1 1.04 7.14 25.00	14 14.58
Coloured	0 0.00 0.00 0.00	1 1.04 100.00 2.33	0 0.00 0.00 0.00	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 1.04
Indian/Asian	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 1.04 100.00 3.45	0 0.00 0.00 0.00	0 0.00 0.00 0.00	1 1.04
Total	10 10.42	43 44.79	29 30.21	10 10.42	4 4.17	96 100.00
Statistics for Table of QAQ7 by QBQ1						
Statistic	DF		Value		Prob	
Chi-Square	12		6.2234		0.9044	
Likelihood Ratio Chi-Square	12		6.2922		0.9006	
Mantel-Haenszel Chi-Square	1		1.1194		0.2901	
Phi Coefficient			0.2546			
Contingency Coefficient			0.2467			
Cramer's V			0.1470			

From table 4.5 above of those respondents who agreed that the Department tackles HIV/AIDS as a business, 37(38.4%) were Black, 5(5.21%) were White and 1(1.04%) were Coloured. There is no significant difference between the population groups of the employees regarding their attitudes towards HIV/AIDS as a business since the prob-value of the chi-square value's < 0.05 or 5%. Table 4.5 represents a cross tabulation between the population group and the responses to questionnaire's statement (QBQ1), in which significant differences were not found. It can be

witnessed by all population groups within the Department that the Department tackles HIV/AIDS as a business.

Table 4.6: Cross Tabulation of Work Station and the HRM has increased HIV/AIDS awareness in the Department.

Table of QAQ1 by QBQ2						
QAQ1(Workstation)	QBQ2(The HRM has increased awareness in the Department)					
Frequency Percent Row Pct Col Pct	Strongly, Agree	Agree	Uncertain	Disagree	Strongly Disagree	Total
Head Office	1	10	7	1	1	20
	1.04	10.42	7.29	1.04	1.04	20.83
	5.00	50.00	35.00	5.00	5.00	
	16.67	24.39	17.95	11.11	100.00	
Central Region	2	11	5	2	0	20
	2.08	11.46	5.21	2.08	0.00	20.83
	10.00	55.00	25.00	10.00	0.00	
	33.33	26.83	12.82	22.22	0.00	
Bojanala Region	1	5	10	4	0	20
	1.04	5.21	10.42	4.17	0.00	20.83
	5.00	25.00	50.00	20.00	0.00	
	16.67	12.20	25.64	44.44	0.00	
Bophirima Region	1	10	9	0	0	20
	1.04	10.42	9.38	0.00	0.00	20.83
	5.00	50.00	45.00	0.00	0.00	
	16.67	24.39	23.08	0.00	0.00	
Southern Region	1	5	8	2	0	16
	1.04	5.21	8.33	2.08	0.00	16.67
	6.25	31.25	50.00	12.50	0.00	
	16.67	12.20	20.51	22.22	0.00	
Total	6	41	39	9	1	96
	6.25	42.71	40.63	9.38	1.04	100.00
Statistics for Table of QAQ1 by QBQ2						
Statistic	DF	Value	Prob			
Chi-Square	16	14.6633	0.5494			
Likelihood Ratio Chi-Square	16	15.6569	0.4772			
Mantel-Haenszel Chi-Square	1	0.2629	0.6081			
Phi Coefficient		0.3908				
Contingency Coefficient		0.3640				
Cramer's V		0.195				

From table 4.6 above of those respondents who agreed that the HRM has increased awareness in the Department, 10(10.4%) were from Head Office, 11(11.5%) were from Central Region, 5(5.21%) were from Bojanala Region, 10(10.4%) were from Bophirima Region and 5(5.21%) were Southern Region. There is no significant difference between the employees with respect to HIV/AIDS awareness, in workstations since the prob-value of the chi-square value's < 0.05 or 5%.

Table 4.6 represents a cross tabulation between the five-workstations and the responses to questionnaire's statement (QBQ2), in which significant differences were not found. It can be concluded that the HRM has played its role and exposed its responsibilities by increasing awareness of the pandemic: AIDS amongst its employees in all five workstations.

Table 4.7: Cross Tabulation of Position and the HRM has increased awareness in the Department.

Table of QAQ2 by QBQ2						
QAQ2(Position)	QBQ2(The HRM has increased awareness in the Department)					
Frequency Row Pct Col Pct	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Total
Manager	0	7	5	1	0	13
	0.00	7.29	5.21	1.04	0.00	13.54
	0.00	53.85	38.46	7.69	0.00	
	0.00	17.07	12.82	11.11	0.00	
Divisional Manager	2	9	8	4	0	23
	2.08	9.38	8.33	4.17	0.00	23.96
	8.70	39.13	34.78	17.39	0.00	
	33.33	21.95	20.51	44.44	0.00	
Supervisor	3	10	11	4	1	29
	3.13	10.42	11.46	4.17	1.04	30.21
	10.34	34.48	37.93	13.79	3.45	
	50.00	24.39	28.21	44.44	100.00	
Staff	1	15	15	0	0	31
	1.04	15.63	15.63	0.00	0.00	32.29
	3.23	48.39	48.39	0.00	0.00	
	16.67	36.59	38.46	0.00	0.00	
Total	6	41	39	9	1	96
	6.25	42.71	40.63	9.38	1.04	100.00
Statistic	Statistics for Table		of QAQ2	by QBQ2	Value	Prob
Chi-Square			12	11.5603	0.4816	
Likelihood Ratio Chi-Square			12	14.8928	0.2474	
Mantel-Haenszel Chi-Square			1	0.2331	0.6292	
Phi Coefficient				0.3470		
Contingency Coefficient				0.3278		
Cramer's V				0.2003		

From table 4.7 above of those respondents who agreed that the HRM has increased the awareness in the Department, 7(7.3%) were managers, 9(9.38%) divisional managers, 10(10.4%) were supervisors and 15(15.6%) were general staff members. There is no significant difference between the positions of the employees with regard to HIV/AIDS awareness since the prob-value of the chi-square value's < 0.05 or 5%. Table 4.7 represents a cross tabulation between the employees-positions and the responses to questionnaire's statement (QBQ2), in which significant differences were

not found. Irrespective of employees positions they all harmonize with the statement that the HRM has increased awareness of the pandemic: AIDS in the Department.

4.4. THE INTERGRATION OF THE MANAGEMENT OF HIV/AIDS INTO DEPARTMENTAL SERVICE RENDERING.

This section contained five (5) statements and respondents were supposed to indicate the extent to which they agree with the statement that the Department is integrating HIV/AIDS management into its service delivery.

Table 4.8: The integration of the Management of HIV/AIDS into Departmental service rendering.

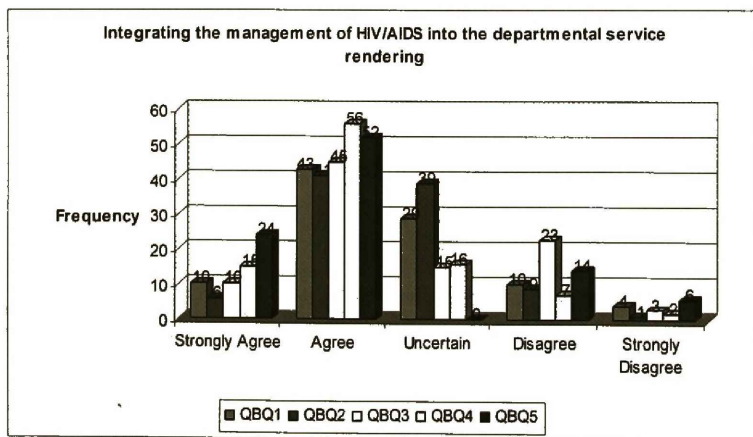
<u>Variable</u>	<u>Categories</u>	<u>Frequency</u>	<u>Percentage</u>
QBQ1 = 'The Department tackle HIV/AIDS as a business'	Strongly agree	10	10.4
	Agree	43	44.7
	Uncertain	29	30.2
	Disagree	10	10.4
	Strongly Disagree	4	4.2
QBQ2 = 'The HRM has increased awareness in the Department'	Strongly agree	6	6.25
	Agree	41	42.7
	Uncertain	39	40.6
	Disagree	9	9.4
	Strongly Disagree	1	1.04
QBQ3 = 'Managing the health of employees is the Department business'	Strongly agree	10	10.4
	Agree	45	46.9
	Uncertain	15	15.6
	Disagree	23	24
	Strongly Disagree	3	3.1
QBQ4= 'Department acts proactively with its staff and peer educators in order to disseminate information about AIDS'	Strongly agree	15	15.6
	Agree	56	58.3
	Uncertain	16	16.7
	Disagree	7	7.3
	Strongly Disagree	2	2.1

QBQ5 = 'Management of HIV/AIDS is a responsibility of the Department just like the other HR issues'	Strongly agree	24	25
	Agree	52	54.2
	Uncertain	0	0
	Disagree	14	14.6
	Strongly Disagree	6	6.3

From table 4.8 and figure 4.3, we can see that the overall responses indicate a sound integration of the management of HIV/AIDS into the departmental service rendering, with the majority of respondents choosing both the 'Strongly agree' and 'Agree' options.

The results indicate that 41(42.7%) respondents are of the view that the HRM has increased awareness about HIV/AIDS in the Department. On the other hand, 45(46.9%) respondents maintain that managing the health of employees becomes a business issue in the Department. It can be concluded that the respondents have a high level of HIV/AIDS awareness, which means they have knowledge, which can help shape their behavior regarding HIV/AIDS.

Figure 4.3: The integration of the management of HIV/AIDS into departmental service rendering.



4.4.1. T-TESTS.

The t-test results reported in table 4.9, show that both female and male respondents do not differ significantly in their perceptions towards the integration of the management of HIV/AIDS and departmental service rendering, since the prob-values of the t-statistics are all greater than 5%=0.05. Female respondents have a mean of 2.63 while male respondents have a lower mean of 2.44 regarding their perceptions of the integration.

Table 4.9: T-Tests.

The T-TEST Procedure									
Variable	QAQ3	N	Lower CL Mean	Mean	Upper CL Mean	Lower CL Std Dev	Std Dev	Upper CL Std Dev	Std Err
QBQ1	Female	46	2.348	2.6304	2.9129	0.789	0.9512	1.1981	0.1403
QBQ1	Male	50	2.1637	2.44	2.7163	0.8122	0.9723	1.2116	0.1375
QBQ1	Diff (1-2)		-0.2	0.1904	0.5808	0.8422	0.9623	1.1226	0.1966
QBQ2	Female	46	2.2814	2.5217	2.7621	0.6713	0.8094	1.0194	0.1193
QBQ2	Male	50	2.3776	2.6	2.8224	0.6536	0.7825	0.9751	0.1107
QBQ2	Diff (1-2)		-0.401	-0.078	0.2444	0.6962	0.7955	0.928	0.1625
QBQ3	Female	46	2.3707	2.7174	3.0641	0.9683	1.1674	1.4704	0.1721
QBQ3	Male	50	2.2694	2.54	2.8106	0.7953	0.9521	1.1865	0.1346
QBQ3	Diff (1-2)		-0.253	0.1774	0.6076	0.9283	1.0606	1.2374	0.2167
QBQ4	Female	46	2.0735	2.3696	2.6656	0.8268	0.9969	1.2556	0.147
QBQ4	Male	50	1.8743	2.08	2.2857	0.6047	0.7239	0.9021	0.1024
QBQ4	Diff (1-2)		-0.061	0.2896	0.6406	0.7574	0.8654	1.0096	0.1768
QBQ5	Female	46	1.8414	2.1087	2.376	0.7466	0.9001	1.1337	0.1327
QBQ5	Male	50	1.7377	1.94	2.1423	0.5945	0.7117	0.8869	0.1007
QBQ5	Diff (1-2)		-0.159	0.1687	0.4962	0.7066	0.8074	0.9419	0.165

Variable	Method	T-Tests Variances	DF	t value	Pr > t
QBQ1	Pooled	Equal	94	0.97	0.3352
QBQ1	Satterthwaite	Unequal	93.6	0.97	0.3348
QBQ2	Pooled	Equal	94	-0.48	0.6312
QBQ2	Satterthwaite	Unequal	92.7	-0.48	0.6317
QBQ3	Pooled	Equal	94	0.82	0.4151
QBQ3	Satterthwaite	Unequal	87	0.81	0.4192
QBQ4	Pooled	Equal	94	1.64	0.1048
QBQ4	Satterthwaite	Unequal	81.6	1.62	0.1098
QBQ5	Pooled	Equal	94	1.02	0.3091
QBQ5	Satterthwaite	Unequal	85.6	1.01	0.3140

Equality of Variances					
Variable	Method	Num DF	Den DF	F Value	Pr > F
QBQ1	Folded F	49	45	1.04	0.8848
QBQ2	Folded F	45	49	1.07	0.8145
QBQ3	Folded F	45	49	1.50	0.1639
QBQ4	Folded F	45	49	1.90	0.0296
QBQ5	Folded F	45	49	1.60	0.1092

Table 4.10: List of variables

QBQ1 = 'The Department tackle HIV/AIDS as a business'
QBQ2 = 'The HRM has increased awareness in the Department'
QBQ3 = 'Managing the health of employees is the Department business issue'
QBQ4 = 'Department acts proactively with its staff and peer educators in order to disseminate information about the AIDS'
QBQ5 = 'Management of HIV/AIDS a responsibility of the Department just like the other HR issues'

4.5. DEPARTMENTAL HIV/AIDS PREVENTION PROGRAMME.

In this section, focus is on the extent to which the Department is engaged in preventive measures within the workplace. This section contained eight (8) statements and respondents were supposed to indicate the extent to which they agreed with the statement regarding the Department's HIV/AIDS prevention programme.

Table 4.11: Departmental HIV/AIDS Prevention Programme

<u>Variable</u>	<u>Categories</u>	<u>Frequency</u>	<u>Percentage</u>
QBQ6 = 'All stakeholders are involved in the implementation of the Department's HIV/AIDS programme'	Strongly agree	5	5.2
	Agree	27	28.1
	Uncertain	39	40.6
	Disagree	22	22.9
	Strongly Disagree	3	3.1
QBQ7 = 'The prevention programme in place is implemented as agreed in terms of DPSA standards'	Strongly agree	6	6.3
	Agree	43	44.8
	Uncertain	42	43.8
	Disagree	5	5.2
	Strongly Disagree	0	0
QBQ8 = 'Department conducts workshops, formal presentations and informal discussions'	Strongly agree	11	11.5
	Agree	59	61.5
	Uncertain	10	10.4
	Disagree	15	15.6
	Strongly Disagree	1	1.04

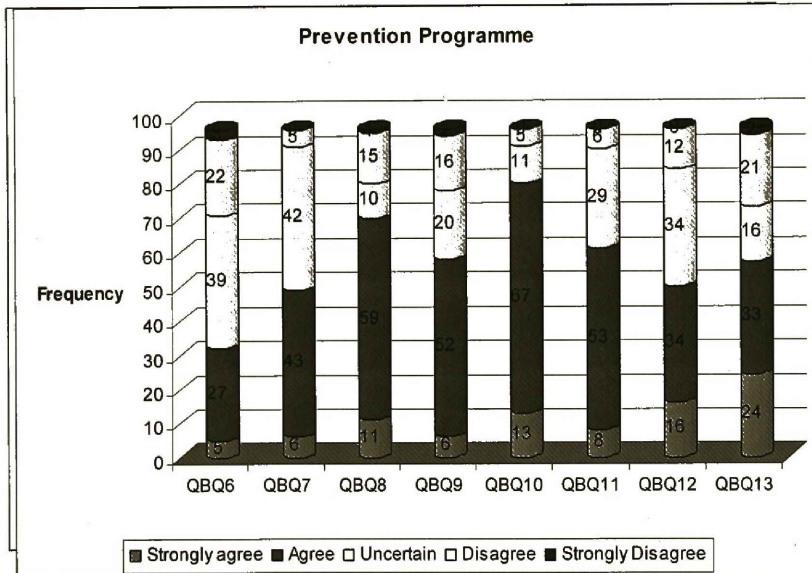
QBQ9 = 'The Department is mobilizing and supporting HIV/Aids coordinators'	Strongly agree	6	6.3
	Agree	52	54.2
	Uncertain	20	20.8
	Disagree	16	16.7
	Strongly Disagree	2	2.1
QBQ10 = 'The Department observes events related to HIV/AIDS prevention'	Strongly agree	13	13.5
	Agree	67	69.8
	Uncertain	11	11.5
	Disagree	5	5.2
	Strongly Disagree	0	0
QBQ11 = 'World AIDS Day helped employees gain information on HIV/AIDS prevention'	Strongly agree	8	8.3
	Agree	53	55.2
	Uncertain	29	30.2
	Disagree	6	6.3
	Strongly Disagree	0	0
QBQ12 = 'Decrease in the number of peer educators has a negative impact'	Strongly agree	16	16.7
	Agree	34	35.4
	Uncertain	34	35.4
	Disagree	12	12.5
	Strongly Disagree	0	0
QBQ13 = 'Lack of support by managers and supervisors to subordinates involved in HIV/AIDS programmes'	Strongly agree	24	25
	Agree	33	34.4
	Uncertain	16	16.7
	Disagree	21	21.9
	Strongly Disagree	2	2.1

Table 4.12: List of variables

QBQ6 = 'All stakeholders are involved in the implementation of the Department's HIV/AIDS programme'
QBQ7 = 'The prevention programme in place is implemented as agreed in terms of DPSA standards'
QBQ8 = 'Department conducts workshops, formal presentations and informal discussions'
QBQ9 = 'The Department is mobilising and supporting HIV/AIDS coordinators'
QBQ10 = 'The Department observes events related to HIV/AIDS prevention'

QBQ11 = 'World AIDS Day helped employees gain information on HIV/AIDS prevention'
 QBQ12 = 'Decrease in the number of peer educators has a negative impact'
 QBQ13 = 'Lack of support by managers and supervisors to subordinates involved in HIV/AIDS programmes'

Figure 4.4: Departmental HIV/AIDS Prevention Programme



From table 4.11 and figure 4.4, we can see that the overall responses indicate that respondents are aware the Department's HIV/AIDS prevention programme as the majority chose both the 'Strongly agree' and 'Agree' options. It can be concluded from the statistical analysis results; that all stakeholders involved in the HIV/AIDS implementation programme 32(33, 3%). HIV/AIDS prevention programme is in place 49(60%). The Department conducts workshops, discussions 70(73%). Support of coordinators and peer educators 58(60.4%). Providing information during 'Worlds Aids Day' 80(83.3%). Decrease in peer educators has negative impact on HIV/AIDS

prevention programme 50(52.1%) and lack of support amongst managers, supervisors and subordinates 57(59.4%).

The results above indicate that there is a high level of satisfaction by the respondents about the prevention programme in place. Workshops, formal presentations and informal presentations are the main source of information.

4.5.1. T-TESTS.

The t-test results reported in table 4.13, show that both female and male respondents do not differ significantly in their perceptions towards the effectiveness of the prevention programme since the prob-values of the t-statistics are all greater than 5%=0.05.

Table 4.13: T-Tests

Statistics									
Variable	QAQ3	N	Lower CL Mean	Mean	Upper CL Mean	Lower CL Std Dev	Std Dev	Upper CL Std Dev	Std Err
QBQ6	Female	46	2.6768	2.9565	3.2362	0.7812	0.9418	1.1862	0.1389
QBQ6	Male	50	2.6032	2.86	3.1168	0.7549	0.9037	1.1262	0.1278
QBQ6	Diff (1-2)		-0.278	0.0965	0.4706	0.8071	0.9221	1.0758	0.1884
QBQ7	Female	46	2.2731	2.4783	2.6834	0.573	0.6909	0.8702	0.1019
QBQ7	Male	50	2.2791	2.48	2.6809	0.5904	0.7068	0.8808	0.1
QBQ7	Diff (1-2)		-0.285	-0.002	0.2819	0.612	0.6992	0.8157	0.1429
QBQ8	Female	46	2.1177	2.4348	2.7519	0.8856	1.0678	1.3449	0.1574
QBQ8	Male	50	2.0286	2.24	2.4514	0.6215	0.744	0.9271	0.1052
QBQ8	Diff (1-2)		-0.176	0.1948	0.5653	0.7994	0.9134	1.0656	0.1866
QBQ9	Female	46	2.4426	2.7391	3.0357	0.8282	0.9985	1.2577	0.1472
QBQ9	Male	50	2.1321	2.36	2.5879	0.67	0.802	0.9994	0.1134
QBQ9	Diff (1-2)		0.0135	0.3791	0.7448	0.789	0.9015	1.0517	0.1842
QBQ10	Female	46	1.9265	2.1304	2.3343	0.5695	0.6867	0.8649	0.1012
QBQ10	Male	50	1.8499	2.04	2.2301	0.5387	0.6688	0.8335	0.0946
QBQ10	Diff (1-2)		-0.184	0.0904	0.3652	0.5929	0.6774	0.7903	0.1384
QBQ11	Female	46	2.2334	2.4565	2.6797	0.6233	0.7515	0.9465	0.1108
QBQ11	Male	50	2.0448	2.24	2.4352	0.5738	0.6869	0.856	0.0971
QBQ11	Diff (1-2)		-0.075	0.2165	0.508	0.6289	0.7185	0.8383	0.1468
QBQ12	Female	46	2.1932	2.4783	2.7634	0.7963	0.9601	1.2092	0.1416
QBQ12	Male	50	2.1497	2.4	2.6503	0.7356	0.8806	1.0974	0.1245
QBQ12	Diff (1-2)		-0.295	0.0783	0.4513	0.8048	0.9195	1.0727	0.1879
QBQ13	Female	46	1.9593	2.2826	2.6059	0.9029	1.0886	1.3711	0.1605
QBQ13	Male	50	2.1993	2.54	2.8007	1.0014	1.1988	1.4939	0.1695
QBQ13	Diff (1-2)		-0.723	-0.257	0.208	1.0042	1.1474	1.3385	0.2344

		T-Tests			
Variable	Method	Variances	DF	t Value	Pr > t
QBQ6	Pooled	Equal	94	0.51	0.6096
QBQ6	Satterthwaite	Unequal	92.5	0.51	0.6103
QBQ7	Pooled	Equal	94	-0.01	0.9903
QBQ7	Satterthwaite	Unequal	93.6	-0.01	0.9903
QBQ8	Pooled	Equal	94	1.04	0.2993
QBQ8	Satterthwaite	Unequal	79.6	1.03	0.3067
QBQ9	Pooled	Equal	94	2.06	0.0423
QBQ9	Satterthwaite	Unequal	86.3	2.04	0.0444
QBQ10	Pooled	Equal	94	0.65	0.5151

QBQ10	Satterthwaite	Unequal	92.9	0.65	0.5156
QBQ11	Pooled	Equal	94	1.47	0.1436
QBQ11	Satterthwaite	Unequal	91.3	1.47	0.1452
QBQ12	Pooled	Equal	94	0.42	0.6779
QBQ12	Satterthwaite	Unequal	91.4	0.42	0.6791
QBQ13	Pooled	Equal	94	-1.10	0.2750
QBQ13	Satterthwaite	Unequal	94	-1.10	0.2731

Equality of Variances						
Variable	Method	Num DF	Den DF	F Value	Pr > F	
QBQ6	Folded F	45	49	1.09	0.7754	
QBQ7	Folded F	49	45	1.05	0.8797	
QBQ8	Folded F	45	49	2.06	0.0142	
QBQ9	Folded F	45	49	1.55	0.1347	
QBQ10	Folded F	45	49	1.05	0.8545	
QBQ11	Folded F	45	49	1.20	0.5374	
QBQ12	Folded F	45	49	1.19	0.5532	
QBQ13	Folded F	49	45	1.21	0.5147	

Table 4.14: List of variables

QBQ6	= 'All stakeholders are involved in the implementation of the Department's HIV/AIDS programme'
QBQ7	= 'The HIV/AIDS prevention programme in place is implemented as agreed in terms of DPSA standards'
QBQ8	= 'Department conducts workshops, formal presentations and informal discussions'
QBQ9	= 'The Department is mobilising and supporting HIV/AIDS coordinators'
QBQ10	= 'The Department observes events related to HIV/AIDS prevention'
QBQ11	= 'World AIDS Day helped employees gain information on HIV/AIDS prevention'
QBQ12	= 'Decrease in the number of peer educators has a negative impact'
QBQ13	= 'Lack of support by managers and supervisors to subordinates involved in HIV/AIDS programmes'

4.6. PROVISION OF CARE AND SUPPORT INTO HIV/AIDS PROGRAMME.

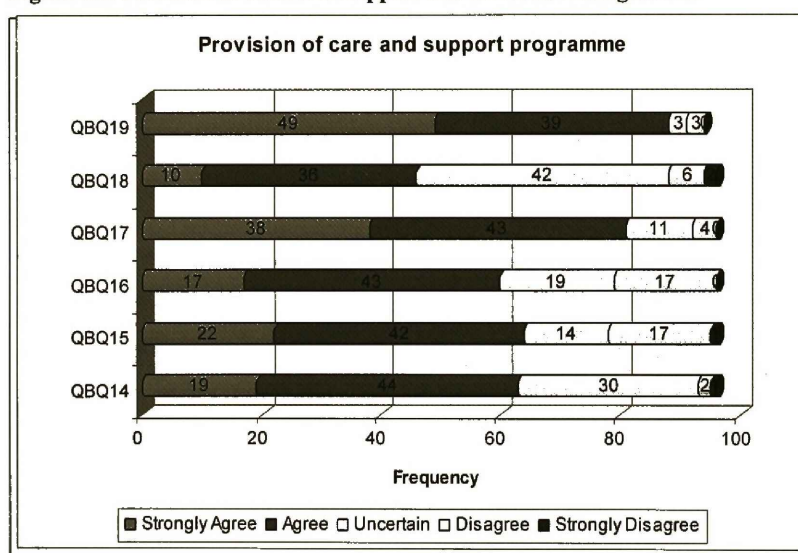
This section contained six (6) statements and respondents were supposed to indicate the extent to which they agreed with the statement regarding the Departments' provision of care and support in their HIV/AIDS programme.

Table 4.15: Provision of Care and Support in HIV/AIDS Programme

<u>Variable</u>	<u>Categories</u>	<u>Frequency</u>	<u>Percentage</u>
QBQ14 = 'HRM not ready to provide VCT services due to stigmatization and confidentiality'	Strongly agree	19	19.8
	Agree	44	45.8
	Uncertain	30	31.3
	Disagree	2	2.1
	Strongly Disagree	1	1.04
QBQ15 = 'Lack of training of employees in First Aid'	Strongly agree	22	22.9
	Agree	42	43.8
	Uncertain	14	14.6
	Disagree	17	17.7
	Strongly Disagree	1	1.04
QBQ16 = 'Lack of caring, supportive and committed peer educators'	Strongly agree	17	17.7
	Agree	43	44.8
	Uncertain	19	19.8
	Disagree	17	17.7
	Strongly Disagree	0	0
QBQ17 = 'If employees know their HIV status, they will live positively, access prevention and care at an early stage'	Strongly agree	38	39.6
	Agree	43	44.8
	Uncertain	11	11.5
	Disagree	4	4.2
	Strongly Disagree	0	0
QBQ18 = 'Moral of infected employees very low'	Strongly agree	10	10.4
	Agree	36	37.5
	Uncertain	42	43.8
	Disagree	6	6.3
	Strongly Disagree	2	2.1

QBQ19 = 'Care and support programmes to be introduced at the workplace'	Strongly agree	49	51
	Agree	39	40.6
	Uncertain	3	3.1
	Disagree	3	5.2
	Strongly Disagree	0	0

Figure 4.5: Provision of Care and Support into HIV/AIDS Programme



From table 4.15 and figure 4.5, we can see that the overall responses indicate that the majority of respondents 88(91.6%) agree that provisioning of care and support programme or services are not launched in the Department. It can be concluded from the statistical analysis results that stigmatization and confidentiality inhibiting the use of VCT 63(65.6%), lack of adequately trained staff in first aid 64(66.7%), lack of

motivation to do work by peer educators 60(62.5%), support of coordinators and peer educators 58(60.4%) and moral of infected employees is very low at 46(50%).

The results above indicate that there is very little support and care of the infected employees by other staff members and that, the Department does not have specific support programmes.

4.6.1. T-TESTS.

The t-test results reported in table 4.16 show that both female and male respondents do not differ significantly in their perceptions towards the support and care of people with HIV/AIDS since the prob-values of the t-statistics are all greater than 5%=0.05.

Table 4.16: T-Tests

Statistics									
Variable	QAQ3	N	Lower CL Mean	Mean	Upper CL Mean	Lower CL Std Dev	Std Dev	Upper CL Std Dev	Std Err
QBQ14	Female	46	1.8542	2.087	2.3197	0.6502	0.7839	0.9873	0.1156
QBQ14	Male	50	2.043	2.28	2.517	0.6966	0.834	1.0392	0.1179
QBQ14	Diff (1-2)		-0.522	-0.193	0.1357	0.7093	0.8104	0.9454	0.1656
QBQ15	Female	46	1.9781	2.2826	2.5872	0.8506	1.0255	1.2917	0.1512
QBQ15	Male	50	2.0138	2.32	2.6262	0.9	1.0774	1.3426	0.1524
QBQ15	Diff (1-2)		-0.464	-0.037	0.3897	0.9215	1.0529	1.2283	0.2151
QBQ16	Female	46	1.9873	2.2391	2.491	0.7035	0.8481	1.0682	0.125
QBQ16	Male	50	2.1948	2.5	2.8052	0.897	1.0738	1.3381	0.1519
QBQ16	Diff (1-2)		-0.655	-0.261	0.1336	0.851	0.9723	1.1343	0.1986
QBQ17	Female	46	1.4777	1.7174	1.9571	0.6696	0.8073	1.0168	0.119
QBQ17	Male	50	1.6529	1.88	2.1071	0.6674	0.799	0.9956	0.113
QBQ17	Diff (1-2)		-0.488	-0.163	0.1631	0.7028	0.803	0.9367	0.164
QBQ18	Female	46	2.1717	2.4348	2.6978	0.7347	0.8857	1.1156	0.1306
QBQ18	Male	50	2.3703	2.6	2.8297	0.6751	0.8081	1.007	0.1143
QBQ18	Diff (1-2)		-0.508	-0.165	0.178	0.7406	0.8462	0.9872	0.1729
QBQ19	Female	46	1.3609	1.5652	1.7695	0.5707	0.6881	0.8666	0.1014
QBQ19	Male	50	1.4334	1.68	1.9266	0.7247	0.8676	1.0811	0.1227
QBQ19	Diff (1-2)		-0.434	-0.115	0.2044	0.6886	0.7868	0.9178	0.1607

T-Tests					
Variable	Method	Variances	DF	t Value	Pr > t
QBQ14	Pooled	Equal	94	-1.17	0.2466
QBQ14	Satterthwaite	Unequal	94	-1.17	0.2454
QBQ15	Pooled	Equal	94	-0.17	0.8624
QBQ15	Satterthwaite	Unequal	93.9	-0.17	0.8621
QBQ16	Pooled	Equal	94	-1.31	0.1923
QBQ16	Satterthwaite	Unequal	91.9	-1.33	0.1881
QBQ17	Pooled	Equal	94	-0.99	0.3241
QBQ17	Satterthwaite	Unequal	93.2	-0.99	0.3243
QBQ18	Pooled	Equal	94	-0.96	0.3417
QBQ18	Satterthwaite	Unequal	91.2	-0.95	0.3436
QBQ19	Pooled	Equal	94	-0.71	0.4769
QBQ19	Satterthwaite	Unequal	92.1	-0.72	0.4727

Equality of Variances					
Variable	Method	Num DF	Den DF	F Value	Pr > F
QBQ14	Folded F	49	45	1.13	0.6765
QBQ15	Folded F	49	45	1.10	0.7400
QBQ16	Folded F	49	45	1.60	0.1117
QBQ17	Folded F	45	49	1.02	0.9406
QBQ18	Folded F	45	49	1.20	0.5291
QBQ19	Folded F	49	45	1.59	0.1180

Table 4.17: List of Variables

QBQ14	= 'HRM not ready to provide VCT services due to stigmatization and confidentiality'
QBQ15	= 'Lack of training of employees in First Aid'
QBQ16	= 'Lack of caring, supportive and committed peer educators'
QBQ17	= 'If employees know their HIV status, they will live positively, access prevention and care at an early stage'
QBQ18	= 'Moral of infected employees very low'
QBQ19	= 'Care and support programmes to be introduced at the workplace'

4.7. PERFORMANCE, PRODUCTIVITY AND SERVICE RENDERING

This section contained six (6) statements and respondents were supposed to indicate the extent to which they agreed with the statement regarding the Department's performance, productivity and service delivery.

Table 4.18: Performances, Productivity and Service rendering

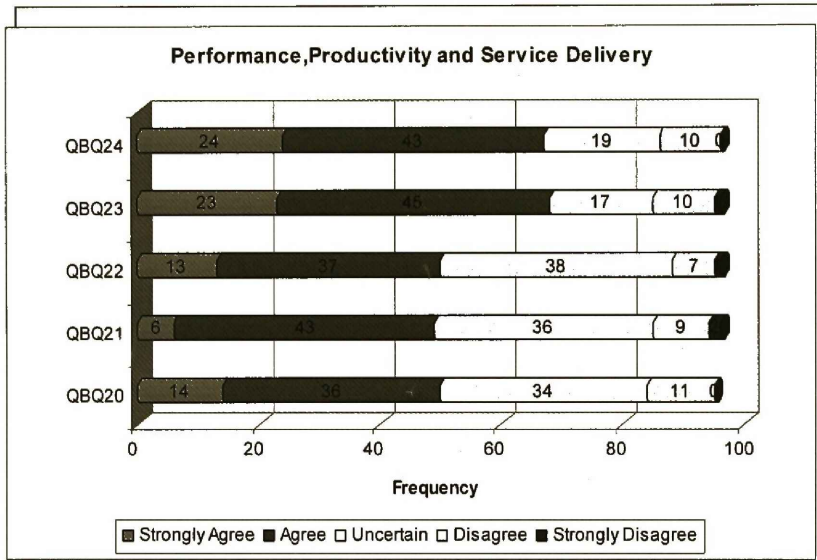
Variable	Categories	Frequency	Percentage
QBQ20 = 'The Employee Wellness programme enlightened management on managing HIV/AIDS'	Strongly agree	14	15.6
	Agree	36	37.5
	Uncertain	34	35.4
	Disagree	11	11.5
	Strongly Disagree	0	0
QBQ21 = 'Employees who excuse themselves to go and care for the sick are using official time'	Strongly agree	6	6.3
	Agree	43	44.8
	Uncertain	36	37.5

	Disagree	9	9.4
	Strongly Disagree	2	2.1
QBQ22 = 'The Department is committed in minimizing the impact of HIV/AIDS'	Strongly agree	13	13.5
	Agree	37	38.5
	Uncertain	38	39.6
	Disagree	7	7.3
	Strongly Disagree	1	1.04
QBQ23 = 'Additional sick leave hampers the operation of units'	Strongly agree	23	24
	Agree	45	46.9
	Uncertain	17	17.7
	Disagree	10	10.4
	Strongly Disagree	1	1.04
QBQ24 = 'Training and recruitment is costly and disruptive'	Strongly agree	24	25
	Agree	43	44.8
	Uncertain	19	19.8
	Disagree	10	10.4
	Strongly Disagree	0	0

Table 4.19: List of Variables

QBQ20 = 'The Employees Wellness programme enlightened management on managing HIV/AIDS'
QBQ21 = 'Employees who excuse themselves to go and care for the sick are using official time'
QBQ22 = 'The Department is committed in minimising the impact of HIV/AIDS'
QBQ23 = 'Additional sick leave hampers the operation of units'
QBQ24 = 'Training and recruitment is costly and disruptive'

Figure 4.6: Performances, Productivity and Service rendering



From table 4.18 and figure 4.6, we can see that although the employee wellness programme 51(53, 1%) is in place in the Department, performance and productivity are drastically reduced due to employees who excuse themselves to go and care for the sick 49(50.8%), and additional sick leave by employees with HIV/AIDS.

4.7.1. T-TESTS.

The t-test results reported in table 4.20, show that both female and male respondents do not differ significantly in their perceptions towards performance and productivity since the prob-values of the t-statistics are all greater than 5% = 0.05.

Table 4.20: T-Tests

The T-TEST Procedure									
Statistics									
variable	QAQ3	N	Lower CL Mean	Mean	Upper CL Mean	Lower CL Std Dev	Std Dev	Upper CL Std Dev	Std Err
QBQ20	Female	46	2.2001	2.4783	2.7564	0.7769	0.9366	1.1797	0.1381
QBQ20	Male	50	2.1371	2.38	2.6229	0.7138	0.8345	1.0648	0.1208
QBQ20	Diff (1-2)		-0.265	0.0983	0.4612	0.7831	0.8948	1.0439	0.1828
QBQ21	Female	46	2.3256	2.5652	2.8049	0.6693	0.807	1.0164	0.119
QBQ21	Male	50	2.3153	2.56	2.8047	0.7192	0.8609	1.0729	0.1218
QBQ21	Diff (1-2)		-0.334	0.0052	0.3442	0.7313	0.8355	0.9748	0.1707
QBQ22	Female	46	2.3696	2.6304	2.8913	0.7285	0.8783	1.1063	0.1295
QBQ22	Male	50	2.0317	2.26	2.4883	0.671	0.8033	1.001	0.1136
QBQ22	Diff (1-2)		0.0297	0.3704	0.7112	0.7352	0.8401	0.98	0.1716
QBQ23	Female	46	1.8488	2.1087	2.3686	0.7258	0.875	1.1021	0.129
QBQ23	Male	50	1.9497	2.24	2.5303	0.8532	1.0214	1.2728	0.1444
QBQ23	Diff (1-2)		-0.518	-0.131	0.2557	0.8351	0.9541	1.1131	0.1949
QBQ24	Female	46	1.9046	2.1957	2.4867	0.813	0.9802	1.2346	0.1445
QBQ24	Male	50	1.8721	2.12	2.3679	0.7286	0.8722	1.0869	0.1234
QBQ24	Diff (1-2)		-0.3	0.0757	0.4511	0.81	0.9255	1.0797	0.1891

T-Tests					
Variable	Method	Variances	DF	t Value	Pr > t
QBQ20	Pooled	Equal	94	0.54	0.5922
QBQ20	Satterthwaite	Unequal	91.2	0.54	0.5936
QBQ21	Pooled	Equal	94	0.03	0.9757
QBQ21	Satterthwaite	Unequal	94	0.03	0.9756
QBQ22	Pooled	Equal	94	2.16	0.0334
QBQ22	Satterthwaite	Unequal	91.3	2.15	0.0342
QBQ23	Pooled	Equal	94	-0.67	0.5022
QBQ23	Satterthwaite	Unequal	93.5	-0.68	0.4995
QBQ24	Pooled	Equal	94	0.40	0.6900
QBQ24	Satterthwaite	Unequal	90.4	0.40	0.6915

Equality of Variances					
Variable	Method	Num DF	Den DF	F Value	Pr > F
QBQ20	Folded F	45	49	1.20	0.5289
QBQ21	Folded F	49	45	1.14	0.6626
QBQ22	Folded F	45	49	1.20	0.5399
QBQ23	Folded F	49	45	1.36	0.2959
QBQ24	Folded F	45	49	1.26	0.4238

Table 4.21: List of Variables

QBQ20 = 'The Employees Wellness programme enlightened management on managing HIV/AIDS'

QBQ21 = 'Employees who excuse themselves to go and care for the sick are using official time'

QBQ22 = 'The Department is committed in minimising the impact of HIV/AIDS'

QBQ23 = 'Additional sick leave hampers the operation of units'

QBQ24 = 'Training and recruitment is costly and disruptive'

4.8. RIGHTS AND LEGAL FRAMEWORK.

This section contained five (5) statements and respondents were supposed to indicate the extent to which they agreed with the statement regarding the Department's policies concerned with rights and the legal framework.

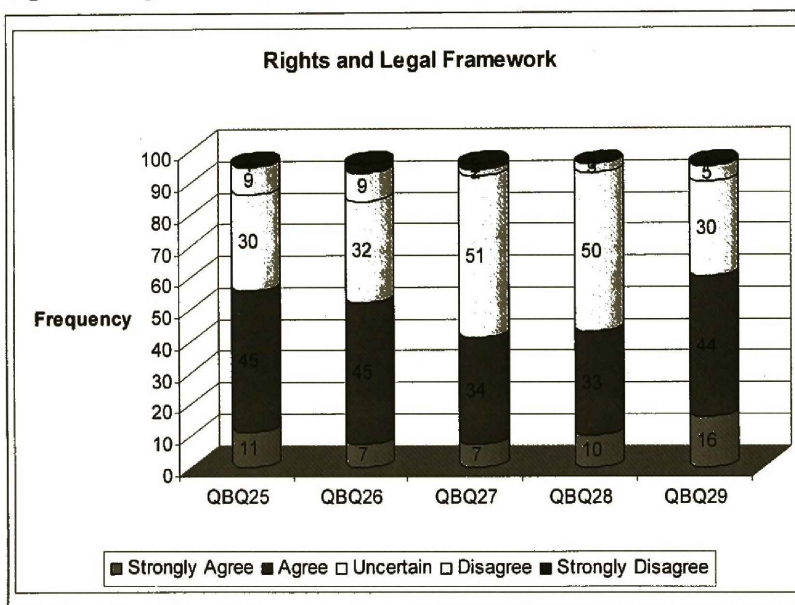
Table 4.22: Rights and Legal Framework.

<u>Variable</u>	<u>Categories</u>	<u>Frequency</u>	<u>Percentage</u>
QBQ25 = 'Employees living with AIDS know their rights and legal framework'	Strongly agree	11	11.5
	Agree	45	46.9
	Uncertain	30	31.3
	Disagree	9	9.38
	Strongly Disagree	1	1.04
QBQ26 = 'HIV/AIDS policy is in place and employees are aware of it'	Strongly agree	7	7.3
	Agree	45	46.9
	Uncertain	32	33.3
	Disagree	9	9.4
	Strongly Disagree	3	3.13
QBQ27 = 'HIV/AIDS workplace Policy covers labour relations and education'	Strongly agree	7	7.3
	Agree	34	35.4
	Uncertain	51	53.1
	Disagree	2	2.1
	Strongly Disagree	2	2.1
QBQ28 = 'HIV/AIDS policy equitable and fair'	Strongly agree	10	10.4
	Agree	33	34.4
	Uncertain	50	52.1
	Disagree	3	3.1
	Strongly Disagree	0	0
QBQ29 = 'HIV positive employees encouraged not to wait too long to confront discrimination'	Strongly agree	16	16.7
	Agree	44	45.8
	Uncertain	30	31.3
	Disagree	5	5.21
	Strongly Disagree	1	1.04

Table 4.23: List of Variables

QBQ25 =	'Employees living with AIDS know their rights and legal framework'
QBQ26 =	'HIV/AIDS policy is in place and employees are aware of it'
QBQ27 =	'HIV/AIDS workplace policy covers labour relations and education'
QBQ28 =	'HIV/AIDS policy equitable and fair'
QBQ29 =	'HIV positive employees encouraged not to wait too long to confront discrimination'

Figure 4.7: Rights and Legal Framework



From table 4.22 and figure 4.7, we can see that people with HIV are protected from stigmatisation, discrimination and victimisation 60(62.5%) through the Department's HIV/AIDS policy 52(58.3%), which spells out the rights the legal framework 56(58.3%) of infected employees.

The results above indicate that infected or affected employees know their rights and the procedures available to them in cases of grievances and unfair labour practices by managers or other employees.

4.8.1. T-TESTS.

The t-test results reported in table 4.24, show that both female and male employees do not differ significantly in their perceptions in understanding of their rights, laws that protects them, the just and fair of HIV/AIDS policy document towards the management of HIV/AIDS in the Department since the prob-values of the t-statistics are all greater than 5%=0.05.

Table 4.24: T-Tests

The T-TEST Procedure									
Statistics									
Variable	QAQ3	N	Lower CL Mean	Mean	Upper CL Mean	Lower CL Std Dev	Std Dev	Upper CL Std Dev	Std Err
QBQ25	Female	46	2.2299	2.4783	2.7266	0.6937	0.8364	1.0534	0.1233
QBQ25	Male	50	2.1113	2.36	2.6087	0.731	0.8751	1.0904	0.1238
QBQ25	Diff (1-2)		-0.229	0.1183	0.4658	0.7498	0.8568	0.9995	0.175
QBQ26	Female	46	2.3546	2.6087	2.8628	0.7098	0.8558	1.0779	0.1262
QBQ26	Male	50	2.2217	2.48	2.7383	0.7592	0.9089	1.1326	0.1285
QBQ26	Diff (1-2)		-0.23	0.1287	0.4872	0.7736	0.8839	1.0311	0.1806
QBQ27	Female	46	2.3789	2.6087	2.8385	0.642	0.774	0.9748	0.1141
QBQ27	Male	50	2.3111	2.52	2.7289	0.6141	0.7351	0.9161	0.104
QBQ27	Diff (1-2)		-0.217	0.0887	0.3945	0.6599	0.754	0.8796	0.154
QBQ28	Female	46	2.2765	2.5	2.7235	0.6244	0.7528	0.9481	0.111
QBQ28	Male	50	2.2594	2.46	2.6606	0.5897	0.706	0.8797	0.0998
QBQ28	Diff (1-2)		-0.256	0.04	0.3356	0.6378	0.7287	0.8502	0.1489
QBQ29	Female	46	2.0675	2.3261	2.5846	0.7221	0.8706	1.0966	0.1284
QBQ29	Male	50	2.0063	2.24	2.4737	0.6868	0.8221	1.0245	0.1163
QBQ29	Diff (1-2)		-0.257	0.0861	0.4291	0.7402	0.8457	0.9866	0.1728
T-Tests									
Variable	Method	Variances	DF	t Value	Pr > t				
QBQ25	Pooled	Equal	94	0.68	0.5009				
QBQ25	Satterthwaite	Unequal	93.9	0.68	0.5001				
QBQ26	Pooled	Equal	94	0.71	0.4778				
QBQ26	Satterthwaite	Unequal	93.9	0.71	0.4767				
QBQ27	Pooled	Equal	94	0.58	0.5661				
QBQ27	Satterthwaite	Unequal	92.3	0.57	0.5670				
QBQ28	Pooled	Equal	94	0.27	0.7888				
QBQ28	Satterthwaite	unequal	92	0.27	0.7893				
QBQ29	Pooled	Equal	94	0.50	0.6195				
QBQ29	Satterthwaite	unequal	92.2	0.50	0.6203				
Equality of Variances									
Variable	Method	Num DF	Den DF	F Value	Pr > F				
QBQ25	Folded F	49	45	1.09	0.7614				
QBQ26	Folded F	49	45	1.13	0.6849				
QBQ27	Folded F	45	49	1.11	0.7225				
QBQ28	Folded F	45	49	1.14	0.6585				
QBQ29	Folded F	45	49	1.12	0.6931				

Table 4.25: List of Variables

QBQ25 =	'Employees living with AIDS know their rights and legal framework'
QBQ26 =	'HIV/AIDS policy is in place and employees are aware of it'
QBQ27 =	'HIV/AIDS workplace policy covers labour relations and education'
QBQ28 =	'HIV/AIDS policy equitable and fair'
QBQ29 =	'HIV positive employees encouraged not to wait too long to confront discrimination'

4.9. ANOVA TESTS.

The ANOVA test results in table 4.26, show that people of different positions do not differ significantly in their attitudes towards, 'Integrating the Management of HIV/AIDS into Departmental Service Rendering', 'Departmental HIV/AIDS Prevention Programme', 'Provision of Care and Support into HIV/AIDS Programme', 'Performance, Productivity and Service Rendering' and 'The Rights and Legal Framework' (prob-values >0.05). It is evident that attitudes towards the management of HIV/AIDS do not differ significantly with regard to workstation, marital status, age, home language and population group.

Table 4.26 shows that sources QBQ12 and QBQ15 differ significantly (prob-values < 0.05) and it implies that the means differ more than would be expected by chance alone. The treatments were not equally effective and it should be noted that the table does not inform the researcher anything about what the effect were, just that the most likely were real effects. It can be concluded that 'Decrease in the number of peer educators has a negative impact' and 'Lack of training of employees in First Aid' differ significantly with regard to general demographic information and data computed.

Table 4.26: ANOVA Tests

Independent Variable:QAQ2-Position (Employees rank levels)						
Source	DF	ANOVA SS	Mean Square	F Value	Pr > F	
QBQ1	3	2.71952822	0.90650941	0.98	0.4062	
QBQ2	3	0.68682641	0.22894214	0.36	0.7839	
QBQ3	3	2.84692579	0.94897526	0.84	0.4742	
QBQ4	3	4.49455324	1.49818441	2.03	0.1152	
QBQ5	3	0.32557899	0.10852633	0.16	0.9217	
QBQ6	3	0.67324212	0.22441404	0.26	0.8542	
QBQ7	3	2.39175434	0.79725145	1.68	0.1760	
QBQ8	3	0.82127423	0.27375808	0.32	0.8103	
QBQ9	3	3.43146727	1.14382242	1.38	0.2547	
QBQ10	3	0.88027698	0.29342566	0.64	0.5938	
QBQ11	3	0.69718363	0.23239454	0.44	0.7273	
QBQ12	3	7.18026207	2.39342069	3.04	0.0329	
QBQ13	3	0.80169841	0.26723280	0.20	0.8979	
QBQ14	3	4.41596804	1.47198935	2.33	0.0798	
QBQ15	3	11.38793472	3.79597824	3.76	0.0135	
QBQ16	3	2.84708204	0.94902735	1.00	0.3984	
QBQ17	3	1.80768390	0.60256130	0.93	0.4282	
QBQ18	3	2.8871708	0.96237236	1.36	0.2598	
QBQ19	3	0.71034892	0.23678297	0.38	0.7698	
QBQ20	3	2.73190758	0.91063586	1.15	0.3327	
QBQ21	3	1.63135414	0.54378471	0.78	0.5071	
QBQ22	3	2.92838801	0.97612934	1.35	0.2642	
QBQ23	3	2.52301885	0.84100628	0.93	0.4310	
QBQ24	3	3.80049426	1.26683142	1.52	0.2155	
QBQ25	3	2.87146005	0.95715335	1.32	0.2711	
QBQ26	3	2.55613570	0.85204523	1.10	0.3534	
QBQ27	3	2.86886442	0.95628814	1.73	0.1656	
QBQ28	3	0.83991488	0.27997163	0.52	0.6666	
QBQ29	3	2.96805223	0.98935074	1.41	0.2442	

Table 4.27: List of variables

QBQ1	=	'The Department tackles HIV/AIDS as a business'
QBQ2	=	'The HRM has increased awareness in the Department'
QBQ3	=	'Managing the health of employees is the Department business issue'
QBQ4	=	'Department acts proactively with its staff and peer educators in order to disseminate information about the AIDS'
QBQ5	=	'Management of HIV/AIDS a responsibility of the Department just like the other HR issues'
QBQ6	=	'All stakeholders are involved in the implementation of the Departments HIV/AIDS programme'
QBQ7	=	'The HIV/AIDS prevention programme in place is implemented as agreed in terms of DPSA standards'
QBQ8	=	'Department conducts workshops, formal presentations and informal discussions'
QBQ9	=	'The Department is mobilising and supporting HIV/AIDS coordinators'
QBQ10	=	'The Department observes events related to HIV/AIDS prevention'
QBQ11	=	'World AIDS Day helped employees gain information on HIV/AIDS prevention'
QBQ12	=	'Decrease in the number of peer educators has a negative impact'
QBQ13	=	'Lack of support by managers and supervisors to subordinates involved in HIV/AIDS programmes'
QBQ14	=	'HRM not ready to provide VCT services due to stigmatization and confidentiality'
QBQ15	=	'Lack of training of employees in First Aid'
QBQ16	=	'Lack of caring, supportive and committed peer educators'
QBQ17	=	'If employees know their HIV status, they will live

	positively, access prevention and care at an early stage'
QBQ18 =	'Moral of infected employees very low'
QBQ19 =	'Care and support programmes to be introduced at the workplace'
QBQ20 =	'The Employees Wellness programme enlightened management on managing HIV/AIDS'
QBQ21 =	'Employees who excuse themselves to go and care for the sick are using official time'
QBQ22 =	'The Department is committed in minimising the impact of HIV/AIDS'
QBQ23 =	'Additional sick leave hampers the operation of units'
QBQ24 =	'Training and recruitment is costly and disruptive'
QBQ25 =	'Employees living with AIDS know their rights and legal framework'
QBQ26 =	'HIV/AIDS policy is in place and employees are aware of it'
QBQ27 =	'HIV/AIDS workplace policy covers labour relations and education'
QBQ28 =	'HIV/AIDS policy equitable and fair'
QBQ29 =	'HIV positive employees encouraged not to wait too long to confront discrimination'

4.10. CONCLUSION.

In this chapter, the researcher has employed some statistical methods to investigate, the Perceptions and Attitudes on the Management of HIV and AIDS in the Department of Agriculture, Conservation, Environment and Tourism of the North West Province in Republic of South Africa. Under the following headings Reliability Analysis: Demographic Information; the Integration of the management of HIV/AIDS and the Service rendering; the HIV/AIDS Prevention programme; provision of Care and Support into HIV/AIDS programme; the Performance, Productivity and the Service rendering; Rights and the Legal Framework and Conclusion. Summary of results and recommendations follow in Chapter 5.

CHAPTER 5

SUMMARY, FINDINGS AND RECOMMENDATIONS

5.1. SUMMARY OF RESULTS.

This chapter outlines the outstanding findings of the investigation. It also points out some important research findings. In this study, the researcher investigated Perceptions and Attitudes on the Management of HIV and AIDS in the Department of Agriculture, Conservation, Environment and Tourism of the North West Province in Republic of South Africa.

The focus of this study was to explore employees' perceptions and attitudes towards the Management of HIV and AIDS in the workplace and the questionnaire was designed in accordance with the following objectives:

- How the Department integrates the management of HIV and AIDS into its normal service rendering.
- How the Department implements the HIV and AIDS prevention, care and support programmes.
- Provisioning of care and support into HIV/AIDS programme.
- How the impact of HIV and AIDS hinders performance, productivity and service rendering.
- How the Department implements the rights and legal framework of employees who are infected by the virus.

The research hypotheses discussed include the following:

Hypothesis 1: The Department is playing its role by integrating management of HIV/AIDS into departmental service rendering.

Hypothesis 2: The prevention programme is ineffective.

Hypothesis 3: The Department is not in the position to provide care and support programmes.

Hypothesis 4: The impediments towards employees' performance, productivity and service rendering in the Department.

Hypothesis 5: Awareness and education of employees concerning HIV/AIDS policy and laws that protect them in the workplace perspective.

5.2. FINDINGS.

The research findings are as follows:

- Respondents have a high level of HIV/AIDS awareness, which means they have knowledge, which can help shape their behavior regarding HIV/AIDS.
- There is a high level of satisfaction by the respondents about the prevention programme in place. Workshops, formal presentations and informal presentations are the main source of information.
- There is lack of support and care of the infected employees by other staff members and that, the Department does not have specific programmes.
- Employees know their rights and the procedures available to them in cases of grievance procedures and unfair labour practices by managers or other employees.

5.3. RECOMMENDATIONS.

5.3.1. Recommendation 1.

Further study is recommended concerning the analysis of absenteeism of employees due to HIV/AIDS and other related illnesses. This will enable the Department to come up with proactive remedial measures in the effective management of absenteeism.

5.3.2. Recommendation 2.

The Department needs to review the HIV/AIDS workplace policy in order to address, care and support programmes and acquisition of leave by employees infected with HIV/AIDS.

5.3.3. Recommendation 3.

Methods of education and prevention to be communicated through the media. Newsletters should be used to caution employees to be exposed to the reality of HIV/AIDS.

5.3.4. Recommendation 4.

There is also a need to create a greater access to resources and services and to emphasise the seriousness of HIV/AIDS so that employees can comprehend their vulnerability.

5.4. CONCLUSION.

This study has explored the Perceptions and Attitudes on the Management of HIV and AIDS by employees of the Department of Agriculture, Conservation, Environment and Tourism of the North West Province in Republic of South Africa. In the light of the above and the findings of the study, the researcher hopes that the efforts of the Department in education and prevention will prove more successful in the management of HIV and AIDS in the workplace.

The study will be of value to both employees and the management of the Department as they are very important resource in our nation building.

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(ANNEXURE A)

TO WHOM IT MAY CONCERN

Dear Colleagues

REQUEST TO COMPLETE RESEARCH QUESTIONNAIRE.

Approval is already sought from HoD, Mr. Wills to conduct research within the Department in partial fulfillment of the Masters Degree in Business Management (Human Resource).

I, Pheletso Abednigo Mothibedi, am pursuing my research interest in the area of writing about Perceptions and Attitudes on the Management of HIV and AIDS in the Department of Agriculture, Conservation, Environment and Tourism of the North West Province in South Africa.

It will be appreciated if you could assist me with the completion of the research questionnaires.

Please take note that this study is of academic interest to me but the result of this exercise will be of practical value to the Department and can help shape and execute an effective HIV and AIDS action plan for the Department, and other departments of the North West Provincial Government in the Republic of South Africa.

Regards.



P. A. MOTHIBEDI

(ANNEXURE B)

QUESTIONNAIRE

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE.

- (i). Kindly provide the required information under Section A by placing an **(X)** next to the appropriate answer, and then,
- (ii). Continue to Section B, to indicate with a **cross (X)** in the right hand columns, the degree to which you agree, are uncertain or disagree with the statements made under each sub- section, for example:

No	STATEMENT	1	2	3	4	5	
		Strongly Agree	Agree	Un-certain	Disagree	Strongly Disagree	
1.	AIDS kills.	X					

ASSURANCE/ PLEDGE AS A VALUED RESPONDENT.

I want to assure you that all information obtained in the course of this exercise shall under no circumstances be used for any purpose other than for academic purposes, and wish to pledge herein, that all responses shall be treated with the greatest confidentiality.

(E). AGE GROUP:-

1	18 – 25	
2	26 – 35	
3	36 – 45	
4	46 – 55	
5	56 and older	

(F). HOME LANGUAGE:-

1	Setswana	
2	Afrikaans	
3	English	
4	Sesotho	
5	Sepedi	
6	TshiVenda	
7	XiTsonga	
8	SiSwati	
9	Isi-Zulu	
10	Isi-Xhosa	
11	Isi-Ndebele	

DEPARTMENTAL HIV/AIDS PREVENTION PROGRAMME.

No	STATEMENT	1 Strongly Agree	2 Agree	3 Un- certain	4 Dis- agree	5 Strongly Disagree	
6.	All stakeholders are involved in the implementation of the Departments' HIV/AIDS programme.						
7.	The HIV/AIDS prevention programme in place is implemented as agreed upon, in terms of the Department of Public Service Administration (DPSA) minimum standards for HIV/AIDS programmes.						
8.	The Department conducts workshops, formal presentations and informal discussions on health related to <i>HIV/AIDS</i> , <i>STI's</i> , and <i>TB</i> topics for all employees.						
9.	The Department is mobilizing and supporting their Coordinators and Peer Educators' involvement in the partnership against <i>HIV/AIDS</i> .						
10.	The Department observes all the events relating to HIV/AIDS prevention programme such as <i>STI's</i> , <i>TB</i> , <i>Candlelight</i> and <i>World Aids Day</i> in a special way.						
11.	Employees gained a lot of information about prevention at events such as 'World Aids Day' celebrated by the Department in the past two years.						
12.	The drastic decrease in the number of Peer Educators in the Department has negative impact on the Department in terms of time and money spent on training such individuals.						
13.	There is a lack of support amongst some of the managers/supervisors for subordinates' involvement in HIV/AIDS programmes.						

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10.	The Department observes all the events relating to HIV/AIDS prevention programme such as <i>STI's</i> , <i>TB</i> , <i>Candlelight</i> and <i>World Aids Day</i> in a special way.						
11.	Employees gained a lot of information about prevention at events such as 'World Aids Day' celebrated by the Department in the past two years.						
12.	The drastic decrease in the number of Peer Educators in the Department has negative impact on the Department in terms of time and money spent on training such individuals.						
13.	There is a lack of support amongst some of the managers/supervisors for subordinates' involvement in HIV/AIDS programmes.						

PROVISIONING OF CARE AND SUPPORT INTO HIV/AIDS PROGRAMME.

No	STATEMENT	1	2	3	4	5	
		Strongly Agree	Agree	Un-certain	Dis-agree	Strongly Disagree	
14.	The HRM is not yet in a position to provide treatment or VCT services within the Department due to problems of stigmatization and confidentiality.						
15.	There is a lack of adequately trained employees in First Aid in the Department so that a reasonable number of staff in the workplace could tackle the emergencies.						
16.	The Department lacks adequate caring, supportive and committed Peer Educators with passion in executing their responsibilities towards the pandemic: AIDS in the workplace and managing the disease.						
17.	If the employees know their HIV status, they will learn to live positively, access prevention, care and support at an early stage.						
18.	The morale of employees perceived to be infected by AIDS is very low towards the employer's lack of provisioning of care and support programmes.						
19.	The provisioning of care and support programmes should be introduced in the workplace.						

PERFORMANCE, PRODUCTIVITY AND SERVICE RENDERING.

No	STATEMENT	1	2	3	4	5	
		Strongly Agree	Agree	Un-certain	Dis-agree	Strongly Disagree	
20.	The Employee Wellness Programme Sub-directorate of the Department has enlightened management and employees about the importance and urgency of managing and addressing the impact of <i>HIV/AIDS</i> .						
21.	Employees who frequently during working hours excuse themselves to go and care for sick family members are taking a considerable amount of official time to do so which is no longer available for service rendering.						
22.	The Department is committed to minimizing the impact of <i>HIV/AIDS</i> on the efficient and effective rendering of services.						
23	Additional sick leave taken by employees when their annual leave is exhausted hampers the operation of the units for which they work.						
24.	Training and recruitment is costly and disruptive if the loss of employees requires appropriate replacement of staff to be appointed and trained.						

RIGHTS AND LEGAL FRAMEWORK (LAWS, PRESCRIPTS AND POLICIES).

No	STATEMENT	1 Strongly Agree	2 Agree	3 Un- certain	4 Dis- agree	5 Strongly Disagree	
25.	The Department has enlightened employees with the rights of those who are living with AIDS and the legal framework that protect them.						
26.	The Department HIV/AIDS policy is in place and employees are aware/ briefed about the document.						
27.	The Department HIV/AIDS workplace policy covers inter-alia labour relations and education of employees.						
28.	The HIV/AIDS policy is equitable and fair for both the employer and the employee.						
29.	Aggrieved employees perceived to be HIV positive are encouraged to wait not too long to confront discrimination, because there is a law to protect them.						

THANK YOU! KE A LEBOGA! BAIE DANKIE!

(ANNEXURE C)

DATA ANALYSIS RESULTS

Workstation					
QAQ1	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
Head Office	20	20.83	20	20.83	
Central Region	20	20.83	40	41.67	
Bojanala Region	20	20.83	60	62.50	
Bophirima Region	20	20.83	80	83.33	
Southern Region	16	16.67	96	100.00	
Position					
QAQ2	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
Manager	13	13.54	13	13.54	
Divisional Manager	23	23.96	36	37.50	
Supervisor	29	30.21	65	67.71	
Staff	31	32.29	96	100.00	
Gender					
QAQ3	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
Female	46	47.92	46	47.92	
Male	50	52.08	96	100.00	
Marital Status					
QAQ4	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
Single	18	18.75	18	18.75	
Married	61	63.54	79	82.29	
Divorced	9	9.38	88	91.67	
Separated	2	2.08	90	93.75	
Living together	6	6.25	96	100.00	
Age Group					
QAQ5	Frequency	Percent	Cumulative Frequency	Cumulative Percent	
26-35years	17	17.71	17	17.71	
36-45years	40	41.67	57	59.38	
46-55years	33	34.38	90	93.75	
56years and older	6	6.25	96	100.00	

Home Language				
QAQ6	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Setswana	61	63.54	61	63.54
Afrikaans	10	10.42	71	73.96
English	6	6.25	77	80.21
Sesotho	7	7.29	84	87.50
Sepedi	3	3.13	87	90.63
siSwati	2	2.08	89	92.71
Zulu	1	1.04	90	93.75
Xhosa	6	6.25	96	100.00

Population Group				
QAQ7	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Black	80	83.33	80	83.33
White	14	14.58	94	97.92
Coloured	1	1.04	95	98.96
Indian/Asian	1	1.04	96	100.00

Income Level				
QAQ8	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1000-2999	7	7.29	7	7.29
3000-4999	17	17.71	24	25.00
5000-6999	13	13.54	37	38.54
7000-8999	29	30.21	66	68.75
9000 and above	30	31.25	96	100.00

The Department tackles HIV/AIDS as a business issue.

QBQ1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	10	10.42	10	10.42
Agree	43	44.79	53	55.21
Uncertain	29	30.21	82	85.42
Disagree	10	10.42	92	95.83
Strongly Disagree	4	4.17	96	100.00

The HRM has increased awareness in the Department.

QBQ2	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	6	6.25	6	6.25
Agree	41	42.71	47	48.96
Uncertain	39	40.63	86	89.58
Disagree	9	9.38	95	98.96
Strongly Disagree	1	1.04	96	100.00

Managing the health of employees is the Department business issue.

QBQ3	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	10	10.42	10	10.42
Agree	45	46.88	55	57.29
Uncertain	15	15.63	70	72.92
Disagree	23	23.96	93	96.88
Strongly Disagree	3	3.13	96	100.00

Department acts proactively with its staff and peer educators in order to disseminate information about the AIDS

QBQ4	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	15	15.63	15	15.63
Agree	56	58.33	71	73.96
Uncertain	16	16.67	87	90.63
Disagree	7	7.29	94	97.92
Strongly Disagree	2	2.08	96	100.00

Management of HIV/AIDS a responsibility of the Department just like the other HR issues.

QBQ5	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	24	25.00	24	25.00
Agree	52	54.17	76	79.17
Uncertain	14	14.58	90	93.75
Disagree	6	6.25	96	100.00

All stakeholders are involved in the implementation of the Department's HIV/AIDS programme.

QBQ6	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	5	5.21	5	5.21
Agree	27	28.13	32	33.33
Uncertain	39	40.63	71	73.96
Disagree	22	22.92	93	96.88
Strongly Disagree	3	3.13	96	100.00

The HIV/AIDS prevention programme in place is implemented as agreed in terms of DPSA standards

QBQ7	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	6	6.25	6	6.25
Agree	43	44.79	49	51.04
Uncertain	42	43.75	91	94.79
Disagree	5	5.21	96	100.00

Department conducts workshops, formal presentations and informal discussions

QBQ8	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	11	11.46	11	11.46
Agree	59	61.46	70	72.92
Uncertain	10	10.42	80	83.33
Disagree	15	15.63	95	98.96
Strongly Disagree	1	1.04	96	100.00

The Department is mobilising and supporting HIV/Aids coordinators

QBQ9	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	6	6.25	6	6.25
Agree	52	54.17	58	60.42
Uncertain	20	20.83	78	81.25
Disagree	16	16.67	94	97.92
Strongly Disagree	2	2.08	96	100.00

The Department observes events related to HIV/AIDS prevention

QBQ10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	13	13.54	13	13.54
Agree	67	69.79	80	83.33
Uncertain	11	11.46	91	94.79
Disagree	5	5.21	96	100.00

World AIDS Day helped employees gain information on HIV/AIDS prevention

QBQ11	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	8	8.33	8	8.33
Agree	53	55.21	61	63.54
Uncertain	29	30.21	90	93.75
Disagree	6	6.25	96	100.00

Decrease in the number of peer educators has a negative impact

QBQ12	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	16	16.67	16	16.67
Agree	34	35.42	50	52.08
Uncertain	34	35.42	84	87.50
Disagree	12	12.50	96	100.00

Lack of support by managers and supervisors to subordinates involved in HIV/AIDS programmes.

QBQ13	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	24	25.00	24	25.00
Agree	33	34.38	57	59.38
Uncertain	16	16.67	73	76.04
Disagree	21	21.88	94	97.92
Strongly Disagree	2	2.08	96	100.00

HRM not ready to provide VCT services due to stigmatization and confidentiality

QBQ14	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	19	19.79	19	19.79
Agree	44	45.83	63	65.63
Uncertain	30	31.25	93	96.88
Disagree	2	2.08	95	98.96
Strongly Disagree	1	1.04	96	100.00

Lack of training of employees in First Aid

QBQ15	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	22	22.92	22	22.92
Agree	42	43.75	64	66.67
Uncertain	14	14.58	78	81.25
Disagree	17	17.71	95	98.96
Strongly Disagree	1	1.04	96	100.00

Lack of caring, supportive and committed peer educators

QBQ16	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	17	17.71	17	17.71
Agree	43	44.79	60	62.50
Uncertain	19	19.79	79	82.29
Disagree	17	17.71	96	100.00

The FREQ Procedure

If employees know their HIV status, they will live positively, access prevention and care at an early stage

QBQ17	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	38	39.58	38	39.58
Agree	43	44.79	81	84.38
Uncertain	11	11.46	92	95.83
Disagree	4	4.17	96	100.00

Moral of infected employees very low

QBQ18	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	10	10.42	10	10.42
Agree	36	37.50	46	47.92
Uncertain	42	43.75	88	91.67
Disagree	6	6.25	94	97.92
Strongly Disagree	2	2.08	96	100.00

Care and support programmes to be introduced at the workplace

QBQ19	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	49	51.04	49	51.04
Agree	39	40.63	88	91.67
Uncertain	3	3.13	91	94.79
Disagree	5	5.21	96	100.00

The Employee Wellness programme enlightened management on managing HIV/AIDS.

QBQ20	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	15	15.63	15	15.63
Agree	36	37.50	51	53.13
Uncertain	34	35.42	85	88.54
Disagree	11	11.46	96	100.00

Employees who excuse themselves to go and care for the sick are using official time

QBQ21	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	6	6.25	6	6.25
Agree	43	44.79	49	51.04
Uncertain	36	37.50	85	88.54
Disagree	9	9.38	94	97.92
Strongly Disagree	2	2.08	96	100.00

The Department is committed in minimizing the impact of HIV/AIDS

QBQ22	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	13	13.54	13	13.54
Agree	37	38.54	50	52.08
Uncertain	38	39.58	88	91.67
Disagree	7	7.29	95	98.96
Strongly Disagree	1	1.04	96	100.00

Additional sick leave hampers the operation of units

QBQ23	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	23	23.96	23	23.96
Agree	45	46.88	68	70.83
Uncertain	17	17.71	85	88.54
Disagree	10	10.42	95	98.96
Strongly Disagree	1	1.04	96	100.00

Training and recruitment is costly and disruptive

QBQ24	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	24	25.00	24	25.00
Agree	43	44.79	67	69.79
Uncertain	19	19.79	86	89.58
Disagree	10	10.42	96	100.00

Employees living with AIDS know their rights and legal framework.

QBQ25	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	11	11.46	11	11.46
Agree	45	46.88	56	58.33
Uncertain	30	31.25	86	89.58
Disagree	9	9.38	95	98.96
Strongly Disagree	1	1.04	96	100.00

HIV/AIDS policy is in place and employees are aware of it.

QBQ26	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	7	7.29	7	7.29
Agree	45	46.88	52	54.17
Uncertain	32	33.33	84	87.50
Disagree	9	9.38	93	96.88
Strongly Disagree	3	3.13	96	100.00

HIV/AIDS workplace policy covers labour relations and education.

QBQ27	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	7	7.29	7	7.29
Agree	34	35.42	41	42.71
Uncertain	51	53.13	92	95.83
Disagree	2	2.08	94	97.92
Strongly Disagree	2	2.08	96	100.00

HIV/AIDS policy equitable and fair.

QBQ28	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	10	10.42	10	10.42
Agree	33	34.38	43	44.79
Uncertain	50	52.08	93	96.88
Disagree	3	3.13	96	100.00

The FREQ Procedure

HIV positive employees encouraged not to wait too long to confront discrimination.

QBQ29	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Strongly Agree	16	16.67	16	16.67
Agree	44	45.83	60	62.50
Uncertain	30	31.25	90	93.75
Disagree	5	5.21	95	98.96
Strongly Disagree	1	1.04	96	100.00

The MEANS Procedure					
Variable	Mean	Variance	Std Dev	Std Error	Range
QAQ1	2.9166667	1.9298246	1.3891813	0.1417827	4.0000000
QAQ2	2.8125000	1.0802632	1.0393571	0.1060789	3.0000000
QAQ3	1.5208333	0.2521930	0.5021882	0.0512544	1.0000000
QAQ4	2.1458333	0.9890351	0.9945024	0.1015010	5.0000000
QAQ5	3.2916667	0.6929825	0.8324557	0.0849622	3.0000000
QAQ6	2.3645833	6.4656798	2.5427701	0.2595204	9.0000000
QAQ7	1.1979167	0.2446272	0.4945980	0.0504797	3.0000000
QAQ8	3.6041667	1.6732456	1.2935400	0.1320214	4.0000000
QBQ1	2.5312500	0.9253289	0.9619402	0.0981776	4.0000000
QBQ2	2.5625000	0.6276316	0.7922320	0.0808568	4.0000000
QBQ3	2.6250000	1.1210526	1.0587977	0.1080631	4.0000000
QBQ4	2.2187500	0.7621711	0.8730241	0.0891026	4.0000000
QBQ5	2.0208333	0.6521930	0.8075847	0.0824238	3.0000000
QBQ6	2.9062500	0.8437500	0.9185587	0.0937500	4.0000000
QBQ7	2.4791667	0.4837719	0.6955372	0.0709880	3.0000000
QBQ8	2.3333333	0.8350877	0.9138313	0.0932675	4.0000000
QBQ9	2.5416667	0.8403509	0.9167065	0.0935610	4.0000000
QBQ10	2.0833333	0.4561404	0.6753816	0.0689308	3.0000000
QBQ11	2.3437500	0.5226974	0.7229781	0.0737886	3.0000000
QBQ12	2.4375000	0.8381579	0.9155096	0.0934388	3.0000000
QBQ13	2.4366667	1.3192982	1.1486071	0.1172292	4.0000000
QBQ14	2.1875000	0.6592105	0.8119178	0.0828660	4.0000000
QBQ15	2.3020833	1.0972588	1.0475012	0.1069101	4.0000000
QBQ16	2.3750000	0.9526316	0.9760285	0.0996155	3.0000000
QBQ17	1.8020833	0.6446272	0.8028868	0.0819443	3.0000000
QBQ18	2.5208333	0.7153509	0.8457842	0.0863225	4.0000000
QBQ19	1.6250000	0.6157895	0.7847225	0.0800904	3.0000000
QBQ20	2.4270833	0.7946272	0.8914186	0.0909800	3.0000000
QBQ21	2.5625000	0.6907895	0.8311375	0.0848276	4.0000000
QBQ22	2.4375000	0.7328947	0.8560927	0.0873746	4.0000000
QBQ23	2.1770833	0.9051535	0.9513956	0.0971014	4.0000000
QBQ24	2.1562500	0.8490132	0.9214191	0.0940419	3.0000000
QBQ25	2.4166667	0.7298246	0.8542977	0.0871914	4.0000000
QBQ26	2.5416667	0.7771930	0.8815855	0.0899764	4.0000000
QBQ27	2.5625000	0.5644737	0.7513146	0.0766807	4.0000000
QBQ28	2.4791667	0.5258772	0.7251739	0.0740128	3.0000000
QBQ29	2.2812500	0.7095395	0.8423417	0.0859711	4.0000000

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.708485
Standardized	0.759278

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables		Standardized Variables	
	Correlation with Total	Alpha	Correlation with Total	Alpha
QAQ1	0.176516	0.706654	0.162501	0.757952
QAQ2	0.013460	0.714971	0.040688	0.763454
QAQ3	-.035999	0.711674	-.053705	0.767642
QAQ4	0.187297	0.704061	0.186557	0.756852
QAQ5	-.079766	0.717258	-.074389	0.768550
QAQ6	0.032328	0.747111	0.035513	0.763686
QAQ7	0.069567	0.708497	0.048576	0.763102
QAQ8	-.105988	0.727443	-.094206	0.769418
QBQ1	0.394481	0.691646	0.404691	0.746673
QBQ2	0.261884	0.700422	0.276712	0.752690
QBQ3	0.485386	0.684370	0.503881	0.741921
QBQ4	0.354326	0.694978	0.379608	0.747862
QBQ5	0.269023	0.699978	0.259910	0.753470
QBQ6	0.413241	0.691095	0.427889	0.745568
QBQ7	0.280909	0.700238	0.298281	0.751684
QBQ8	0.336076	0.695596	0.377437	0.747965b
QBQ9	0.365189	0.693899	0.382796	0.747711
QBQ10	0.315881	0.698953	0.343291	0.749575
QBQ11	0.360062	0.696472	0.378683	0.747906
QBQ12	0.178221	0.704492	0.164956	0.757840
QBQ13	-.117183	0.725091	-.098050	0.769586
QBQ14	0.106190	0.708001	0.116714	0.760033
QBQ15	0.357737	0.693092	0.350845	0.749220
QBQ16	0.062136	0.711397	0.018499	0.764445
QBQ17	0.431507	0.691871	0.424258	0.745742
QBQ18	0.198829	0.703396	0.204442	0.756031
QBQ19	0.177141	0.704533	0.165835	0.757800
QBQ20	0.535399	0.684524	0.552951	0.739541
QBQ21	0.253405	0.700637	0.248739	0.753988
QBQ22	0.457937	0.689568	0.460166	0.744025
QBQ23	0.069481	0.710769	0.102613	0.760671
QBQ24	0.326763	0.696065	0.329744	0.750212
QBQ25	0.291499	0.698520	0.326442	0.750367
QBQ26	0.282538	0.698826	0.302104	0.751506
QBQ27	0.326787	0.697662	0.352155	0.749158
QBQ28	0.566260	0.687006	0.577158	0.738360
QBQ29	0.195214	0.703586	0.223866	0.755137

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