FEEDBACK REPORT
ON A HIV/AIDS, STDs AND TB STUDY CONDUCTED AMONG GENERAL CONTRACTORS (GCs)

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DEDICATION

This report is dedicated to the prevention and mitigation of the impact of HIV/AIDS, STDs and TB in construction, through the communication of perceptions and information regarding practices, and the raising of awareness.

ACKNOWLEDGEMENTS

A research report, regardless of magnitude, requires acknowledgements and thanks to:

- those GCs that responded to the survey;
- the UPE Research Committee for the granting of funds to the writer, thus enabling the research, and
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ORIGIN OF THE STUDY

This particular study constitutes a specific phase of a greater study commenced in 2000. The first phase, which entailed the conducting of structured interviews with workers, resulted in the release of a Preliminary Report on World AIDS Day, 1 December (2000). The specific phase reported on in this report is the exploratory phase of the management component.

SCOPE OF THE REPORT

This report has been compiled to provide feedback to both respondents and non-respondents to the survey conducted among GCs – it does not include a literature survey.

EXECUTIVE SUMMARY

Policy predominates among documentation, structures, and interventions undertaken by GCs relative to HIV/AIDS, STDs and TB.

There is substantially more emphasis on interventions arranged / undertaken by GCs relative to HIV/AIDS, than relative to STDs and TB. Posters, awareness education (speaker), pamphlets / flyers, condoms (provision of) and induction, predominate among such interventions.

Employee health and employee quality of life predominate in terms of the future impact of HIV/AIDS, STDs and TB relative to various aspects, followed by productivity and training. Cost of construction also features prominently relative to HIV/AIDS.

Awareness education (speaker) and induction predominate among employer related interventions which would help to combat HIV/AIDS, STDs and TB, followed by posters, pamphlets / flyers. Newsletters and videos also feature prominently.

Lack of awareness, lack of education, promiscuity (relative to HIV/AIDS) and socio-economic conditions (relative to TB) predominate in terms of the perceived extent to which various aspects have contributed to the spread of HIV/AIDS, STDs and TB.

The mean incidence of HIV/AIDS, STDs and TB is higher for 2000, than 1999. However, the increase is more pronounced relative to HIV/AIDS.

Given the size of the sample frame, and more importantly, the constituents, the findings relative to documentation, structures and interventions undertaken, should not be viewed as representative of the status quo in South African construction. However, the sample frame enhances the credibility of the other findings.

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1.   OBJECTIVES

The objectives of the study were to determine the:

- documentation, structures and interventions GCs have / conduct / provide;
- the perceived impact HIV/AIDS, STDs and TB has had on construction / society in the past;
- the perceived impact HIV/AIDS, STDs and TB will have on construction / society in the future;
- the employer related interventions which would help to combat HIV/AIDS, STDs and TB;
- the extent to which various aspects have contributed to the spread of HIV/AIDS, STDs and TB, and
- the incidence of HIV/AIDS, STDs and TB for 1999 and 2000.

2.   SAMPLE FRAME AND METHODOLOGY

The sample frame consisted of 23 GCs, who had achieved placings in the Building Industries Federation South Africa (BIFSA) national Health and Safety (H&S) competition and, or BIFSA 4 or 5-Star H&S gradings on one or more of their projects, for the years 1995 to 2000.

A 8-question questionnaire consisting of 152 sub-questions was mailed to the GCs. 13 GCs responded, which represents a response rate of 56.5%.

3.   ANALYSIS

Given that respondents were required to respond in terms of frequency, and impact on a scale of 1 to 5, it was necessary to compute an importance index (II) with a minimum value of 0, and a maximum value of 4.0, to enable a comparison of, and to rank various aspects. The II is calculated using the formula:

$$\frac{4n_1 + 3n_2 + 2n_3 + 1n_4 + 0n_5}{(n_1 + n_2 + n_3 + n_4 + n_5)}$$

where $n_1 =$ Major impact (1)
$n_2 =$ Near major impact (2)
$n_3 =$ Impact (3)
$n_4 =$ Some impact (4)
$n_5 =$ Minor impact (5)

Two further II ranges were calculated:

The Written/Verbal/No/Don't know range of responses resulted in an II range with a minimum value of 0, and a maximum value of 2.0.

$$\frac{2n_1 + 1n_2 + 0n_3}{(n_1 + n_2 + n_3)}$$

where $n_1 =$ Written
$n_2 =$ Verbal
$n_3 =$ No/Don't know

The Yes/No/Don't know range of responses resulted in an II range with a minimum value of 0 and a maximum value of 1.0:

$$\frac{1n_1 + 0n_2}{(n_1 + n_2)}$$

where $n_{1=}$ Yes
         $n_{2=}$ No/Don't know

4. FINDINGS

Table 1 indicates the documentation available, structures in place, and interventions undertaken by GCs relative to HIV/AIDS, STDs and TB. Ranks have been based upon an II with a minimum value of 0, and a maximum value of 2.0.

It is notable, that relative to HIV/AIDS, the values of three of the four IIs are above the midpoint value of 1.0, which indicates that the documentation / interventions / structures can be deemed to be prevalent. However, relative to STDs and TB, only one, and zero of the four respectively, are above the midpoint value of 1.0.

Overall, policy and programme predominate. It is also significant, that the 'mean' rankings largely reflect the rankings relative to the afflictions.

Documentation / Intervention	HIV/AIDS						STDs						TB						Mean	
	Response %				II	Rank	Response %				II	Rank	Response %				II	Rank	II	Rank
	W	V	N	DK			W	V	N	DK			W	V	N	DK				
Policy	76.9	7.70	15.4	0.0	1.62	1	45.5	9.1	45.5	0.0	1.00	1	36.4	18.2	45.5	0.0	0.91	1	1.18	1
Programme	41.7	16.7	41.7	0.0	1.00	2=	36.4	9.1	45.5	9.1	0.82	2	36.4	0.0	54.5	9.10	0.73	2	0.85	2
Committee	16.7	0.0	75.0	8.30	0.33	4	9.1	0.0	81.8	9.1	0.18	4	10.0	0.0	80.0	10.0	0.20	4	0.24	4
Performance management eg. sick leave, transfer to lighter duties	38.5	23.1	38.5	0.0	1.00	2=	18.2	9.10	63.6	9.1	0.45	3	27.3	0.0	63.6	9.10	0.55	3	0.67	3

Table 1: Documentation available, structures, and interventions undertaken by GCs relative to HIV/AIDS, STDs and TB.

Table 2 indicates the extent to which GCs arrange / undertake interventions relative to HIV/AIDS, STDs and TB. Ranks have been based upon an II with a minimum value of 0, and a maximum value of 1.0.

It is notable, that relative to HIV/AIDS, the values of five of the ten IIs are above the midpoint value of 0.5, which indicates that posters, awareness education (speaker), pamphlets/flyers, condoms (provision of) and induction can be deemed to be prevalent. However, relative to STDs and TB, none of the ten are above the midpoint value of 0.5.

Overall, posters, condoms (provision of), pamphlets / flyers, induction, and awareness education (speaker) predominate. It is also significant, that the 'mean' rankings largely reflect the rankings relative to the afflictions.

Intervention	HIV/AIDS					STDs					TB					Mean	
	Response %			II	Rank	Response %			II	Rank	Response %			II	Rank	II	Rank
	Yes	No	DK			Yes	No	DK			Yes	No	DK				
Awareness education (speaker)	66.7	33.3	0.0	0.67	2=	27.3	72.7	0.0	0.27	5	20.0	80.0	0.0	0.20	4=	0.38	5
Condoms (provision of)	58.3	41.7	0.0	0.58	4=	45.5	54.5	0.0	0.45	1	N/A	N/A	N/A	N/A	N/A	0.52	2
Induction	58.3	33.3	8.4	0.58	4=	36.4	54.5	9.10	0.36	4	30.0	60.0	10.0	0.30	3	0.41	4
Newsletters	38.5	61.5	0.0	0.38	6	20.0	80.0	0.0	0.20	6=	20.0	80.0	0.0	0.20	4=	0.26	6
Pamphlets / Flyers	66.7	33.3	0.0	0.67	2=	40.0	60.0	0.0	0.40	2=	40.0	60.0	0.0	0.40	1=	0.49	3
Plays	8.3	91.7	0.0	0.08	10	10.0	90.0	0.0	0.10	9=	0.0	100.0	0.0	0.00	9	0.06	10
Posters	83.3	16.7	0.0	0.83	1	40.0	60.0	0.0	0.40	2=	40.0	50.0	10.0	0.40	1=	0.54	1
Toolbox talks	33.3	66.7	0.0	0.33	7	10.0	90.0	0.0	0.10	9=	20.0	80.0	0.0	0.20	4=	0.21	8
Videos	25.0	75.0	0.0	0.25	8	20.0	80.0	0.0	0.20	6=	20.0	70.0	10.0	0.20	4=	0.22	7
Wellness management ie. counseling etc	18.2	81.8	0.0	0.18	9	11.1	88.9	0.0	0.11	8	11.1	88.9	0.0	0.11	8	0.13	9

Table 2: Interventions arranged / undertaken by GCs relative to HIV/AIDS, STDs and TB.

Table 3 indicates the perceived future impact of HIV/AIDS, STDs and TB on construction / society. Ranks have been based upon II with a minimum value of 0, and a maximum value of 4.0.

It is notable, that relative to HIV/AIDS, the values of all the IIs are above the midpoint value of 2.0, which indicates that the perception that HIV/AIDS will impact on all aspects, can be deemed to be prevalent. It is significant that five of the values are above 3.0, which indicates that the perception exists that HIV/AIDS will have a major or near major impact on the related aspects. However, relative to STDs and TB, two and three respectively, are above the midpoint value of 2.0.

Relative to HIV/AIDS, employee health, and employee quality of life predominate among aspects, followed by productivity, training, and cost of construction. Relative to STDs, employee quality of life, employee health, productivity, training, and re-training predominate. Relative to TB, employee health, employee quality of life, and productivity predominate.

It is significant, that with the exception of quality of work, overall, the values of all the 'mean' IIs are above the midpoint value of 2.0. It is also significant that the 'mean' rankings largely reflect the rankings relative to the afflictions. Overall, employee quality of life, and employee health, predominate.

Aspects	HIV/AIDS							STDs							TB							Mean	
	Response %					II	Rank	Response %					II	Rank	Response %					II	Rank	II	Rank
	Major .... Minor							Major .... Minor							Major .... Minor								
	1	2	3	4	5			1	2	3	4	5			1	2	3	4	5				
Cost of construction	38.5	38.5	15.4	7.7	0.0	3.08	5	8.3	8.3	33.3	25.0	25.0	1.50	8	8.3	8.3	33.3	33.3	16.7	1.58	7=	2.05	6
Employee health	84.6	15.4	0.0	0.0	0.0	3.85	1=	16.7	41.7	16.7	8.3	16.7	2.33	2	33.3	25.0	16.7	25.0	0.0	2.67	1	2.95	2
Employee quality of life	84.6	15.4	0.0	0.0	0.0	3.85	1=	25.0	33.3	33.3	0.0	8.3	2.67	1	33.3	16.7	33.3	8.3	8.3	2.58	2	3.03	1
Productivity	53.8	23.1	15.4	7.7	0.0	3.23	3	8.3	33.3	16.7	25.0	16.7	1.92	3=	25.0	33.3	0.0	25.0	16.7	2.25	3	2.47	3
Project programme	30.8	30.8	23.1	15.4	0.0	2.77	7	8.3	16.7	25.0	33.3	16.7	1.67	6=	8.3	8.3	33.3	33.3	16.7	1.58	7=	2.01	7
Quality of work	38.5	7.7	30.8	15.4	7.7	2.54	8	8.3	16.7	25.0	33.3	16.7	1.67	6=	8.3	8.3	41.7	33.3	8.3	1.75	5	1.99	8
Training	30.8	53.8	15.4	0.0	0.0	3.15	4	8.3	25.0	33.3	16.7	16.7	1.92	3=	16.7	16.7	16.7	33.3	16.7	1.83	4	2.30	4
Re-training	30.8	38.5	15.4	15.4	0.0	2.85	6	8.3	33.3	16.7	16.7	25.0	1.83	5	8.3	25.0	16.7	25.0	25.0	1.67	6	2.12	5

Table 3: Perceived future impact of HIV/AIDS, STDs and TB on construction/society.

Table 4 indicates the perceived extent to which employer related interventions would help to combat HIV/AIDS, STDs and TB. Ranks have been based upon an II with a minimum value of 0, and a maximum value of 1.0.

It is significant that, with the exception of plays relative to STDs and TB, all the II values are above the midpoint value of 0.5, which indicates that the perception that the interventions would help to combat HIV/AIDS, STDs and TB, is prevalent. Relative to HIV/AIDS, awareness education (speaker) and induction predominate, followed closely and jointly by newsletters, pamphlets / flyers, posters, and videos. Relative to STDs, induction and awareness education (speaker) predominate, followed closely by posters, and then, condoms (provision of), pamphlets / flyers, and videos. Relative to TB, newsletters, and pamphlets/flyers predominate, followed closely by awareness education (speaker) and posters.

Overall, awareness education (speaker), induction, pamphlets / flyers, and posters predominate.

Intervention	HIV/AIDS					STDs					TB					Mean	
	Yes	No	DK	II	Rank	Yes	No	DK	II	Rank	Yes	No	DK	II	Rank	II	Rank
Awareness education (speaker)	100.0	0.0	0.0	1.00	1	90.9	9.1	0.0	0.91	2	72.7	27.3	0.0	0.73	3=	0.88	1
Condoms (provision of)	75.0	25.0	0.0	0.75	7	75.0	25.0	0.0	0.75	4=	N/A	N/A	N/A	N/A	N/A	0.75	6
Induction	92.3	7.7	0.0	0.92	2	91.7	8.3	0.0	0.92	1	63.6	36.4	0.0	0.64	7	0.83	2
Newsletters	83.3	16.7	0.0	0.83	3=	66.7	33.3	0.0	0.67	7=	81.8	18.2	0.0	0.82	1=	0.77	5
Pamphlets / Flyers	83.3	16.7	0.0	0.83	3=	75.0	25.0	0.0	0.75	4=	81.8	18.2	0.0	0.82	1=	0.80	3=
Plays	50.0	41.7	8.3	0.50	9	45.5	45.5	9.1	0.45	9	36.4	54.5	9.1	0.36	8	0.44	9
Posters	83.3	8.3	8.3	0.83	3=	83.3	8.3	8.3	0.83	3	72.7	18.2	9.1	0.73	3=	0.80	3=
Toolbox talks	66.7	33.3	0.0	0.67	8	66.7	33.3	0.0	0.67	7=	63.6	36.4	0.0	0.64	5=	0.66	8
Videos	83.3	16.7	0.0	0.83	3=	75.0	25.0	0.0	0.75	4=	63.6	36.4	0.0	0.64	5=	0.74	7

Table 4: Extent to which employer related interventions would help to combat HIV/AIDS, STDs and TB.

Table 5 indicates the extent to which HIV/AIDS, STDs and TB are perceived to have impacted on construction / society in the past. Ranks have been based upon an II with a minimum value of 0, and a maximum value of 4.0.

It is significant that TB is the only affliction for which any of the II values are above 2.0, namely employee quality of life, and employee health.

Aspects	HIV/AIDS							STDs							TB							Mean	
	Response %					II	Rank	Response %					II	Rank	Response %					II	Rank	II	Rank
	Major .... Minor							Major .... Minor							Major .... Minor								
	1	2	3	4	5			1	2	3	4	5			1	2	3	4	5				
Cost of construction	11.1	0.0	11.1	33.3	22.2	1.29	8	12.5	0.0	0.0	50.0	25.0	1.14	4=	12.5	0.0	0.0	62.5	12.5	1.29	5=	1.24	7
Employee health	11.1	0.0	44.4	11.1	11.1	1.86	1	12.5	0.0	37.5	37.5	0.0	1.86	1=	25.0	0.0	62.5	0.0	0.0	2.57	1	2.10	1
Employee quality of life	11.1	0.0	33.3	22.2	11.1	1.71	2	12.5	0.0	37.5	37.5	0.0	1.86	1=	25.0	0.0	50.0	12.5	0.0	2.43	2	2.00	2
Productivity	11.1	0.0	33.3	11.1	22.2	1.57	3=	12.5	0.0	12.5	50.0	12.5	1.46	3	12.5	0.0	37.5	25.0	12.5	1.71	3	1.58	3
Project programme	11.1	0.0	22.2	22.2	22.2	1.43	6=	12.5	0.0	12.5	12.5	50.0	1.00	7=	12.5	0.0	12.5	25.0	37.5	1.14	7=	1.19	8
Quality of work	11.1	0.0	22.2	22.2	22.2	1.43	6=	12.5	0.0	12.5	25.0	37.5	1.14	4=	12.5	0.0	12.5	50.0	12.5	1.43	4	1.33	4
Training	11.1	0.0	22.2	33.3	11.1	1.57	3=	12.5	0.0	12.5	12.5	50.0	1.00	7=	12.5	0.0	12.5	37.5	25.0	1.29	5=	1.29	5
Re-training	11.1	11.1	11.1	22.2	22.2	1.57	3=	12.5	12.5	0.0	12.5	50.0	1.14	4=	12.5	12.5	0.0	12.5	50.0	1.14	7=	1.28	6

Table 5: Perceived impact HIV/AIDS, STDs and TB has had on construction/society in the past.

Table 6 indicates the extent to which various aspects are perceived to have contributed to the spread of HIV/AIDS, STDs and TB. Ranks have been based upon an II with a minimum value of 0, and a maximum value of 4.0.

It is significant that, with the exception of belief in myths relative to TB, all the II values are above the midpoint value of 2.0, which indicates that all the aspects are perceived to have contributed to the spread of HIV/AIDS, STDs and TB. It is highly significant that the predominating and top three ranked aspects relative to HIV/AIDS and STDs have II values > 3.63: lack of awareness; lack of education, and promiscuity. It is also significant that the predominating and top three ranked aspects relative to TB have II values > 3.0: lack of awareness; lack of education, and socio-economic conditions.

Aspects	HIV/AIDS							STDs							TB							Mean	
	Response %					II	Rank	Response %					II	Rank	Response %					II	Rank	II	Rank
	Major .... Minor							Major .... Minor							Major .... Minor								
	1	2	3	4	5			1	2	3	4	5			1	2	3	4	5				
Lack of awareness	92.3	7.7	0.0	0.0	0.0	3.92	1	90.9	9.1	0.0	0.0	0.0	3.91	1	54.5	9.1	27.3	9.1	0.0	3.09	1	3.64	2
Lack of education	84.6	15.4	0.0	0.0	0.0	3.85	2	81.8	18.2	0.0	0.0	0.0	3.82	2	45.5	18.2	27.3	9.1	0.0	3.00	2=	3.56	3
Misconceptions	38.5	38.5	15.4	7.7	0.0	3.08	4	45.5	36.4	9.1	9.1	0.0	3.18	4	18.2	27.3	36.4	18.2	0.0	2.45	4	2.90	5
Belief in myths	38.5	23.1	23.1	15.4	0.0	2.85	6	36.4	18.2	27.3	18.2	0.0	2.73	6	18.2	9.1	18.2	36.4	18.2	1.73	5	2.44	6
Socio-economic conditions	15.4	61.5	23.1	0.0	0.0	2.92	5	18.2	54.5	27.3	0.0	0.0	2.91	5	36.4	27.3	36.4	0.0	0.0	3.00	2=	2.94	4
Promiscuity	76.9	15.4	7.7	0.0	0.0	3.69	3	72.7	18.2	9.1	0.0	0.0	3.64	3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3.67	1

Table 6: Perceived extent to which various aspects have contributed to the spread of HIV/AIDS, STDs and TB.

Table 7 indicates the approximate incidence of HIV/AIDS, STDs and TB per 100 workers for the years 1999 and 2000. The question was not accompanied by criteria and the GCs were not required to qualify the basis for the cited incidence.

It is notable that the mean incidence for each affliction is higher for 2000, than for 1999. However, the increase is more pronounced relative to HIV/AIDS, than relative to STDs and TB.

Affliction	Year	Incidence per 100 workers (%)				
		0	$> 0 \leq 5$	$> 5 \leq 10$	> 10	Mean
HIV/AIDS	1999	10.0	60.0	20.0	10.0	5.50
	2000	11.1	55.6	0.0	33.3	8.11
STDs	1999	33.3	22.2	22.2	22.2	5.67
	2000	37.5	12.5	25.0	25.0	6.62
TB	1999	25.0	50.0	12.5	12.5	5.37
	2000	25.0	37.5	25.0	12.5	6.25

Table 7: Incidence of HIV/AIDS, STDs and TB per 1000 workers for the years 1999 and 2000.

5. CONCLUSIONS

GCs generally have documentation, structures in place and undertake interventions relative to HIV/AIDS. There is substantially less emphasis relative to STDs and TB. However, given the size of the sample frame, and more importantly, the constituents, the aforementioned cannot be deemed to be representative of the status quo in South African construction.

GCs perceive the future impact of HIV/AIDS as major and/or near major relative to various aspects.

Employers can undertake a number of interventions, which would help to combat HIV/AIDS, STDs and TB.

TB has had more of an impact on construction / society in the past, than HIV/AIDS and STDs.

Various aspects have contributed to the spread of HIV/AIDS, STDs and TB, which amplifies the need for employers to undertake interventions to combat the afflictions, inter alia, awareness education (speaker), induction, and pamphlets / flyers.

The incidence of HIV/AIDS, STDs and TB indicates prevalence of these afflictions in the construction industry.

6. RECOMMENDATIONS

Given the perceived future impact of HIV/AIDS, STDs and TB on construction / society in the future, in particular, HIV/AIDS, GCs should ensure that they have policy programmes, committees and performance management strategies in place. GCs should also adopt a holistic approach to raise the level of awareness, inter alia, induction, toolbox talks, display of posters, publishing of newsletters, showing of videos, and the provision of condoms.

The potential impact on construction / society in the future amplifies the need for a multi-stakeholder approach. Employer and employee associations should engender awareness and interventions through inserts in newsletters and the publication of guidelines.

The Construction Education and Training Authority (CETA) and the National Department of Public Works should (and can) drive the process through the establishment of unit standards and an all encompassing programme respectively.