State and Employer Involvement in Work-Care Integration in South Africa

Lisa Anne Dancaster

A thesis submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, Work and Organisational Studies, University of Sydney Business School, August 2012.
Statement of Originality

This is to certify that to the best of my knowledge, the content of this thesis is my own work. This thesis has not been submitted for any degree or other purposes.

I certify that the intellectual content of this thesis is the product of my own work and that all the assistance received in preparing this thesis and sources have been acknowledged.

__________________________________
Lisa Anne Dancaster
Abstract

The combination of work and care presents enormous challenges for employees in South Africa. The South African government has recently acknowledged the need to assist employees with work-care integration in the Green Paper on Families (2011), which recommends that employers implement family-friendly work environments for employees. Although encouraging, there is still very little known about what employers and the state are doing to assist employees with the combination of work and care. In answering the primary research question: ‘What are employers and the state currently doing to assist employees with the combination of work and care in South Africa?’ this thesis analyses the roles of these two central actors in the work-care debate.

Given that the majority of existing research has been undertaken in Anglo-centric countries with developed market economies, the contrasting contextual setting of this thesis contributes to the scholarly literature on work and care. Furthermore, there are no studies with a combined focus on the role of the state and employers in work-care integration in South Africa. There is also little available evidence on the nature and spread of work-care arrangements in South African organisations. By exploring these research gaps, this thesis provides a more informed basis for future policy development.

Using a combined neo-institutional and economic theoretical perspective the study analyses the adoption of work-care arrangements in South African organisations. Organisational characteristics derived from the literature are combined with institutional conditions to predict the adoption of work-care arrangements in South African organisations.

Key findings from the results highlight two organisational characteristics as determinative of the adoption of work-care arrangements in South African organisations, namely organisational size and the increased presence of females in senior managerial positions in organisations. Both economic and neo-institutional
theories are found to be useful in predicting the organisational characteristics associated with the adoption of work-care arrangements in these organisations.

Overall, the study points to low levels of adoption of work-care arrangements by South African employers and evidence that employers in South Africa are not going beyond legislative minima in the provision of work-care arrangements. Based on the findings of the study, the thesis provides recommendations for regulatory reform in the area of work-care integration and addresses potential work-care policy rationales for South Africa.

This thesis is significant in that it expands the contextual lens of work-care research into a developing country with a culturally diverse society. It also challenges some of the traditional assumptions governing work and care on which much of the existing Anglo-centric research is based. Furthermore, the study expands on this existing research by incorporating a detailed focus on the regulatory role of the state in work-care integration, and a critical evaluation of legislation regulating work and care in South Africa. Through an incorporation of this analysis of the role of the state, the thesis not only explores the interaction of the law on the action of business organisations in the adoption of work-care arrangements, but also provides recommendations for legislative reform in the area of work-care integration in South Africa.
Acknowledgements

This thesis was undertaken whilst living in Australia and South Africa. I am grateful to many people in both countries, who assisted me in various ways with its completion.

In particular, thank you to my supervisor, Professor Marian Baird. Not only did you stretch me intellectually and provide the encouragement and guidance I needed to complete this thesis but also, in the process of this PhD., I have come to know you as a friend. Thank you for making the vast distance between our continents seem insignificant to the completion of my thesis and for your constant email and telephonic assistance when I was not living in Australia. I am particularly grateful that you were interested in work and care in South Africa and that you travelled over here on a few occasions to see for yourself the contextual setting that motivated this study.

I am grateful too, to Professor Suzan Lewis for coming over from the UK to present at a Work-Family Symposium that I held in Cape Town. You inspired me enormously when I first started researching work-care integration, not only through your own expansive research on the topic, but also through your encouragement for me to explore work-care integration in South Africa and for your valuable comments on an early draft paper.

Thank you also to Professor Anne Bardoel for answering my questions regarding theoretical perspectives on organisational involvement in work-care integration.

I am also grateful to Professor Clive Thompson for providing me with the catalyst for this research in his article on the ‘Changing Nature of Employment’ (2003) and for providing me with valuable feedback on an early draft chapter when I was living in Sydney.

There are a number of academics in the Health Economics and HIV/AIDS Department (HEARD) at the University of KwaZulu Natal (UKZN) who supported
me, in one way or another, during this PhD. I would particularly like to thank
Professor Alan Whiteside for offering me a home as a Senior Researcher at HEARD
for two years and for keeping up the relentless pressure on me to finish this thesis.

Thank you also to colleagues at HEARD, some of whom were engaged in their own
PhDs’ in parallel to mine and who provided the encouragement, intellectual
stimulation and/or patience to read through drafts of this thesis. In particular thank
you to Dr. Caroline Kuo, Marisa Casale and Dr. Alison Misselhorn.

Other colleagues at UKZN who I would like to thank are Professor Tammy Cohen for
her interest in this topic and exchange of ideas on the legal regulation of work-care
integration in South Africa, Professor Geoff Harris for assistance with my
questionnaire design and Professor Shahida Cassim for discussions on theory,
quantitative analysis and PhD. writing.

Academics at other tertiary institutions in South Africa to whom I am grateful for
assistance in various ways with this thesis include Associate Professor Jeffrey
Bagraim from the University of Cape Town (UCT), who co-hosted the Work-Family
Symposium in Cape Town and looked at an early draft of my questionnaire; Dr Zitha
Mokomane from the Human Sciences Research Council for exchanging ideas on
work and care in South Africa and suggestions for future research and Professor Ria
Smit from the University of Johannesburg for agreeing to present at the Work-Family
Symposium.

There are a number of specific organisations to which I am particularly grateful.
Thank you to HEARD for the sponsoring the Work-Family Symposium in 2009.
Thank you also to the Businesswomen’s Association of South Africa (BWASA) for
supporting my research through assistance with the pre-testing phase of the study and
for partnering with HEARD and the UCT at the Work-Family Symposium. Thank
you also to the University of Sydney for the generous PhD scholarship that has
supported me in my studies.

For all the heartache that this thesis has caused at times, and for the days I spent
behind the computer when we were on holiday or enjoying ‘time out’ as a family, I
am sorry to you my beloved family - Bill, Richard and Olivia. Your support of my efforts and encouragement when times were tough were invaluable to me. It must be stated though, that the answer to your question Richard, is ‘no’ – I am not the oldest person to ever complete a PhD!

Finally, you ensured I never gave up on this thesis Dad, and for that I was both angry at times, and am now immensely grateful. I’m not quite sure what motivated you to see that I saw this through or what gave you the courage to tackle me to keep at it, but I suspect it is the value you have always placed on our education and your desire to see us do the best for ourselves.

Thank you.
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Chapter One

Introduction

1.1. Introduction

South Africa is a country with a rich cultural diversity and a population of almost fifty million people. Figures show a consistent increase in labour force participation in the country over the last ten years, with statistics for 2012 indicating that the labour force now numbers nearly eighteen million (StatsSA, 2012). Despite being the economic powerhouse of Africa, there is still large-scale unemployment in the country and extreme divides in the population, primarily along racial lines, with regard to poverty and inequality. This context is different from most of the countries in which the existing work-care research has taken place. Tensions between work and care exist in South Africa as they do in the UK, Europe, America and Australia, however, the HIV/AIDS pandemic means that work-care issues take on an extra dimension in South Africa and that the demand for care is high. Some scholars (for example Makina, 2009; and Lund, 2010) have argued that a ‘care crisis’ exists in South Africa. Much of the burden of this care is falling on female caregivers in private households (Ogden, Esim & Grown, 2006; Akintola, 2004; Orner, 2006). At the same time there has been an increase in female labour force participation, from 38 percent in 1995 to 48.5 percent in 2012 (StatsSA, 2012). Inevitably employed caregivers are finding it increasingly difficult to combine work and care (Rajaraman, Russell & Heymann, 2006). Yet little is known about how workers combine their work and care responsibilities and what formal policies are made available to them by their employers or in legislative provisions.

Against this backdrop and research void this thesis examines and analyses public policy provisions and employer measures to assist employees with work-care integration. The thesis asks and seeks to answer the overarching question: What are employers and the state doing to assist employees with the combination of work and care in South Africa?
Such an examination has not been undertaken in South Africa before. Both state and employer policies are important to framing the environment in which employees combine work and care. Research internationally has tended to focus on the involvement in work-care integration of these two actors individually, focusing either on employer measures or state policy to assist employed caregivers, but seldom examining them together. However, Bailyn, Drago and Kochan (2001) highlight the need to examine, in a more integrated way, the combined actions of the different actors, including the state and employers, towards assisting employees with work-care integration. They argue that solutions to the problems of work-care integration cannot be achieved by the efforts of individual actors, but require a concerted focus and response from multiple actors including the state, employers, trade unions, professional associations and communities.

In South Africa research into measures to assist employees with work-care integration, either by the state or by employers is virtually non-existent. Although there is growing research into the political and social economy of care in South Africa (Budlender, 2008; Lund, 2009; Lund & Budlender, 2009; Lund, 2010) and, in particular, the psychological and physiological effects on carers of persons living with HIV/AIDS (PLWHA) (Steinberg, Johnson, Schierhout & Ndeegwa, 2002; Akintola, 2004; Ogden et al., 2004; Orner, 2006; Freeman & Nkomo, 2006), there remains an absence of research examining employer involvement in work-care arrangements. Given the potential significance of the role of the state in setting policies relating to work-care integration, there is also a lack of critical evaluation of the state’s legislative offerings for work-care integration.

The current literature on work and family and work and care, expansive as it is, provides few clues as to the role of the state or employers in South Africa. Ayree (2005) makes the proposition that work-family issues have not been recognised as a legitimate business concern by Sub-Saharan organisations but provides no empirical support for this. Researchers such as Heymann, Earle and Hanchate, (2004), Poelmans, (2005) and Lewis, Rapoport and Gambles (2007), have recognised the need for more global studies in the area of work-care integration, in particular studies outside the Anglo-centric domain in which they have predominantly taken place. Others (Powell, 1996; Suchman & Edelman, 1996; Edelman & Suchman, 1997;
Ollierre – Malaterre, 2009) have highlighted the need to consider in more detail the effect of laws on organisational change.

In addressing these identified research gaps, this thesis aims to expand the contextual lens of work-care studies in South Africa within a framework that incorporates the actions of two important actors in the work-care integration domain: employers and the state (or the law). The study of employer involvement in work-care integration is undertaken by focusing on organisational characteristics and institutional conditions as predictors of the adoption of work-care arrangements in South African organisations. Neo-institutional theory and considerations of economic rationality inform the propositions developed relating to the organisational characteristics and institutional conditions selected for testing in the study on the adoption of work-care arrangements in South African organisations. The focus on state involvement in work-care integration investigates the regulatory role of the state in work-care integration in South Africa, including a critique of current legislation and recommendations for legislative reform.

1.2. Research Questions

As explained above, the central research question that this thesis seeks to answer is:

*What are employers and the state currently doing to assist employees with the combination of work and care in South Africa?*

There is very little research in South Africa that has dealt with this question. In terms of an analysis of state involvement in work-care integration, Dancaster and Baird (2008) provide an analysis of the legal regulation of work and care in South Africa and Cohen and Dancaster (2009a, 2009b) and Dancaster and Cohen (2010) examine family responsibility discrimination litigation, focusing on considerations for the introduction of the legal right to request flexible working arrangements in South Africa. However, apart from these few articles there is no other research, and research of a contemporary nature, that critically examines the role of the state in assisting
employees with the combination of (paid) work and care and specifically, the legislative provisions for work-care integration in South Africa.

There is also very little research that examines employer measures for the integration of work and care and none that does so using a theoretical framework for analysis. Elsely (2007) and Benjamin (2007) provide evidence of findings in relation to selected work-care arrangements in South African organisations, primarily leave provisions, but their study findings are part of a larger project on collective bargaining outcomes in general and do not incorporate a theoretical perspective or findings on a broad array of work-care arrangements.

Given the focus of this thesis on state and employer measures to assist employees with work-care integration, a set of sub-questions derives from the overarching question. These are:

i. What work-care arrangements are employers in South Africa adopting to assist employees with the combination of work and care?

ii. What predicts their existence in organisations?

iii. Are these measures going beyond legislative minima regulating work-care integration? And

iv. In light of the answers to the above questions, what regulatory reforms should the South African government consider towards assisting employees with work-care integration?

These research questions aim to address the identifiable gaps in South African research, which are summarised as follows:

1. The absence of research examining both employers and the state as actors towards the advancement of work-care integration;

2. The absence of research into the nature and spread of work-care arrangements in South African organisations using a composite bundle of work-care arrangements;

3. The absence of research looking at organisational characteristics and institutional conditions as predictors of work-care arrangements using a neo-institutional and an economic theoretical perspective;
4. The limited research providing a critical examination of current legislation regulating work-care integration in South Africa;

5. The absence of detailed recommendations for legislative reform in the area of work-care integration; and

6. The absence of research that considers state policy for work-care integration in South Africa, the drivers towards such policy and suggested rationales for this policy.

1.3. Terminology

Prior to a discussion on the conceptual design for this study it is necessary to explain the terminology used in this thesis. Terminology dealing with the combination of work and care/work and family and/or work and life is constantly evolving and variations in terminology are not only a function of the nature of the studies undertaken, but are also dependent on context. Terms such as ‘work-life balance’, ‘work-personal life integration’ (Lewis, Rapoport & Gambles, 2003) and, more recently, ‘work-personal life harmonisation’ (Gambles, Lewis & Rapoport, 2006) have been utilised in an effort to accurately describe the nature of the relationship between work and family and work and life in general.

The term used in this study to encompass the combination of employment and the provision of care by employees is ‘work-care integration’. The term ‘work-care’ is distinguished from commonly used terms such as ‘work-life’ and ‘work-family’ because it is felt that it best describes the nature of the work arrangements under investigation and fits the South African context of diverse family structures as discussed below. The term ‘work-family’ is however retained in circumstances where reference is made to studies that have used that particular term.

‘Work-life’ is considered too broad a term for this study. It includes the ability to integrate work into one's whole life and may include issues unrelated to family and care considerations, such as the ability to take time off work to pursue personal interests or self development goals or to be involved in community issues. This study, with its focus on the combination of work and care is not in the broader ‘work-life’ domain. This is because it focuses on an employee’s care activities in relation to
others and not on those activities that are undertaken by an employee outside of employment that are unrelated to the provision of care. ‘Work-care’ is a narrower concept than ‘work-life’, referring to the management of one’s dependant-care responsibilities (whether with spouse/partner, children, relatives, etc) in addition to the responsibilities of the job and excluding more general ‘work-life’ issues that are unrelated to the need to care.

The ‘work-care’ focus of this study brings with it the challenge of addressing the question of what the concept of ‘care’ means and with it, the question of to whom a relationship of care ought to be recognised. Daly and Lewis (2000, p.284) note that “for all that it is widely used, the concept of care is both ambiguous and contested”. The use of the term ‘care’ as opposed to ‘family’ is a deliberate attempt to avoid the potential restrictions that traditional conceptions of ‘family’ can have. This is particularly so in the South African context where family configurations are extremely varied.

As Lund (2009, p.15) notes:

“South Africa is an extreme example of a society with fractured families, households in which structures are complex, fluid, with wide boundaries and definitions as to what constitutes ‘my family’, ‘my brother’, and ‘my aunt’. A shared family name, or clan name, carries recognition of a person with the same name as ‘family’. This might determine in really important ways who can be counted on as carers, as well as who will be counted as or assumed to be carers.”

In this context of care giving, biological degrees of association and legal constructs of family do not cater for those ‘non-family’ or ‘non-adult’ individuals who have become caregivers. Given the high prevalence of HIV/AIDS and its effect on care giving in South Africa, this is particularly relevant. Studies in South Africa show with regard to HIV/AIDS care, that there has been an increase in child-headed households and that children and members outside of the immediate family unit are increasingly taking on the burden of care in instances where parents have died as a result of the virus (Cluver, Operario & Gardner, 2009). It is for this reason that the term ‘work-care’ rather than ‘work-family’ is preferred for this study.
Drago (2007) notes that it is by focusing on the provision or expectation of unpaid work that we hone in on the ways families are created – through the development of relationship. In this context of care giving the concepts of ‘dependency’ and ‘relationship’ are more accurate than biological degrees of association and legal constructs of relationships. As Daly and Lewis (2000, p.283) note:

“Theorists of care (Gilligan 1982; Tronto 1993; Bubeck 1995) have highlighted the importance of care as a relationship, and the interconnectedness and interdependence that characterise it”.

A focus on ‘work-care’ rather than on ‘work-family’ not only provides more accurately for the South African context in which family configurations defy traditional boundaries but also focuses on the activities involved in the concept of ‘care’ itself. Both of these factors, namely family configurations and the activities involved in care work, require special consideration in the context of HIV/AIDS, which are particularly pertinent in the South African context. Care activities involved in looking after someone with HIV/AIDS have been shown to impose significant physical, psychological and financial burdens on the caregiver ((Steinberg et al, 2002; Akintola, 2004; Ogden, Esim & Grown, 2004; Orner, 2006; Freeman & Nkomo, 2006). This is exacerbated by the fact that, as research has shown, in many households in which there are persons caring for someone with HIV/AIDS, there is poverty and lack of access to basic sanitation such as flush toilets and clean water (Steinberg et al., 2002). Similarly the research has shown that care of children orphaned as a result of HIV/AIDS are likely to require even more emotional sustenance from their new primary caregivers than from their initial carer because in the case of HIV/AIDS most would have had to endure both the stress of a long and difficult parental illness and parental death (Wild, 2001 as cited in Freeman & Nkomo, 2006, p.303). A focus on ‘work-care’ rather than ‘work-family’ better fits this context and permits a closer scrutiny of the nature of care work to be undertaken.

In terms of the activities involved in care work, Makina (2009, p. 309) notes that the concept of ‘care’ encompasses:
“The direct care of people and includes work such as feeding and bathing a young child - and the domestic tasks that are a precondition for care giving, such as preparing meals, cleaning, organising and purchasing food, or collecting water and fuel. It also extends to looking after those with intense and special needs, including young children, frail elderly people, and people with various illnesses and disabilities”.

The term ‘care’ in this study refers to this unpaid care work and includes care in relation to both children and adults. It also encompasses care for persons, (both children and adults), who are ill, care for the elderly, care for persons with a physical or mental incapacity and care in relation to a newborn child and/or for early childhood development. It includes care in the context of HIV/AIDS both in terms of care for orphaned children and care for sick adults and children with HIV/AIDS.

As this study analyses employer provisions, the terminology used in the study to encompass those practices introduced by employers to assist employees who are caregivers is ‘work-care arrangements’. ‘Work-care arrangements’ are defined for the purposes of this study as any informal or formal arrangement in an organisation that aims to assist employees with the combination of work and care. The specific work-care arrangements identified for inclusion in this study appear in Table 1 below. The four categories used and the individual work-care arrangements selected for this study are fully explained in Chapter Four.
Table 1: Work-Care Arrangements Selected for this Study

<table>
<thead>
<tr>
<th>Flexible Working Arrangements</th>
<th>Information/Supportive Facilities</th>
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</thead>
<tbody>
<tr>
<td>1. Move from full-time to part-time employment on a <em>permanent</em> basis.</td>
<td></td>
</tr>
<tr>
<td>2. Move from full-time to part-time employment on a <em>temporary</em> basis.</td>
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<tr>
<td>3. <em>Regularly</em> work flexible starting and finishing times.</td>
<td></td>
</tr>
<tr>
<td>4. <em>Occasionally</em> work flexible starting and finishing times.</td>
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</tr>
<tr>
<td>5. Work compressed workweek.</td>
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<tr>
<td>6. Work at home on a <em>regular</em> basis.</td>
<td></td>
</tr>
<tr>
<td>7. Work at home on an <em>occasional</em> basis.</td>
<td>1. Information on HIV/AIDS care facilities.</td>
</tr>
<tr>
<td></td>
<td>2. Information on care facilities for the elderly.</td>
</tr>
<tr>
<td></td>
<td>3. Information on childcare facilities in the community.</td>
</tr>
<tr>
<td></td>
<td>4. Training, on work-family issues.</td>
</tr>
<tr>
<td></td>
<td>5. Programmes designed to help employees deal with problems that may affect their work and personal life.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependant Care Assistance</th>
<th>Leave Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A day-care facility.</td>
<td>1. Maternity leave.</td>
</tr>
<tr>
<td>2. Payment for childcare.</td>
<td>2. Family Responsibility Leave.</td>
</tr>
<tr>
<td>4. Reimbursement for childcare costs when employees are asked to work beyond normal working hours.</td>
<td>4. Parental Leave/Carers Leave.</td>
</tr>
<tr>
<td>5. Childcare for school-age children who are on vacation.</td>
<td>5. Paid time off to attend antenatal or postnatal courses/clinics.</td>
</tr>
</tbody>
</table>
1.4. The Study

This study focuses on two main actors in the work-care domain, the state and employers. The focus of the enquiry into these two actors seeks to establish what they are doing to assist employees with the combination of work and care. In the case of the state, the focus is on legislative arrangements, policy rationale and suggestions for legislative reform. This form of critical enquiry will permit findings to be made on the current policy, and suggested future legislative provisions to assist employees with the combination of work and care.

The focus on employer involvement in work-care arrangements is on the nature and spread of work-care arrangements and the extent to which employers go beyond legislative minima. It also considers institutional conditions and economic considerations that impact on the nature and spread of work-care arrangements in South African organisations and examines which organisational characteristics are associated with the increased adoption of work-care arrangements in these organisations.

The structure of the thesis, focusing on these two different actors in this study is illustrated in Figure 1 below. The focus is initially on the individual actors separately, namely the state and employers, in terms of their involvement in work-care integration. The focus then shifts to an analysis of the actors together. This occurs through an examination of the extent to which employers are going beyond state imposed legislative minima and the influence this has on recommendations for legislative reform. The intersection of the analysis of the state and employers is illustrated in the two boxes to the right of the model.
The scope of the study needs to be clearly demarcated within the full range of potential focus areas for research on organisational involvement in work-care integration. Poelmans (2005, p.441) identifies the scope of potential research into organisational involvement in work-family arrangements into four areas or steps, namely the adoption, design, implementation and allowance of these measures. The first of these, the adoption of workplace policies, is the focus of analysis for this study. Allowance is also considered in so far as the study examines whether or not the work-care arrangements are available to all or only some of the workforce and considers the different types of eligibility qualifications that exist for take up of the arrangements, but the actual take up of these arrangements by employees is not within the scope of the research. Consideration of the implementation of work-care arrangements, including an examination of factors that act as barriers to implementation, and an examination of the outcomes of the adoption of work-care arrangements are beyond the scope of the study.
The study of employer involvement in work-care integration in South African organisations draws on theoretical approaches used in existing studies that have sought to explain the variability in the adoption of work-care arrangements in organisations. These studies started in America the early 1990’s (Goodstein, 1994; Ingram & Simons, 1995) using a theoretical framework incorporating neo-institutional theory into Oliver’s (1991) model of strategic choice. Neo-institutional theory focuses on organisational responsiveness to institutional pressures and has been used to explain organisational conformity to the environment (Oliver, 1991). In the context of the adoption of work-care arrangements, neo-institutional theory considers factors in the environment including changes in the workforce such as an increase in female labour force participation, state regulations on work-care integration and the extent to which the importance of work-care integration is recognised in society, to examine how organisations respond to these environmental conditions. Neo-institutional theory provides explanations for how organisations behave and emphasises the importance of legitimacy in determining organisational behaviour as the driving force behind organisational conformity in response to institutional pressures.

A significant critique of early neo-institutional theory is its focus on homogeneity and conformity in organisations and the relative inattention given to active agency on the part of organisations (Oliver, 1991). For this reason, studies on the adoption of work-care arrangements have tended to incorporate theoretical perspectives that incorporate, together with institutional theory, a focus on organisations as active agents. This approach takes into account considerations by organisations relating to decisions on the costs and benefits of adopting new work practices and does not only focus on an analysis of organisational conformity to institutional pressures. The use of an additive approach that incorporates institutional theory with a focus on a rational choice approach by organisations in the adoption of work-care arrangements has been found by existing research in this area (Bardoel, 2003; den Dulk, 2001), to be useful in examining the adoption of work-care arrangements in organisations.
This study uses both neo-institutional theory and an economic perspective to develop a model to explain the involvement of organisations in the adoption of work-care arrangements in South Africa. The conceptual model that incorporates the theoretical framework for the study is developed and presented in Chapter 3. Organisational characteristics relating to these theoretical perspectives are integrated with considerations relating to the external environment such as cultural values, public provisions on work-care integration and conditions in the labour market to explain the variability in the adoption of work-care arrangements in South African organisations.

**Overview of the Research Design**

In seeking to answer the research questions pertaining to employer involvement in work-care integration, this study adopts a research design that gathers information on the nature and spread of work-care arrangements in organisations and analyses which types of organisational characteristics are associated with greater work-care provisioning. Data is gathered using an online survey examining work-care arrangements in South African organisations. The questionnaire is designed to explore whether or not organisational characteristics derived from the literature, such as size, industry sector, union presence and workforce demographics act as predictors of the adoption of work-care arrangements in organisations.

The decision to administer the questionnaire online is based on the fact that the sample is made up of publicly listed corporations where access to computer technology is assumed to apply. The sample selected for this study is those organisations listed on the Johannesburg Stock Exchange (JSE). The companies listed on the JSE Ltd come from a wide range of industries with criteria relevant to the organisational characteristics identified for testing in the study. Contact information on the companies listed on the JSE is publically available on the JSE website, making it easier to pursue information gathering for final sample selection. There are over 400 companies on the JSE Ltd making it a large enough sample to obtain data necessary to answer the research questions developed in this study.
The data from the survey is analysed using Statistical Package for the Social Sciences (SPSS), to obtain information on the nature and spread of work-care arrangements; to test for associations between organisational characteristics and work-care arrangements and to assess whether or not organisations are adopting work-care arrangements in excess of legislative minima.

1.5. Chapter Breakdown

The chapter breakdown follows the structure for the thesis detailed in Figure 1 above.

Chapter 2 examines the contextual setting of work-care integration in South Africa. The focus in this chapter is primarily on the state and the majority of the chapter is devoted to an examination of work-care policy in South Africa, international obligations impacting on work and care in South Africa and legislative measures regulating work and care in South Africa. This chapter provides the necessary contextual knowledge for the subsequent chapters.

Chapter 3 focuses on the existing literature on employer involvement in work-care integration. It provides a review of studies on employer responsiveness to work and care and a discussion of the different theories used in these, predominantly European and American studies. Neo-institutional theory is discussed in detail and the propositions relating to organisational characteristics as predictors of work-care arrangements in organisations and institutional conditions impacting on the adoption of work-care arrangements in South African organisations are developed in this chapter. These propositions are outlined in the latter part of Chapter 3.

Chapter 4 explains the methodology used to test the propositions developed in Chapter 3. This chapter includes a discussion on online surveys in general and provides details of the online questionnaire used in this study. It also discusses the sample selected for the study and the reasons for selecting this sample. The work-care arrangements included as the dependent variables in this study are outlined in detail in this section together with the measures used for the independent variables, namely the organisational characteristics selected for testing in this study.
Chapter 5 discusses the findings of the study on employer involvement in work-care arrangements and a consideration of the extent to which employers are going beyond legislative minima. The findings present information on the nature and extent of work-care arrangements in the sample organisations. They also provide evidence of whether or not the propositions developed for the study are proven.

Chapter 6 integrates the findings from the study with a discussion on work-care policy considerations in South Africa and specific recommendations for legislative reform. Finally, Chapter 7 presents theoretical reflections, limitations of the study and suggestions for future research.

1.6. Summary

By focusing on employers and the state as actors in the context of work-care integration, this study will provide an in-depth critique of laws and regulations in the area of work and care in South Africa and provide new data on employer responsiveness to these laws through an examination of the adoption of work-care arrangements in South African organisations. The research into these two important actors aims to address this research gap in the work-care research domain in South Africa and to conclude with recommendations for employer and state action in the future.
Chapter Two

Work-Care Integration in the South African Context

2.1. Introduction

It has been recognised that most of the studies to date on work-care arrangements in organisations are in Anglo-Saxon contexts, in America, the UK and Australia in particular (den Dulk, 2005 cited in den Dulk, Peters & Poutsma, 2012). Researchers are increasingly calling for greater attention to be given to studies on work and care in different country settings (Heymann, Earle & Hanchate, 2004; Gambles et al., 2006; Lewis et al., 2007). There are a number of reasons why a consideration of diverse contexts adds value to work-care studies. Work-care issues are relevant to families living in all regions of the world, lessons are to be learnt from one nation to another and the increased globalisation of economies linking industrialised and industrialising countries highlights the growing importance of examining work-care issues on a global scale (Heymann et al. 2004). Research into diverse contextual settings also challenges us to question many of the Anglo-centric assumptions embedded in much of the research that has been grounded in neoliberal contexts, particularly the USA and UK (Lewis et al. 2007).

South Africa presents a particularly interesting country in which to locate a study on the combination of paid work and care. South Africa is still a relatively new democracy by world standards, however the scars of apartheid remain in many aspects of its society and it has been noted that, despite the formal ending of the apartheid era in 1994, it is still not possible to discuss any socio-economic or political issue in the country without discussing the issue of race, or population group\(^1\) (Budlender & Bosch, 2002).

\(^1\) The percentage breakdown of total the population according to these groupings is: African: 79,6%; Coloured: 8,9%; Indian/Asian: 2,5% and White: 9,1% (Statistics South Africa, Mid year population estimates, 2007).
This is also true, to an extent, of a discussion on the contextual factors impacting on work and care in South Africa. The white population group displays demographic characteristics that resemble many developed nations. The low fertility rate\(^2\), and the high percentage of elderly people in this population group\(^3\) have implications for work-care policy considerations that do not arise to the same extent, or even at all, in the other population groups. In addition the diversity of family forms in South Africa varies with the different population groups and impacts on the provision of care. Poverty and unemployment also impact the different population groups to different extents, affecting more severely the provision of care in African households.

This chapter presents information on the contextual considerations that impact on work-care integration in South Africa and highlights differences in work-care considerations in the different population groups where relevant. The focus on the contextual considerations relating to work-care integration in South Africa are discussed in terms of an analysis of socio-economic and legal factors impacting on work and care in South Africa. The analysis of the socio-economic considerations incorporates those contextual factors that have contributed towards a high demand for care and those factors that impact on the provision of care in South Africa. It also highlights the nature of the different employment sectors in South Africa, concentrating on the formal sector of employment, where this study is located.

The analysis of the legal considerations relating to work-care integration in South Africa considers international obligations that impact on work and care in South Africa and an examination of the legislative provisions regulating work-care integration in South Africa. International standards are included in this part of the contextual analysis because international standards have the potential to impact directly on domestic laws and because they have often provided the impetus for much

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\(^2\) The total fertility rates across population groups according to the 2001 census were: Africans (3.0); Indians (1.9); Coloureds (2.3) and Whites (1.7) (Worku-Yergou Belay, 2007 cited in van Klaveren, Tijdens, Ramos-Martin & Hughie-Williams, 2009:46).

\(^3\) In the white population group the ageing structure resembles that of some of the worlds more developed countries with over a quarter of the white population being over 50 years old (Kinsella and Ferreira, 1997). This corresponds with 11% of Africans in the same age group, slightly less than for Asians and Coloureds (Kinsella & Ferreira, 1997).
of the legislative reform in the area of work-care integration in other (primarily European) countries.

2.2. The Care Crisis in South Africa

South Africa faces a crisis of care for a number of reasons. Not only has the demand for care risen sharply in the last few years, but the foundation providers of this care, namely women, families and institutions, are precariously positioned to handle this crisis for reasons that are outlined below.

In some respects the causes of the care concerns reflect those demographic and social changes experienced in other parts of the world. For instance, in keeping with the trend in many developed countries, there has been an increased feminisation of the South African labour market since the mid-1990’s (Casale & Posel, 2002; Casale, 2004), inevitably leading to less time being available to provide care in the home and community. Over the three decades between 1960 -1990 the employment growth for males was 33 percent, while for females over this period it was no less than 129 percent (van Klaveren et al., 2009). This increase in female labour force participation relative to male labour force participation has been noticeable across all race groups in South Africa over the period 1995-2005 and it has been highest for African females (van der Westhuizen, Gogo & Oosthuizen, 2007).

Despite the similarity with other nations in terms of increased female labour force participation, there are however, a number of specific aspects of the provision of care that distinguish South Africa from many of the developed economies of the world and that exacerbate the care crisis in this context.

The most recognised contributor to the crisis of care in South Africa, and one that distinguishes care in South Africa from many non-African countries, is that of HIV/AIDS. The provision of care is one of the biggest challenges to emerge from the HIV/AIDS epidemic. Two groups of persons can be identified as requiring care as a result of HIV/AIDS: people living with HIV/AIDS (PLWHA); and those children who are one of the many ‘AIDS orphans’ (children who have lost both parents to HIV/AIDS). In Africa, for those people living with HIV/AIDS, there has been a
gradual shift in the model of care from hospital care to home-based care because many hospitals do not have adequate staff and space to care for HIV patients (Akintola, 2004). It is clear that the government has been slow to act in offering support to individuals, families and communities affected by HIV/AIDS. There have been some complementary and supportive services provided by the state to prevent ‘burnout’ for caregivers forced to take care of sick relatives, but the absence of a deliberate policy to deal with care means that, from a gender perspective, “women will continue to be treated as an inexhaustible supply of unpaid labour, young girls will forego their chance of education and a better future, and there will be no change in gender-based power relations within households, communities and society at large” (Makina, 2009, p.316).

For the orphans of parents who have died from HIV/AIDS, the burden of care is also on the community - by far the majority of orphaned children are living in or with extended families (Foster et al., 1997; Ntozi, 1997; Urassa et al., 1997; Foster, 2000; Malinga, 2002; UNICEF, 2003; Ansell & Young, 2004 as cited in Freeman & Nkomo, 2006, p.302). The extent of the need for care for children orphaned by HIV/AIDS is highlighted by statistics estimating that by 2015 around one third of children under the age of 18 in South Africa will have lost one or both parents (Bradshaw et al., 2002 as cited in Freeman & Nkomo, 2006, p. 302).

The gendered nature of care giving in the context of HIV/AIDS has been documented in a number of studies. In a national evaluation of home-based care in South Africa, 91 percent of volunteer caregivers were found to be women (CASE, 2005 cited Actionaid, 2005). In one of the more extensive surveys, 771 AIDS-affected households in different parts of South Africa were studied in order to obtain information on how households cope in the context of HIV/AIDS and this study found that 68 percent of the caregivers were women or girls, seven percent of them under 18 years old and 23 percent older than 60 years old. (Steinberg et al, 2002) This finding on the predominance of female caregivers in the context of HIV/AIDS care is supported by other, less extensive studies in South Africa. Orner’s (2006) study of 45 primary caregivers in Western Cape settlements found that 43 of them were women. Similarly, only one of the 20 volunteer caregivers in Akintola’s (2004) study on caregivers in Kwa-Zulu Natal, South Africa was not female. Homan et al.’s
(Homan, Searle & Esu-Williams, 2005) study in six home-based care programmes in different provinces in South Africa found that 78 percent of the survey respondents reported that their household caregiver was a woman.

There is evidence of the difficulty experienced in combining work and care from studies on caregivers of PLWHA’s showing that carers are often pushed out of the labour market, either temporarily or altogether, with adverse long term effects on family income, retirement security and human resource capacity utilisation (Rajaraman, Russell & Heymann, 2006).

This burden of HIV/AIDS care often comes in addition to the already existing burdens of childcare and elder care. Childcare is already a major concern for employees in South Africa given the minimal provision of state supported childcare. Statistics show that only around 30 percent of children between the ages of 0-4 attend Early Childhood Development (ECD) centres (Department of Basic Education, 2010). These facilities are usually privately owned and, although there are state subsidies for registered ECD facilities in communities where families lack the means to provide food, shelter and basic necessities of life, most young children in South Africa do not attend crèches or pre-schools before they start primary school and stay at home with an adult, an older brother or sister or sometimes alone (DSD, UNICEF, 2006).

The assumptions regarding the provision of care may also be contributors to the care crisis in South Africa. There is an assumption by the state and employers that those employees who can pay for care make use of domestic workers to provide this care and those who cannot afford to buy care, make use of the services of family and friends. These assumptions are rarely challenged in terms of the adequacy of such care, despite growing evidence of sexual offences and violent behaviour towards those left in the care of trusted family and friends (Zuberi, 2005). Furthermore, it should be noted that although domestic workers provide a means of obtaining childcare services at ‘comparatively’ low rates, there are features of this type of childcare that are not ideal from a user perspective.

In particular, domestic workers are generally not well educated (Lund & Budlender, 2009) with 93 percent of the Coloured and African domestic workers in Hertz’s
(2004) study having less than a matric (Grade 12). This is not optimum in terms of early childhood development. Furthermore, domestic workers are usually required to attend to caring in addition to the domestic cleaning duties (and in some cases also cooking duties) in the household. This means that dedicated care and development of an infant is compromised. Finally, this care is not always optimal in that domestic workers very often work for employers who do not speak the same language they do. This has implications in terms of early childhood development for infants in their care.

A further contributor to the care crisis and one that distinguishes South Africa from many nations in the world is the living arrangements for those in need of care. The assumed provision of care, primarily within nuclear families, does not apply in South Africa. The fragmented nature of South African families appears from the statistics in Table 2 below. They point to significant differences in the different population groups. They also reflect evidence of a high number of single parent households and households with absent, living fathers (Eddy & Holborn, 2011).

Only 35 percent of children (0-17 years) live with both biological parents and only 30 percent of African children have fathers present in the family. The impact of fathers on childhood development is well documented (Richter & Morrell eds., 2006). Statistics in South Africa also show the effect of the presence of fathers on poverty, with children in female-headed households shown to be 1.5 times more likely to experience hunger (UNICEF/SA Human Rights Commission, 2011, p.16) than those children living in male-headed households.

Only between 30 and 35 percent of women aged 15 – 49 years were married in the household surveys over the period 1996-1999 (Budlender & Lund, 2008). According to Moultrie and Dorrington (2004, p.9 cited Budlender & Lund, 2008) more than 30 percent of the never-married African women aged 45-49 years have more than three children. Child bearing prior to or outside of marriage has implications for increased care burdens for women who cannot depend on their partners to help (Budlender & Lund, 2008).
Table 2: Characteristics of Families in South Africa

<table>
<thead>
<tr>
<th>THE SOUTH AFRICAN FAMILY AT A GLANCE</th>
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<tbody>
<tr>
<td><strong>Number of registered civil marriages</strong></td>
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<tr>
<td><strong>Number of registered customary marriages</strong></td>
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<tr>
<td><strong>Number of published divorces</strong></td>
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<tr>
<td><strong>Divorces with children</strong></td>
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<tr>
<td><strong>Double orphans</strong></td>
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<td><strong>Paternal orphans</strong></td>
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<tr>
<td><strong>Maternal orphans</strong></td>
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<tr>
<td><strong>Total orphans</strong></td>
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<td><strong>AIDS orphans</strong></td>
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<tr>
<td><strong>Number/proportion of children in child-headed households</strong></td>
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<tr>
<td><strong>Proportion of children with absent, living fathers</strong></td>
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<td><strong>Proportion of children with present fathers</strong></td>
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<tr>
<td><strong>Proportion of children with present fathers:</strong></td>
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<td>— African</td>
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<td>— Coloured</td>
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<td>— Indian</td>
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<td>— White</td>
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<tr>
<td><strong>Proportion of children with absent father:</strong></td>
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<td>— African</td>
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<td>— Coloured</td>
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<td>— Indian</td>
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<td>— White</td>
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<td><strong>Children (0-17) living with both biological parents</strong></td>
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<td><strong>Children (0-17) living with mother only</strong></td>
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<tr>
<td><strong>Children (0-17) living with father only</strong></td>
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<tr>
<td><strong>Children (0-17) living with neither biological parents</strong></td>
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<td><strong>Children (0-17) living with grandparents</strong></td>
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<tr>
<td><strong>Urban single parents in each race group:</strong></td>
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<td>— African</td>
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<td>— Coloured</td>
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<td>— Indian</td>
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<td>— White</td>
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<td>— All</td>
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<tr>
<td><strong>Urban single parents by age:</strong></td>
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<td>— 16-24 years</td>
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<td>— 25-34 years</td>
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<tr>
<td>— 35-44 years</td>
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<tr>
<td>— 45-64 years</td>
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<tr>
<td><strong>Proportion of female urban single parents in each race group:</strong></td>
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<tr>
<td>— African</td>
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<td>— Coloured</td>
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<tr>
<td>— Indian</td>
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<tr>
<td>— White</td>
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<tr>
<td><strong>Proportion of children (0-17) living in a household with an employed adult</strong></td>
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</tbody>
</table>

Note: Discrepancies between any of the figures here or elsewhere in the article may be due to the fact that data has been taken from various sources.
- a Stats SA 2009
- b UCT 2007
- c UNICEF 2007
- d Department of Social Development, April 2007–March 2008
- e HSRC 2006; Stat SA 2009
- f TGI 2007

(Source: Eddy & Holborn, 2011, p.2)
Apart from the impact of marital arrangements, absentee fathers and HIV/AIDS on family patterns in South Africa, a further contributory cause of family fragmentation is embedded in the historical legacy of migratory labour patterns whereby income earners, primarily male, were forced to live apart from their families in male-only hostels to supply a form of cheap labour for the mining industry in particular. Although the laws establishing the migrant labour system have since been repealed, migrancy still exists. In 2001, some 15 percent of households in South Africa received remittances from migrant workers as a source of income. Moreover, 39 percent of female-headed households received remittances as one of their sources of income, suggesting that there are still high numbers of men living and working away from their families (Holborn & Eddy, 2011).

Adding further to the care crisis in South Africa and to the gendered nature of the burden of care is the fact that men who are present in households, do little to help in terms of spending time providing care. Time use surveys in South Africa indicate that women spend a mean time of 48 minutes per day on care of another person and 225 minutes on housework (Budlender, 2008). In comparison, men spend a mean time of 5 minutes per day on person care and 86 minutes per day on housework (Budlender, 2008).

This analysis so far on the drivers of the care crisis in South Africa has ignored the effect of poverty in the region and the increased difficulties experienced in the provision of care in conditions of poverty. Statistics from the 2005/06 (IES2005) income and expenditure survey indicate that 47 percent of all individuals live below the lower-bound poverty line. This is unevenly distributed between the population groups and is by far the highest among Africans (55%), followed by Coloureds (34%) and Indians (7%), while only a very small share of whites (0.4%) fall below this line (van Klaveren et al., 2009). South Africa has one of the highest levels of measured income inequality in the world (Budlender and Lund, 2008). Statistics show that seven million children live in the poorest twenty percent of households whilst only 1.7 million children live in the richest twenty percent of households in South Africa (SAHRC/UNICEF, 2011).
Services such as piped water, sanitation, and electricity have a direct impact on the resources available for domestic chores and caring (Budlender & Lund, 2008). Many households in South Africa do not have adequate water and basic sanitation (UNICEF/SA Human Rights Commission, 2011) and the situation is exacerbated for those living in rural areas. Statistics indicate that in 2005-2006, only 49 percent of the population living in rural areas had access to decent sanitation, compared to 66 percent in urban areas (WHO, 2009 cited van Klaveren et al. 2009). This burden of poverty, in the context of care, falls particularly heavily on women and girls and statistics indicate that the lack of access to piped water and electricity significantly increases the hours of unpaid labour performed by women collecting these essentials (Van Klaveren et al. 2009).

Situating this study in a country with high care demands, high and unequal levels of poverty and minimal institutional and financial support for those providing care, not only distinguishes it in terms of the contextual setting but also poses new and different challenges for researchers in the work-care research domain.

2.3. Employment Sectors in South Africa

The focus in this study on legislative measures for the integration of work and care situates it primarily in the formal sector of employment because most of the labour legislation does not cover those working in the informal sector. Although the informal sector of employment accounts for a far smaller percentage of those persons employed in South Africa than those in the formal sector, research on aspects of care in South Africa tends to have been focused on the informal sector because of the vulnerability of this sector. This has however, created a gap in the research into the combination of work and care in the formal sector of employment. Given that the majority of workers are employed in the formal sector in South Africa, there is merit in researching work-care integration in this sector of employment. Furthermore, more women are employed in the formal sector than in the informal sector (see Graph 3 below). Female employment in the formal sector increased from 55 percent in 2000 to 61 percent in 2005 whilst the share of female employment in the informal sector decreased over this time (van der Westhuizen et al., 2007). This section briefly
outlines some characteristics such as the size and gender divisions in formal and informal sector employment in South Africa.

The formal sector accounts for around seventy percent (Labour Force Survey, StatsSA, July-Sept 2011) of those persons employed in non-agricultural employment and accordingly comprises a significantly large section of the South African labour market. Table 3 below provides a breakdown of figures for informal and formal sector employment in South Africa as well as employment in the agricultural and private household sectors over the last ten years.

Figure 2 below illustrates the relative size of the different sectors of employment as well as the gendered division of labour in these sectors. The statistics indicate that females dominate employment in private households and that there is a marginally higher representation of female employment in the formal sector vis-à-vis the informal sector (StatsSA, 2012). Male representation exceeds that of females in both formal and informal sectors.

The figure for employment in the informal sector of 15.7 percent (March 2012, Stats SA) provides a rough indication of the percentage of workers who do not benefit from legislative protection. Yu (2010, p.24) notes that South Africa’s informal sector is within the mid-range size of informal markets in developing countries, neither excessively large nor small.


<table>
<thead>
<tr>
<th>Year</th>
<th>Sep ‘01 (%)</th>
<th>Sep ‘02</th>
<th>Sep ‘03</th>
<th>Sep ‘04</th>
<th>Sep ‘05</th>
<th>Sep ‘06</th>
<th>Sep ‘07</th>
<th>Sep ‘08</th>
<th>Sep ‘09</th>
<th>Sep ‘10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal</td>
<td>62.8</td>
<td>63.6</td>
<td>64.5</td>
<td>66.1</td>
<td>64.9</td>
<td>65.5</td>
<td>66.4</td>
<td>69.1</td>
<td>70.4</td>
<td>69.7</td>
</tr>
<tr>
<td>Informal</td>
<td>17.1</td>
<td>15.8</td>
<td>16.7</td>
<td>16.7</td>
<td>20</td>
<td>18.6</td>
<td>16</td>
<td>15.9</td>
<td>15.5</td>
<td>16.7</td>
</tr>
<tr>
<td>Agriculture</td>
<td>10.5</td>
<td>12.6</td>
<td>10.6</td>
<td>9.1</td>
<td>7.5</td>
<td>8.5</td>
<td>8.5</td>
<td>9.3</td>
<td>9.0</td>
<td>8.7</td>
</tr>
<tr>
<td>Private Households</td>
<td>7.9</td>
<td>7.5</td>
<td>7.8</td>
<td>7.6</td>
<td>7.0</td>
<td>6.9</td>
<td>8.0</td>
<td>5.6</td>
<td>5.1</td>
<td>4.9</td>
</tr>
</tbody>
</table>
Research into informal employment and atypical forms of employment in South Africa (Olivier, 1998; Theron, 2003; Thompson, 2003; Mills, 2004; Van Niekerk, 2005; Benjamin, 2008; Smit & Mpedi, 2010; Olivier, 2011) has highlighted the plight of those falling outside the protection of social security measures and legislative provisions, noting that in under-developed and developing countries most people do not work in this sector by choice and have little means by which to move out of it (Smit & Mpedi, 2010). Exclusion from protective legislation is not on the basis of being employed in the informal sector per se. However, because most of the workers in the informal sector fall outside the statutory definition of ‘employee’ by virtue of the nature of the work they perform they are not covered by most of the labour laws (this is covered in more detail in Chapter 6).

The separation of the private household sector from the formal and informal sector of employment for statistical purposes has implications for this study, given the focus on the formal sector of employment. Research into the private household sector has focused on domestic workers as the primary constituents of this sector. The role of domestic workers is central to an analysis of work-care integration in South Africa.
because they account for around a third of the share of all care workers (Lund & Budlender, 2009), higher than in most non-African countries. Domestic workers have moved from being totally excluded from legislative protection, to being incrementally included in most of the labour laws, the most comprehensive being the regulation of working conditions in the Sectoral Determination for Domestic Workers (No 7) enacted in 2002. In South Africa domestic work is performed overwhelmingly by women at relatively low rates of pay in private households (Hertz 2005, Lund & Budlender, 2009). Domestic workers in South Africa have traditionally been employed by rich and poorer white families, and by richer Indian and colored families, however they are now increasingly employed by families from all races (Lund & Budlender, 2009).

The analysis of work-care arrangements in organisations in this study does not extend to an analysis of these arrangements for domestic workers in private households by virtue of their exclusion from the formal sector and the fact that each individual household employs a very small number of domestic workers (usually only one) and hence data collection and analysis for this sector of employment in terms of the study design would not be feasible. Nevertheless the discussion in the section below on legislative provisions governing leave for care purposes applies equally to domestic workers. Where the legislative provisions for leave for work-care integration are different for domestic workers, this is noted. Furthermore, the impact of the employment of domestic workers in the provision of care in South Africa is included in discussions (see 2.2.above and Chapter 6) where relevant.

2.4. State Policy on Work-Care Integration in South Africa

Governments can play an important role in mediating the dilemmas and sharing the burdens when the demand for care rises and a number of countries have, in the past made work/family reconciliation policies part of the policy goals and instruments for employment reform (Lewis, 2006). Policymakers in different countries operate with different assumptions about the contributions that men and women should make to families and the main policy issues, according to Lewis (2006, p.104), revolve around how care is “valued and shared, between men and women, and between the family,
market, state and employers”. Some of the different articulated rationales governing state policy on work and family include the need to support and strengthen families, to ensure that both paid and unpaid work are equally valued, to encourage the growth of employment generally by ensuring that those with care responsibilities are not lost to the workforce altogether, to improve the quality, as well as the quantity, of employment (this is a key objective of both the ILO and the EU) and/or to bolster the labour market’s capacity in times of ageing populations and falling fertility rates (Murray, 2004).

The South African government has, only very recently, placed work-care integration on the policy agenda for the first time. In October 2011, a Green Paper developed by the Department of Social Development on families, entitled ‘Promoting Family Life and Strengthening Families in South Africa’, was published in the government gazette (No 34657). It emanated from efforts by the Government and other stakeholders to develop a policy framework on the family in South Africa and has the stated aim of “promoting family life and strengthening families in South Africa” (Green Paper, 2011, p.21). In her address at the launch of the Green Paper on Families on the 15 May 2012, the Deputy Minister of Social Development, Mrs. Naria Bongi Ntuli stated that there was a “need to establish comprehensive legal and policy frameworks balancing work and family life that allow for shared care responsibility between men and women, other family members, the State, the private sector and society as a whole”.

This Green Paper represents the first time that there has been an articulated commitment by the government to a family-focused policy that recognises that women bear an unequal burden in the provision of care work in South Africa, a situation “exacerbated by the inadequate provision of childcare facilities” (Green Paper, 2011, p.40) and an express commitment to the need to provide support to caregivers so that they can take up income-generating activities.

This Green Paper is long overdue. Responses to date by the South African government to issues that concern the integration of work and care have been sporadic and limited. This is highlighted by the discussion in Chapter 6, which provides a critical evaluation of work-care legislative provisions in South Africa and
recommendations for legislative reform. There is currently no national policy on work-care integration in South Africa. Although South Africa has a National Policy Framework for Women’s Empowerment and Gender Equality (2000) recognising HIV/AIDS, women’s access to employment and the economic empowerment of women as key challenges, it makes no mention of the challenges women face in combining work and care. A women’s role as caregiver is recognised in relation to child support grants but apart from that there is no recognition throughout the document of the multiple roles of women as employee and caregiver.

There are however, a number of drivers for the implementation of state policy on work-care integration. Care demands are high in the context of HIV/AIDS, gender concerns are in the spotlight, there is evidence of increased female labour force participation and statistics show low fertility rates and an ageing population, at least in certain sectors of the population groups. Yet despite these potential drivers for change, work-care integration as a policy concern has, up to now, received little attention from the state.

This, it is suggested, is because other issues have dominated the political agenda and, within certain potential ‘catalyst for change areas’ such as HIV/AIDS and gender concerns, other potentially more pressing concerns have dominated the attention of the state. For instance, in the area of HIV/AIDS the focus has been on infected individuals and the roll out of anti-retroviral treatment and less on the needs of carers. As Makina (2009, p.312) notes:

“Policy and research debates on HIV and AIDS have tended to have a relatively narrow focus on the state provision of treatment; public education and reduction of stigma, rather than on other important issues including essential care, welfare and support to people living with HIV and AIDS”.

Even where the focus has rested on carers of PLWHA’s, the attention has been on the gendered nature of care giving, the physical and psychological affects on carers and

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4 In 2025 the percentage of the population estimated to be over 50 is 18% and 10.8% and 5.1% are estimated to be over 60 and 70 years respectively (Kinsella & Ferreira, 1997).
the demographics of carers with less emphasis on the financial effects of caring in the context of integrating work and care.

Similarly, responses to gender concerns have focused on issues such as the numerical representation of women in parliament, gender based violence and women in the informal economy but have not focused to any great extent on the difficulties women face in reconciling work and care as they enter the labour force in greater numbers. Furthermore, participants in the South African study by Gambles et al (2006, p.16) felt that the struggle against the injustices of apartheid has meant that race has been the predominant focus and that “equity between men and women and issues of harmonizing paid work with other parts of life have received less attention”. Although the evidence is anecdotal, it is acknowledged that in a society emerging from a history of racial division, the issue of race may trump gender, and act as a moderator on gender concerns acting as a lever for change towards state policy on work-care integration (Gambles et al, 2006).

Chapter 6 discusses potential policy rationales for South Africa, including the need to encourage greater participation by fathers in caregiving, the increased burden of care in the context of HIV/AIDS and the gendered nature of caregiving in South Africa. Specific regulatory measures in furtherance of policy measures to assist employees with work-care integration are also discussed in Chapter 6. The following two sections discuss the legal regulation of work and care in South Africa and an identification and analysis of international standards impacting on work-care integration in South Africa.

2.5. South Africa’s International Obligations Relating to the Combination of Work and Care.

International obligations from instruments regulating work-care integration are increasingly influencing the development of legislative measures for work-care integration in some countries, particularly in the EU where directives regulating work and care are well developed. South Africa, as a non-EU country does not have the pressure from these specific international standards towards the enactment of
legislative provisions regulating work and care. Nevertheless, there are a number of international instruments emanating from the United Nations (UN), the Southern African Development Council (SADC) and the African Union (AU) that deal with aspects of work-care integration to which South Africa is or could be a signatory by virtue of membership of these bodies. These are identified and discussed in this section with a focus on the potential for these standards influence state involvement in work-care integration in South Africa.

The influence of these international agreements on domestic law is regulated in the Constitution. Section 231 of the South African Constitution makes international agreements binding on South African law when the National Assembly and the National Council of Provinces have approved them. Dugard (1997, p.36) notes that it is unfortunate that an Act of parliament is required in addition to the ratification of a resolution, before an international treaty is incorporated into municipal law. Section 233 of the Constitution states that: When interpreting any legislation, every court must prefer any reasonable interpretation of legislation that is consistent with international law over any alternative interpretation that is inconsistent with international law. Olivier, Dupper & Govindjee (2011, p.400) note that:

“While binding international law (such as ratified International Labour Organisation (“ILO”) Conventions) has to be applied, both binding and non-binding international law must be considered when the constitutional fundamental rights are interpreted”.

Hence there is scope for these international standards to play an important role in statutory interpretation on matters relating to work-care integration and for these international standards to become binding on domestic legislation.

The discussion that follows focuses on those international organisations of which South Africa is a member with a view to identifying instruments relating to work-care

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5 1996
6 Unless they are of a technical, administrative or executive nature or an agreement that does not require either ratification or accession, in which case they become binding regardless of this approval.
integration that emanate from them, and their potential to impact on the regulation of work-care integration in South Africa.

*The United Nations (UN)*

The focus on standards for work-care integration falling under the auspices of the UN includes the Beijing Platform for Action, the Convention for the Elimination of Discrimination Against Women (CEDAW) and conventions and recommendations falling within the auspices of the International Labour Organisation (ILO).

- *The International Labour Organisation*

As a member of the ILO there are a number conventions and recommendations of relevance to work-care integration that could potentially impact on the regulation of work-care integration in South Africa. Only one, however, deals directly with the combination of work and care, namely the *Workers with Family Responsibilities Convention*, 1981 (No 156). Others deal with associated issues of gender equality and fair employment standards. Conventions falling into this category that are deemed relevant for this discussion are the *Equal Remuneration Convention*, 1951 (No 100); the *Discrimination (Employment and Occupation) Convention*, 1958 (No 111), the *Maternity Protection Convention*, 2000 (No 183) and the *Convention on Part-Time Work*, 1994 (No 175). The recently passed *Domestic Workers Convention*, 2011 (No 189) is also included for discussion because of its relevance to this vulnerable sector of care workers in South Africa.

Table 4 below indicates which of these conventions South Africa has ratified, when they were ratified and how many countries have ratified the conventions as at May 2012. The Table reveals that South Africa has only ratified two of the six conventions selected for their relevance to work-care integration, namely the *Equal Remuneration Convention*, 1951 and the *Discrimination (Employment and Occupation Convention)*, 1958. Both of these conventions were only ratified after the end of apartheid, despite being drawn up some forty years prior to ratification. Each of these Conventions will be dealt with in turn.
Table 4: South Africa’s Ratification of Selected ILO Conventions Relating to Work-Care Integration.

<table>
<thead>
<tr>
<th>Convention</th>
<th>South Africa Ratified?</th>
<th>If Ratified by South Africa – when?</th>
<th>Number of Countries Ratifying Convention as at May 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Workers with Family Responsibilities Convention, 1981 (No 156).</em></td>
<td>No</td>
<td>n/a</td>
<td>41</td>
</tr>
<tr>
<td><em>Equal Remuneration Convention, 1951 (No 100).</em></td>
<td>Yes</td>
<td>2000</td>
<td>169</td>
</tr>
<tr>
<td><em>Discrimination (Employment and Occupation) Convention, 1958 (No 111).</em></td>
<td>Yes</td>
<td>1997</td>
<td>170</td>
</tr>
<tr>
<td><em>Maternity Protection Convention, 2000 (No 183).</em></td>
<td>No</td>
<td>n/a</td>
<td>23</td>
</tr>
<tr>
<td><em>Convention on Part-Time Work, 1994 (No 175).</em></td>
<td>No</td>
<td>n/a</td>
<td>14</td>
</tr>
<tr>
<td><em>Domestic Workers Convention, 2011 (No 189).</em></td>
<td>No</td>
<td>n/a</td>
<td>1(Uruguay)</td>
</tr>
</tbody>
</table>

*The Maternity Protection Convention, 2000 (No 183)*

One of the first Conventions emanating from the ILO was the Maternity Protection Convention (No 3) in 1919. It has been revised twice since then. At the time it required 12 weeks maternity leave with compensation on the part of ratifying states. The 1919 Convention has subsequently been revised and the Maternity Convention (No 183) of 2000 now provides for a minimum of 14 weeks’ maternity leave. South Africa ratified the 1919 convention but has not ratified the Maternity Protection Convention of 2000 (No 183).

The greatest problem to ratification by member states is the question of who bears the costs of maternity payments, when most countries of the world do not have adequate social security systems (Linnecar, 1999). Article 6 provides that cash benefits shall be provided to women who are absent from work on maternity leave and shall be at a level that ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living. In particular Article 6(3)
states that “where, under national law or practice, cash benefits paid with respect to leave referred to in Article 4 are based on previous earnings, the amount of such benefits shall not be less than two-thirds of the woman’s previous earnings”. At present maternity benefits in South Africa are based on previous earnings but not at the level of two-thirds of previous earnings. This is discussed in detail in Chapter 6 together with recommendations for legislative reform in the area of maternity pay.

*The Workers with Family Responsibilities Convention, 1981 (No 156)*

In 1965 the International Labour Conference adopted an instrument entitled the Employment (Women with Family Responsibilities) Recommendation, which gave cognizance to women’s roles in the home and at work.

“The actual nature of care responsibilities for child rearing, beyond the immediate pre- and post-birth periods, was formally recognised. The Recommendation acknowledged the difficulties faced by women ‘who have been out of the employment market for a comparatively long time, owing, in particular, to family responsibilities’” (Murray, 2001, p.33).

The Convention that followed concerning Equal Opportunities and Equal Treatment for Men and Women Workers with Family Responsibilities Convention, No 156 of 1981 (hereafter the Workers with Family Responsibilities Convention) is significant in that it recognised for the first time, that the subjects of care are not only small children and extended the care subjects of workers to ‘other members of their immediate family who clearly need their support’ (Murray, 2001). The aim of the Convention is to ensure, inter alia, that workers with care responsibilities are able to prepare for, enter, participate in or advance in ‘economic activity’ (Article 1(1)). It also aims to ensure that those who enter into employment can do so ‘to the extent possible, without conflict between their employment and family responsibilities’ (Article 3(1)).

Convention 156 recognises that care work is not exclusively a women’s function and that both men and women require assistance in combining their care work with paid employment (Murray, 2001). The Convention (Art.1) refers specifically to ‘family
responsibilities’ in relation to ‘dependant children’ and ‘other members of the immediate family who clearly need their care of support’ such as children, elderly, disabled or sick people.

This Convention “clearly requires national policies and measures on the part of ratifying States which squarely confront the range of possible conflicts between employment and family responsibility, and that nations take all possible measures, when determining terms and conditions of employment, to overcome these conflicts” (Murray, 2004; 19). Although it is not explicit in the convention, it is clear that the concept of sufficient parental leave to care for small children, backed with measures to preserve labour market integration and return to work, is implicit in the Convention’s terms (Murray, 2004, p.12).

South Africa has not yet ratified the Workers with Family Responsibilities Convention (No 156 of 1981) nor has there been much pressure on the government to do so. This is unfortunate given the direct focus of this Convention on work-care integration and the potential for it to impact on regulations regulating work-care integration in South Africa.

*The Convention on Part-Time Work, 1990 (No 175)*

Part-time working considerations are integrated with gender equity concerns as more women than men work part-time, often in an effort to combine their work and care giving functions. Yet it has been acknowledged that working part-time can trap women into lower quality jobs (World Development Report, 2012). Fredman (2004, p.299) notes that the concept of ‘flexicurity’ which is based on the notion of flexible work combined with security, has not been realized in practice and that those, primarily female workers, who work in this section of the workforce, do so in jobs “characterized by low pay, low status and little job security”.

The Convention on Part-Time Work (No 175 of 1990), which South Africa has not ratified, is aimed at ensuring that employees who engage in part-time work do so in jobs that meet certain minimum standards and that these workers are not disadvantaged vis-à-vis full time workers. It aims to ensure, on the part of ratifying
states, equal treatment in relation to the basic wage of part-time workers (which should be pro-rata the full-time wage), maternity protection, termination of employment, paid annual, public holiday and sick leave; and the international labour rights relating to freedom of association, the right to a safe working environment and the right to work free from discrimination in employment (Article 4). Accordingly the interplay between part-time work, gender equity and work-family integration ideally means that the ratification of Convention 175 on Part-Time Work is seen as desirable for countries to effectively implement ILO Conventions 111 on Discrimination in Employment and ILO Convention 156 on Workers with Family Responsibilities.

Convention on Discrimination (Employment and Occupation), 1958 (No 111)

South Africa’s ratification of the ILO Discrimination (Employment and Occupation) Convention, (No 111 of 1958) in 1997 requires it to ‘declare and pursue a national policy designed to promote, by methods appropriate to national conditions and practice, equality of opportunity and treatment in respect of employment and occupation, with a view to eliminating any discrimination in respect thereof’ (Article 2). This is relevant to work-care integration concerns as care in South Africa is predominantly undertaken by women who are disadvantaged by the demands of care when they enter the labour force. Accordingly, statutory measures for work-care integration are required in furtherance of this convention if there is to be equality of opportunity and treatment of women in the workplace.

The Equality Right contained in Section 9 of the South African Constitution provides detailed rights for protection against unfair discrimination and Section 9(2) enables the State to engage in positive measures to advance equality (Albertyn, 2009, p.78). A number of statutes contain a range of regulatory strategies and methods towards the prohibition of unfair discrimination and the advancement of affirmative action including the Employment Equity Act\(^7\) (EEA), the Broad Based Black Economic Empowerment Act\(^8\) (BBBEE), the Promotion of Equality and Prevention of Unfair Discrimination Act\(^9\) (PEPUDA) and the Labour Relations Act\(^10\) (LRA). However,

\(^7\) Act 55 of 1998
\(^8\) Act 53 of 2003
\(^9\) Act 4 of 2000
\(^10\)
the discussion in Chapter 6 points to the low level of regulation of work-care integration in South Africa and the fact that, despite regulation of unfair discrimination on the grounds of family responsibility, the provision has not been utilised to any great extent.

*The Decent Work for Domestic Workers Convention, 2011 (No 189)*

This convention was passed in July 2011 and has, so far, only been ratified by Uruguay. It has been stated by Huysamen, (2011) that many of the proposals contained in the Convention are not properly implemented and complied with in practice in South Africa and that current legislation relevant to the domestic employment sector is not as comprehensive as required for ratification of the Convention.


South Africa ratified CEDAW in 1995. This ratification legally binds South Africa to take the necessary steps to facilitate and ensure that women enjoy political, social and economic equality in society (Foster, 1995). The Preamble of CEDAW recognises that at the heart of women’s unequal social status lies the unequal burden on women in terms of childcare and domestic responsibilities. It recognises that there should be a sharing of responsibility between men and women and society as a whole for the upbringing and care of children. South Africa’s ratification of CEDAW requires that:

  "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights" (article 11).

The latest (2010) report was submitted to CEDAW by the South African government and covered the decade 1998-2008. In terms of its recommendations relating to the category ‘employment’ the CEDAW Committee noted that:

18 Act 66 of 1995
“The Committee acknowledges the State party’s efforts to implement legislative measures aimed at eliminating discrimination against women in employment such as the Employment Equity Act and the establishment of the Employment Conditions Commission to ensure the right to equal remuneration for women and men. The Committee is however concerned about the persistence of discrimination against women in the labour market, in particular the high rate of unemployment affecting women, a wide gender wage gap, and occupational segregation. The Committee also regrets that even though the Employment Equity Act (1998) and the Equality Act (2000) prohibit discrimination on the grounds of pregnancy; and the Basic Conditions of Employment Act (1997) protects maternity leave, there is no provision in the domestic legislation for remunerated maternity leave” (at Item 33).

In terms of specific recommendations the Committee stated that it:

“Requests the State party to ensure equal opportunities for women in the labour market, in accordance with article 11 of the Convention. To this end, the Committee urges the State party to adopt effective measures in the formal labour market to eliminate both horizontal and vertical occupational segregation, narrow and close the wage gap between women and men, and ensure the application of the principle of equal remuneration and equal opportunities at work. The Committee further calls upon the State party to review the relevant legislation under discussion, in particular the Employment Equity Amendment Bill and the Basic Conditions of Employment Amendment Bill with a view to ensuring, in accordance with international standards, that all mothers receive leave with pay, and also to provide effective sanctions and remedies for violation of laws on maternity leave” (Item 34).

There have to date been no legislative amendments of this nature tabled since the recommendations of the Committee. Chapter Six provides recommendations on legislative reform in this area in South Africa. These go beyond maternity pay, the one item singled out for recommendations for amendment by the CEDAW Committee. The recommendations for reform in this thesis are significantly greater than maternity leave and remuneration and, it is argued, that the CEDAW Committee
could have been more comprehensive in their recommendations on legislative reform to assist employees who are caregivers.

- **The Beijing Platform of Action**

The South African government committed itself to the Beijing Platform for Action (BPfA), which was adopted at the United Nations Fourth World Conference on Women in 1995. In particular the BPfA notes: “women make a great contribution to the welfare of the family and to the development of society, which is still not recognised or considered in its full importance”. It recognises that the social significance of maternity, motherhood and the role of parents in the family and in the upbringing of children should be acknowledged and that maternity, motherhood, parenting and the role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society. It also notes that recognition should be given to the important role often played by women in many countries in caring for other members of their family and that “care of children, the sick and the elderly is a responsibility that falls disproportionately on women, owing to lack of equality and the unbalanced distribution of remunerated and unremunerated work between women and men”.

The fifteen-year (1995-2009) review (Economic Commission for Africa, 2010) of the implementation of the BPfA noted the increased labour market participation rates of women in Africa and the significant role of women in domestic and reproductive activities. Notably lacking in the review however, from the situational analysis of women in the economy, was any mention of the difficulty women face in combining paid, market based work and care and the inclusion of specific recommendations for action by member states to address this.

*The African Union (AU)*

The African Union consists of a membership of 54 African states and was established in 2002 to provide an effective forum to promote unity among the member states and to advance international cooperation. There is little evidence that protocols,
declarations or policies on gender that emanate from the AU have done much to advance gender equality in South Africa. Nevertheless, the AU has declared 2010 – 2020 as the African Women’s Decade with the goal of enhancing the implementation of commitments relating to gender equality and women’s empowerment (Jean Ping, 2010). The following three instruments represent the AU measures towards ensuring gender equality on the African continent.

- **The African Union (AU) Solemn Declaration on Gender Equality in Africa (SDGEA)**

  In 2004, Heads of State and Government of members of the African Union (AU) adopted the Solemn Declaration on Gender Equality in Africa. This Declaration is an African instrument for promoting gender equality and women's empowerment. The SDGEA is divided into six thematic areas of action, namely: Health, Peace and Security, Governance, Human rights, Education and Women’s Empowerment. Through the Solemn Declaration, Heads of State and Government commit themselves to report annually on progress towards gender equality.

  Reporting appears to have been a problem within the continent. Reporting started in 2007 and as at October 2011 only 34 of the 54 countries had submitted the 2007 report. South Africa is one of the countries that submitted its report (Musyimi-Ogana, 2011).

- **Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa**

  The AU Assembly adopted the Protocol in 2003. Article 13 in the Protocol on economic and social welfare rights is pertinent to the combination of work and care in that it states that “States Parties shall adopt and enforce legislative and other measures to guarantee women equal opportunities in work and career advancement and other economic opportunities”. In particular it notes that they shall (in addition to other action) “recognise that both parents bear the primary responsibility for the upbringing and development of children and that this is a social function for which the State and the private sector have secondary responsibility”.

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• **AU Gender Policy**

The AU Gender Policy was adopted in 2009. Some of the wide-ranging objectives of the Policy are:

1. To advocate for the promotion of a gender responsive environment and practices as well as the enforcement of human rights, gender equality and women’s empowerment commitments made at international, continental, regional and Member states level;
2. To initiate and accelerate gender mainstreaming in institutions, legal frameworks, policies, programmes, strategic frameworks and plans, human resources and performance management systems, resource allocation and decision making processes at all levels;
3. To promote equitable access for both women and men to and control over resources, knowledge, information, land and business ownership, and services such as education and training, healthcare, credit, and legal rights; and
4. To facilitate the implementation of remedial measures to address existing inequalities in access to and control over factors of production including land.

One of the eight policy commitments includes taking action through legal protection against discrimination for ensuring gender equality. This targeted recognition of the role of legislation towards gender equality provides impetus for arguments for legislative reform in the area of work and care.

Member States of the AU have undertaken to report annually on progress made in gender mainstreaming.

*The Southern African Development Community (SADC)*

SADC came into being in 1992 and consists of fifteen member states, namely: Angola, Botswana, the Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, the Seychelles, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. “SADC has various protocols on matters such as
firearms, health and education, but little effort has been made to address policy matters that may support working parents” (Smit, 2011, p.16).

• **The SADC Protocol on Gender and Development (‘The Protocol’)**

This Protocol was signed in August 2008. However it was only in October 2011, when South Africa became the 9th country to ratify the protocol, that it come into full force and effect by getting the two-thirds ratification required by member states.

“The rationale for a protocol lies in the evident lack of progress by most SADC countries in meeting targets set under non-binding agreements or pursuing substantive law reform to support gender equality. It was considered important to move the region from an era of paying lip service to their regional commitments into one in which they would be compelled to act through the process of an obligatory, action-oriented framework” (Munalula, 2011, p.190).

The Protocol contains a number of important articles relevant to economic justice and empowerment. It provides that State Parties shall, by 2015:

• Ensure equal participation by women and men in policy formulation and implementation of economic policies;
• Ensure gender responsive budgeting at the micro and macro levels including tracking; monitoring and evaluation;
• Conduct time use studies and adopt policy measures to ease the burden of the multiple roles played by women;
• Adopt policies and enact laws which ensure equal access, benefits and opportunities for women and men in trade and entrepreneurship, taking into account the contribution of women in the formal and informal sectors, review national trade and entrepreneurship policies to make them gender responsive, introduce affirmative action measures to ensure that women benefit equally from economic opportunities, including those created through public procurement processes;
• Review all policies and laws that determine access to, control of, and benefit from, productive resources by women; and
• Review, amend and enact laws and policies that ensure women and men have equal access to wage employment in all sectors of the economy.
It also provides for equal pay for equal work, the eradication of occupational segregation, maternity and paternity benefits.

**Assessing the Impact of International Standards**

Despite the existence of numerous international standards governing issues relating to work-care integration and the potential for the government in South Africa to ratify and comply with these standards, there has been little in the way of action towards ratification of these instruments and slow progress towards gender equality in compliance with those standards that are ratified. This highlights the weak role of the state in South Africa and the lack of priority given to matters concerning work-care integration. This has been further demonstrated by reference to the absence of state policy targeting work-care integration in the previous section.

Of the ratified international instruments discussed above, it would appear that the SADC Gender Protocol is the most targeted in addressing legislative developments required in the area of work and care in an effort to ensure gender equity. However, the SADC Gender Protocol Barometer Study of South Africa does not recognise the combination of work and care as an impediment to women participating fully in the economy and only recognises issues of care in relation to HIV/AIDS. Furthermore, under the umbrella of ‘gender issues’ in the SADC Gender Protocol, concerns around gender based violence, gender land rights and the representation of women in Parliament appear to have trumped work-care issues and the need to assist, through regulatory reform, employees who are caregivers.

Given the weak pressure on the state from international standards on work-care integration, it is not surprising that there is minimal regulation by the state in South Africa requiring employers to be involved in work-care integration. This is further examined in the next section, which specifically focuses on those legislative measures regulating work-care integration and notes the low level of regulation of work-care integration in South Africa. These factors, namely the lack of state policy on work and care, the failure on the part of the state towards ratification and compliance with international standards relating to work-care integration and the minimal provisioning
of legislative measures regulating work and care, impact on an assessment (in Chapter 6) of state involvement in work-care integration in South Africa.

2.6. Legislative Provisions on Work-Care Integration in South Africa

This section focuses on state measures to assist employees with the combination of work and care in South Africa and in particular it examines the rules and regulations contained in current legislation governing work-care integration. Governments worldwide differ in terms of the extent to which they intervene in regulating work-care arrangements in employer organisations. There are those that adopt a ‘self-regulatory’ approach to business involvement in work-care arrangements and develop ‘soft touch’ legislation that “prompts, fosters and renders accountable the self-regulatory initiatives of corporations” (Smith, 2006, p.692). Other governments have been compelled by obligations from international bodies or pressure from influential constituents to develop more prescriptive, detailed regulations that compel businesses to introduce work-family measures to assist employees with the combination of work and care.

The South African government has been slow to act in regulating the combination of work and care and, as already indicated above, the pressure from international standards regulating work and care has not provided much impetus for legislative reform in this area. It has been noted that “when the state lacks the capacity (or political will) to adequately provide, fund and regulate care, families and households inevitably take on a greater share of its provision” (UNSRID, 2010, p.2). There is of course, also the option for employers to voluntarily intervene in assisting employees with work-care integration, but the impetus for them to do so then rests essentially on business concerns rather than legal compulsion and, unless they are convinced of business case arguments, they are unlikely to do so to any great extent.

The discussion in this section provides the basis from which the recommendations for legislative reform are made in Chapter 6. It also provides a basis from which an assessment can be made of whether or not employers are going beyond legislative minima on work-care integration (Chapter 5) and it influences the questionnaire designed for the study on employer involvement in work-care integration (Chapter 4).
A Comprehensive Bundle of Measures for Work-Care Integration

Lewis (2006, at p.111) notes that the following three provisions are crucial to securing genuine choice for carers to engage in paid and/or unpaid work, namely:

1. Time: working time and time to care;
2. Money: cash to buy care, cash for carers; and
3. Services: for children, the sick and the elderly.

Policies provided by the state and employers should ideally recognise and accommodate these requirements within a comprehensive bundle of measures for work-care integration. The choice to care or to work is influenced by the nature of the policies around these three areas (Lewis, 2006). In some cases these requirements may be substitutable and depend on the needs of the employer or employee. For instance an employer may prefer to provide employees with cash to buy care rather than provide time off to care in order to retain the services of the employee at the workplace. This may not always be the preferred option for all employees however, hence the need to provide employees with a measure of choice through a range of options across all three areas.

The focus of the study on the adoption of work-care arrangements by employers in South Africa is on all three areas of time, money and services. The focus of the discussion in this chapter on the legislative provisions regulating work and care, is on time off for employees to provide care to others and also includes a analysis of money in the form of cash for employees during this time off to care. No legislative measures exist in South Africa regulating employer provisioning of money for employees to buy care or the provision of services by employers, such as crèche facilities, for the provision of care. Although there is state provision of monetary benefits targeted at support for children via grants such as the Child Support Grant, the focus in this chapter is on legislation impacting on employers in the provision of work-care arrangements.
There are, in general, two main areas of potential regulation relating to time off to provide care:
1) Leave entitlements for caregivers, and
2) Flexible working arrangements, as longer term measures to accommodate employees who provide ongoing care.

In terms of the first of these it has been noted that many countries are now strengthening their statutory leave policies, with the state increasingly intervening to regulate the labour market and increase social benefits for parents taking leave. In a review of twenty-two countries by members of the International Network on Leave Policy and Research (Moss & O’Brien, 2006), the finding emerges that leave policy is receiving increased attention, with most countries improving the scope of leave entitlements.

Adequate leave provisions essentially include four leave types:
1. Time off for mothers (maternity leave) at the time of birth of a child;
2. Time off for fathers (paternity leave) at the time of the birth of a child;
3. Time off to provide care for the early years of a child’s development (parental leave); and
4. Emergency leave covering circumstances such as the sudden illness of a child or dependant family member or the last minute unavailability of a substitute caregiver (Dancaster & Baird, 2008).

Each type of leave has a distinct purpose. Maternity leave is normally defined as a break from employment related to maternal and infant health and welfare and for this reason it is available only to women (Moss & O’Brien, 2006). It is usually limited to the period just before and after birth. In keeping with the definition of maternity leave as a short period of time for mothers immediately after the birth of a child, paternity leave is similarly defined as a short period of time for fathers immediately after the birth of a child usually not only to care for the newborn, but to also take care of the mother (Moss & O’Brien, 2006). Parental leave is then a separate period of leave that follows on from this to provide for ongoing care for a child in the early period of its life.
“While maternity leave aims to protect working women during their pregnancy and recovery from childbirth, parental leave refers to a relatively long-term leave available to either parent, allowing them to take care of an infant or young child over a period of time usually following the maternity or paternity leave period” (ILO, 2012, p.48).

Finally, workers with care responsibilities may need to take time off to attend to emergencies such as sudden illness of a child or dependant family member or the last minute unavailability of a substitute caregiver. This is different from anticipated and ongoing care such as the care of young children or those with special needs, elderly parents or someone infected with HIV/AIDS. This emergency care leave is recognised in South African law under the heading of ‘family responsibility leave’ and is discussed below.

The focus on time to care as one of the three components to assist employees with work-care integration, and in particular the different leave provisions regulating time off to provide care, is illustrated in Figure 3 below. It highlights the three main requirements for caregivers in a comprehensive bundle of measures for work-care integration and highlights the different leave provisions that are the discussed in this section.
The discussion that follows on the regulation of leave in South Africa considers all four different types leave provisions discussed above and illustrated in Figure 3 above.

**Leave Options in South African Law**

**Leave available at the time of the birth of a child**

- *Maternity Leave*

The duration of maternity leave is set at a minimum of fourteen weeks in the EU Directive and in the ILO Maternity Protection Convention (No. 103 revised of 1952). ILO Recommendation 191 suggests that members should try to increase the period of maternity leave to at least 18 weeks.

Section 25 of the Basic Conditions of Employment Act (BCEA) provides for a minimum period of four consecutive months maternity leave. An employee may commence maternity leave: i) at any time from four weeks before the expected date of birth, unless otherwise agreed; or ii) on a date from which a medical practitioner or a midwife certifies that it is necessary for the employee’s health or that of her unborn child.
child. An employee may not work for six weeks after the birth of her child, unless a medical practitioner or midwife certifies that she is fit to do so.

An employee who has a miscarriage during the third trimester of pregnancy or who bears a stillborn child is entitled to maternity leave of six weeks after this event, whether or not the employee had already commenced maternity leave at the time of the miscarriage or stillbirth.

Statutory maternity leave is unpaid in the BCEA. There is provision for maternity payment to eligible employees from the Unemployment Insurance Fund (UIF). This is for contributors only. The Unemployment Insurance Act (UIA) and Unemployment Insurance Contributions Act apply to all employers and employees, but not to employees working less than 24 hours a month for an employer, learners, public servants, foreigners working on contract, employees who get a monthly state pension, and workers who only earn a commission. Most self-employed women are not able to claim maternity benefits from UIF because they are not employers covered by the Unemployment Insurance Contributions Act (Commission for Gender Equality, 2009).

Compulsory contributions to the UIF are made by employers and employees on a monthly basis and each contribute one per cent of the employee’s earnings, up to a maximum of ZAR12,478 per month i.e. the maximum combined contribution is R249.56 per month.

Eligible employees who are on maternity leave and who have contributed to the UIF for a sufficiently long time are able to claim up to 17,32 week’s payment from the Unemployment Insurance Fund with the percentage payment related to earnings. This ranges from 31 percent to 59 percent of an employee’s earnings with a maximum

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11 Sec 25(2)(a) and (b)
12 Sec 25(3)
13 Act 63 of 2001
14 Act 4 of 2002
15 "According to employees at the Department of Labour, the exception would be for a woman who has set up her business as a close corporation. Such a person could pay into UIF for herself by making both the employer’s and the employee’s payments. However, due to the cost of setting up a business this way, this route is unavailable or unappealing to most self-employed women." (Commission for Gender Equality, 2009, p. 4)
ceiling of R12 478. These benefits are not subject to taxation. ‘Credits’ towards UIF payments accrue at a rate of one week payout per six weeks contribution meaning that an employee would need to have worked (and not used any UIF benefits) for almost 104 weeks (103.92 weeks) to receive the total 17.32 weeks payment. Contributors are entitled to claim six weeks of unemployment insurance benefits in the event of a miscarriage during the third trimester of pregnancy.

An employee is not eligible for statutory maternity leave if she is works for less than 24 hours a month for her employer. Independent contractors are also not eligible by virtue of the fact that they are specifically excluded from the definition of ‘employee’ in the BCEA.

Job security for pregnant employees is guaranteed through the provisions regulating automatically unfair dismissals in the Labour Relations Act\(^\text{16}\). In terms of this provision dismissal is automatically unfair if the reason for the dismissal relates to “the employee’s pregnancy, intended pregnancy or any reason related to her pregnancy”\(^\text{17}\). Furthermore, direct or indirect discrimination on the grounds of pregnancy is specifically prohibited in terms of the Employment Equity Act\(^\text{18}\). It is possible for employees to bring claims for both unfair dismissal and unfair discrimination although an examination of the jurisprudence in this area suggests that most employees bring automatically unfair dismissal claims without an additional claim for unfair discrimination.

In addition, the Promotion of Equality and Prevention of Unfair Discrimination Act\(^\text{19}\) (PEPUDA) prohibits discrimination in any act or omission, including a policy, law, rule, practice, condition or situation which directly or indirectly imposes burdens,

\(^{16}\) In terms of section 187(1)(e) of the Labour Relations Act, 1995, the dismissal of an employee on account of her pregnancy, intended pregnancy, or any reason related to her pregnancy, is automatically unfair. The definition of dismissal in section 186 of the Labour Relations Act, 1995, includes the refusal to allow an employee to resume work after she has taken maternity leave in terms of any law, collective agreement or her contract. A number of cases have been brought by employees claiming automatically unfair dismissal relating to pregnancy. See De Beer v SA Export Connection CC t/a Global Paws (2008) 29 ILJ 347 (LC); Swart v Greenmachine Horticultural Services (2010) 31 ILJ 180 (LC); Woolworths v Whitehead (2000) 21 ILJ 571 (LAC); Wallace v Du Toit (2006) 27 ILJ 1754 (LC); Mnguni v Gumbi (2004) 25 ILJ 715 (LC) and Niewoudt v All-Pak (2009) 30 ILJ 2451 (LC).

\(^{17}\) Sec 187(1)(e) LRA

\(^{18}\) Sec 6(1) Employment Equity Act 55 of 1998.

\(^{19}\) Act 4 of 2000
obligations or disadvantages on, or withholds benefits, opportunities or advantages from any person on listed grounds, one of which includes pregnancy. PEPUDA defines pregnancy to include both ‘intended’ and ‘potential’ pregnancy. This Act applies to all spheres of social activity, but specifically does not apply to any person to whom and the extent to which the EEA applies. “This provision seems to mean that those employees excluded from the EEA e.g. members of the services, would be able to utilise PEPUDA with regard to workplace unfair discrimination claims. Independent contractors too, would be included” (Loyson, 2009, p.42).

The Code of Good Practice on the Protection of Employees during Pregnancy and After the Birth of a Child (Dept. Of Labour, DOL, 1998) provides that employers must consider granting rest periods to employees who experience tiredness associated with pregnancy and should also consider that tiredness associated with pregnancy may affect an employee’s ability to work overtime. It also states that arrangements should be made for pregnant and breastfeeding employees to be able to attend antenatal and post-natal clinics during pregnancy and after the birth of the child and recommends that arrangements be made for employees who are breastfeeding to have breaks of 30 minutes twice a day to breast feed or express milk for the first six months of a child’s life. It further recommends that employers identify and assess workplace hazards to the pregnant mother and/or to the fetus and consider appropriate action.

The Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practices (DOL, 2005) adds that an employer should provide reasonable accommodation for pregnant women and parents with young children, including health and safety adjustments and antenatal care leave.

- **Paternity Leave**

It has been noted (ILO, 2012) that paternity leave provisions are becoming increasingly common worldwide. There are no ILO standards concerning paternity leave. South Africa has no separate legislative provision governing paternity leave. Fathers who wish to take paternity leave have to do so in terms of utilising their family responsibility leave (FRL) as there is no separate paternity leave from which this leave could be accessed (see below for a discussion on family responsibility leave). This means that male employees will get up to three days (five days for
domestic workers) paternity leave provided that they have not used their FRL for any of the other circumstances for which it exists. Other African countries that combine paternity leave with emergency care leave or family leave include Djibouti, Madagascar, Seychelles and Togo (ILO, 2012). Recommendations for legislative reform in this area are provided in Chapter 6.

• Adoption Leave

The BCEAct makes no provision for adoption leave. Therefore if an employee wishes to take leave for adoption purposes he/she would need to obtain their employers consent or face disciplinary action for unauthorised absenteeism.

Despite this, there is provision for employees to claim adoption benefits from the Unemployment Insurance Fund. The Unemployment Insurance Act\(^ {20} \) provides that only one contributor of the adopting parties is entitled to the adoption benefits provided that the child has been adopted in terms of the Child Care Act\(^ {21} \), the child is below the age of two and that the period that the contributor was not working was spent caring for the child.

Payment commences on the date that a competent court grants an order for adoption in terms of the Child Care Act. There is no tax on adoption benefits. There is no stipulated duration for adoption benefits. The Department of Labour’s Guidelines on adoption benefits (2008) states that adoption benefits are payable until the employee uses all the unemployment insurance benefits available to them or until he/she returns to work. Potentially therefore an employee could receive greater benefits by way of adoption payments than an employee could receive for maternity leave provided that the employer has granted the employee a period of adoption leave beyond the duration of maternity leave payments (17.32 weeks).

Leave available to care for a young child/other (Parental leave)

The European Community have a Directive on Parental Leave\(^ {22} \) which recognises this type of leave as distinct from maternity leave and provides that, in addition to member

\(^{20}\) Sec 27
\(^{21}\) Act 74 of 1983
\(^{22}\) EC Parental Leave Directive, 96/34/EC.
states providing for a minimum of fourteen weeks maternity leave, they should also make provision for no less than three months parental leave for women and men workers to be taken before the child’s eighth birthday. No payment for this leave is specified in the EU Directive. There are no ILO Conventions covering parental leave. However, ILO Recommendations No. 191 and No. 165, suggest that a period of parental leave should be available to either parent after maternity leave without relinquishing employment and safeguarding the rights resulting from employment. The duration and payment of this leave period are not set by the Recommendations, but should be determined at a national level.

At present South African law recognises that women need time off to give birth (maternity leave) but fails to accommodate any recognition of the fact that leave is required to attend to the child in its early stage of development (Dancaster & Baird, 2008). In short, South African law does not make any provision for any type of parental leave. This is despite evidence that longer leave periods that extend beyond the first few months of life are associated with improved health outcomes for women and children, including findings of fewer adverse cognitive development and behavioural problems in children whose mothers do not work in the first year (Waldvogel, 2001). Employees who wish to continue to care for their children for any period of time after maternity leave will have to resign from employment unless they are able to get consent from their employer to take this leave.

Leave for care emergencies

In South African law, the current legislative provision dealing with time off to attend to care emergencies is contained in the Basic Conditions of Employment Act\(^\text{23}\) where Section 27 provides that ‘family responsibility leave’ of a minimum of three days paid leave per twelve month cycle can be taken to attend to the birth or illness of a child or death of a spouse or life partner, parent or adoptive parent, grandparent, child or adopted child, grandchild or sibling.

\(^{23}\) Act 75 of 1997
The discussion that follows considers this provision under four headings (Dancaster & Baird, 2008):

a) The circumstances in which this leave can be utilised;
b) The persons for whom it can be utilised;
c) The duration for which it can be utilised; and
d) Employee qualifications for utilisation.

A critical analysis and recommendations for change are provided on this, and other legislative provisions governing leave for care purposes, in Chapter 6.

• **Circumstances for utilisation**

In South Africa ‘family responsibility leave’ covers time off to attend to birth, sickness and death only and it cannot be used for unexpected disruptions in care such as the failure of the substitute caregiver to arrive for work or unexpected incidents at school that require attendance by a caregiver. The employer is entitled to ask for ‘reasonable proof’ of the event for which the family responsibility leave is sought, such as a medical certificate or death certificate. This may be required “before paying an employee for leave” 24 which suggests that the proof is not necessary at the time of taking the leave because it is not required for obtaining permission to take the leave per se.

• **Persons for whom leave can be utilised**

In South Africa, family responsibility leave is only available for the birth or illness of a child. Accordingly this leave is not available to attend to a sick adult dependant. However, if the absence is to attend to the death of an individual then the scope of persons for whom this leave may be utilised is far wider: spouse or life partner, or their parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling.

24 Sec 27(5)
• **Duration of Utilisation**

In South Africa, family responsibility leave (FRL) is limited to three days per twelve month cycle and five days in the case of domestic workers\(^{25}\). Any unused entitlement to leave in terms of this section lapses at the end of the annual leave cycle in which it accrues\(^{26}\). An employee may take FRL in respect of a whole or a part of a day\(^{27}\). The fact that ‘part of a day’ is not specified to mean a ‘half day’ potentially means that an employee may take this leave for less than half a day and that employers would face the administrative task of working out FRL taken in terms of hours and converting this back to days. Note that the duration of leave must be seen in the context of its ‘multifunction’ purpose which is to provide time off not only for care emergencies but also for the birth and death of defined relatives. The different duration of this leave for domestic workers and ‘other’ employees appears to have arisen from concern that live-in domestic workers spend more time on travel to and from work and accordingly require a greater period of leave.

• **Employee Qualifications for Utilisation**

In South Africa family responsibility leave is only available to employees who work at least four days a week and who have worked for their employer for the last four months\(^{28}\). This qualification also applies to domestic workers using FRL.

These specific components of FRL are discussed in detail with regard to recommendations for legislative reform in Chapter 6.

**Flexible Working Arrangements**

“Meeting the demands of economic, social and family relationships in the 21st century requires a new and broad-ranging approach to flexible working time and work/life balance” (Fagan, Hegewisch & Pillinger, 2006, p.5). There has been a rapid increase in the number of countries that have implemented employment statutes to

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\(^{25}\) See Sectoral Determination No 7 in respect of Domestic Workers. (Clause 21).

\(^{26}\) Sec 27(6)

\(^{27}\) Sec 27(4)

\(^{28}\) Sec 27(1)
speed up the pace of workplace change and make it easier for employees to find a match between their work and non-work responsibilities, without forcing them to change their jobs (Hegewisch & Gornick 2008, p.6). The decision to work outside of the ‘full-time’ norm because of care obligations is one that is influenced by a number of factors including personal choice, professional care options, family assistance with care, income needs and so on (Murray, 2004). It is also likely to change in response to various life stages of those in his/her care and/or changes in their care ‘condition’.

Hegewisch (2009, p.5) notes that legislative approaches to workplace flexibility falls broadly into three groups:

• Statutes that make rights to flexible working conditional to specified activities, such as the care for young children or dependant adults;
• Statutes which provide access to flexibility not as an employment right, but as part of protection against discrimination either on the basis of sex or, more broadly, family care-giving responsibilities;
• Statutes that provide flexible working rights to all employees irrespective of their reason for seeking change.

In South Africa there is no separate legislative right for employees to request flexible working arrangements. An existing legal avenue for the right to request an adaptation of working hours for the purposes of care, mentioned above as the second approach to workplace flexibility, is that of anti-discrimination legislation. The Employment Equity Act prohibits the direct and indirect unfair discrimination of employees, including discrimination on the grounds of family responsibility, and requires affirmative action measures to be taken to promote equal opportunity and fair treatment in the workplace.

Family responsibility is defined as the “responsibility of employees in relation to their spouse, partner, dependant children or members of their immediate family that need their care or support”\(^2^9\). Discrimination arises directly if an employee is dismissed or subjected to prejudicial treatment at the workplace as a result of her family responsibilities, for example an employer’s failure to promote an employee due to a stereotypical assumption that she is less capable of performing the job due to her

\(^2^9\) Section 1, Employment Equity Act.
family responsibilities or the dismissal of an employee who requires flexible working hours. Discrimination arises indirectly if apparently neutral criteria, such as the requirements of the job or workplace policies, have a disproportionately prejudicial impact on employees with family responsibilities. Inflexible working hours and compulsory overtime demands might be responsible for this differential impact and, in the absence of justification, would constitute indirect discrimination against women who are the primary caregivers in the majority of cases (Cohen & Dancaster, 2009a).

Cohen and Dancaster (2009a) note that the Employment Equity Act has provided little in the way of gains for employees seeking to attain the right to work flexibly in the context of family responsibilities. They note that despite of the constitutional and legislative commitment to prohibit family responsibility discrimination and governmental initiatives to facilitate the advancement of women in the economy, not a single family responsibility discrimination matter has been heard by the labour courts in the ten years since the Employment Equity Act’s enactment (Cohen & Dancaster, 2009a). Ironically the only case that purported to rely on family responsibility discrimination, Co-Operative Workers Association and Another v Petroleum Oil and Gas Co-Operative Of SA and Others\(^{30}\) involved a claim of unfair discrimination lodged by employees without dependants, aggrieved by the employers provision of increased medical aid benefits to employees with dependants.

Conjecture as to the reasons for the failure of the Employment Equity Act to advance employee’s claims for family responsibility discrimination is provided in Chapter 6, together with a comparative review of legislation governing the right to request flexible working arrangements and suggested legislative initiatives in this area for South Africa.

Although not binding in terms of legal enforceability, it is nevertheless worth noting that the Code of Good Practice on the Integration of Employment Equity into Human Resource Policies and Practice (DOL, 2005) requires employers to endeavor to provide ‘an accessible, supportive and flexible environment for employees with family responsibilities’ including ‘considering flexible working hours and granting

\(^{30}\) (2007) 28 ILJ 627 (LC).
sufficient family responsibility leave for both parents’. Furthermore, the Code of Good Practice on the Arrangement of Working Time (DOL, 1998) states that the design of shift rosters must be sensitive to the impact of these rosters on employees and their families and should take into consideration the childcare needs of the employees. It adds that arrangements should be considered to accommodate the special needs of workers such as pregnant and breast-feeding workers and workers with family responsibilities.

2.7. Summary

This chapter has highlighted those contextual considerations that impact on the care crisis in South Africa and has distinguished some of these factors from those influencing state involvement in work-care integration in other, mainly European settings, in particular HIV/AIDS and the diversity of family configurations in South Africa.

It has examined the nature of employment in the formal sector because this is where the employers that are the focus of this study are situated. It has also highlighted the fact that relatively little research has taken place on work-care integration in this sector of employment in South Africa. This chapter has also outlined the contextual factors relating to state involvement in work-care integration, specifically the lack of work-care policy by the state in South Africa and the weak influence of international standards on state action towards work-care integration. Finally it has considered current legislative measures for work-care integration in South Africa.

The discussion of legislative measures for work-care integration has highlighted the fact that, in terms of a comprehensive bundle of work-care leave provisions that incorporates maternity leave, adoption leave, paternity leave, parental leave and emergency care leave, South Africa has only one of these in its ‘pure’ form, namely maternity leave. Paternity leave is combined with emergency care leave and there are no legislative provisions for adoption leave or parental leave. It has also noted that the Employment Equity Act has not achieved much in the way of the advancement of employee’s rights to work flexibly in circumstances involving family responsibilities despite the fact that its provisions on family responsibility discrimination and
affirmative action “provide potential avenues for employees to achieve flexible working arrangements in the context of care giving” (Cohen & Dancaster, 2009a, p.208). Both of these issues will be considered in further detail in terms of a focus on state involvement in work-care integration in Chapter 6, where recommendations for legislative reform are covered in detail.

The chapter that immediately follows focuses on the theoretical framework for the study within a literature review of existing studies on organisational involvement in work-care arrangements. This is followed by chapters that focus on the methodology and findings from the study.
Chapter Three

Literature Review

3.1. Introduction

The literature review in this chapter focuses on existing studies of the adoption of work-care arrangements in organisations. It discusses the theories used in these studies and the methodology and findings from these studies. The focus in these studies is on explaining the reasons for the differences in the spread of work-care arrangements in organisations. This stream of enquiry has lead to a body of research which aims to predict what type of organisational characteristics are associated with the adoption of these practices.

The explanation given in these studies for the different organisational characteristics associated with the adoption of work-care arrangements by employers is often based in neo-institutional theory. Neo-institutional theory focuses on the pressures on organisations to develop work-care arrangements and the assumption that organisations will adopt work-care arrangements in response to this pressure based primarily on their desire to maintain social legitimacy. From this perspective, certain organisational characteristics are identified as being associated with those organisations likely to be influenced by this institutional pressure. Neo-institutional perspectives extend institutional theories by emphasising the strategic choices made by organisational actors in response to institutional pressures (Goodstein, 1994; Guthrie & Roth, 1999 cited Whitehouse, Haynes, Macdonald & Arts, 2007). Suchman and Edelman (1996, p.910-911) note that:

““New Institutionalism” adopts a more “cognitive stance…Theorists in this camp are much quicker than other institutionalists to question the instrumental, goal-seeking nature of organisational behaviour”.”
Some of these studies use neo-institutional theory in conjunction with other theoretical perspectives in determining which organisational characteristics to test and therefore an analysis of neo-institutional theory alone would not do justice to the studies in this area. In particular, some of the studies (see Wood, de Menzes & Lasaosa, 2003; Davis & Kalleberg, 2006) combine a focus on economic considerations and neo-institutional theory to predict which organisational characteristics are associated with the adoption of work-care arrangements in organisations.

In addition to a focus on organisational characteristics as predictors of work-care arrangements, research on work-care arrangements in organisations (den Dulk, 2001, den Dulk, Peters & Poutsma, 2012) has also incorporated a consideration of institutional considerations within national contexts that impact on the nature and spread of work-care arrangements. This research is significant because it acknowledges that both organisational characteristics and conditions in the external social environment, such as government policy and regulation of work-care integration, impact on the spread of work-care arrangements in organisations in different country settings.

As a result of analysing the theories discussed in the literature, a conceptual model (Figure 4 below), which incorporates both organisational characteristics and institutional conditions, is developed for this thesis. This model is then applied to the study presented here, on the adoption of work-care arrangements in South African organisations.

3.2. Organisational Characteristics and the Adoption of Work-Care Arrangements by Employers

There have been a number of studies in the work-care domain that question the causes of the variation in the adoption of work-care arrangements in organisations. In seeking the answer, researchers have focused on different theories to explain the variation in the spread of the adoption of work-care arrangements in organisations.
Studies focusing on the adoption of work-care arrangements in organisations date back to the early 1990’s. One of the earliest studies examining organisational adoption of work-family arrangements was by Goodstein (1994). Goodstein (1994) identified two separate research perspectives that have emerged in studies examining organisational behaviour and the degree of strategic choice organisations can exert in response to environmental conditions. The first perspective emphasises the importance of external environmental constraints on the behaviour of organisations and the limits the environment imposes on strategic choices that organisations can make. This perspective is in keeping with the emphasis placed by institutional theorists on the control exerted by external environments and the way in which organisations, directly or symbolically, comply and conform to these environments (DiMaggio & Powell, 1983; Meyer & Rowan, 1977 cited Goodstein, 1994, p.352). The institutional perspective emphasises the pressures from regulations, norms, laws and social expectations in controlling organisational behaviour.

The second perspective emphasises the way in which organisations can adapt to environmental conditions and determine strategic responses in relation to them. This perspective examines how organisations strategically respond to institutional pressures and what factors affect these responses. In this perspective organisations exhibit rational choice behaviour and economic considerations are emphasized (den Dulk, 2001; den Dulk et al., 2012).

Both these perspectives acknowledge the importance of environmental conditions including industry, economic and regulatory aspects of the environment in studying organisational behaviour. Goodstein (1994, p.351) acknowledges that “over time, there has been growing recognition that both perspectives are critical to understanding organisational adaptation and strategic decisions”.

**Economic and Institutional Factors**

Work-family studies within the first perspective identified by Goodstein (1994) can be divided into two main categories: those that focus on an economic rationale; and those that consider the adoption of policies to be in response to institutional pressures.
A number of studies looking at organisational characteristics as predictors of the adoption of work-care arrangements combine both these (economic and institutional) perspectives in determining which organisational characteristics to test. As Davis and Kalleberg (2006, p.194) note “some studies use one theory, such as institutional theory, to explain which organisations adopt a particular family-friendly benefit (Guthrie & Roth, 1999; Kelly, 2003; Kelly & Dobbin, 1999). Other studies rely on several theoretical perspectives and use predictors for each (Barringer & Milkovich, 1998; Osterman, 1995; Poelmans et al., 2003; Wood, de Menzes & Lasaosa, 2003)”. This separation of focus between competitive, economic pressures and institutional pressures towards the adoption of work-care arrangements by organisations has been maintained in many of the studies on the adoption of work-care arrangements in organisations. Neo-institutional theory plays down the role of economic considerations in influencing organisational behaviour and also the role of agency on the part of actors in responding to their institutional environment. Recent studies acknowledge however, the influence of all these factors as impacting on an organisation’s decision on whether or not to adopt a particular work-care benefit (Bardoel, 2003; den Dulk, 2001; den Dulk et al., 2012).

- Economic Rationale

Organisational economists believe that institutions exist and persist as long as the benefits they provide outweigh the transactional costs of creating and sustaining them (Williamson, 1985 cited in Farashahi et al, 2005, p.3). The economic rationale posits that organisations introduce work-care arrangements in so far as they make financial sense to the organisation. For instance, if they are seen to improve the recruitment and retention of good staff in a tight labour market then the policies will be introduced because they save on turnover costs and the expenses of hiring and retraining new employees. “From this perspective, the adoption decision of an employer can be framed as a ‘business case’” (den Dulk et al., 2012, p.2787).

From an economic perspective there are a number of studies that illustrate the positive outcomes for organisations from the adoption of work-care arrangements (Dalton & Mesch, 1990; Kossek & Nichol, 1992; Grover & Crooker, 1995; Ayree, Luk & Stone, 1998; Konrad & Mangel, 2000; Lambert, 2000; Perry-Smith & Blum, 2000; Parker &
Allen, 2001; Eaton, 2003; Batt & Valcour, 2003). However, for some organisations the economic logic may not support the introduction of work-care arrangements. “The best ‘business’ strategy for some organisations (for example, where work is not dependant on high-skill, high-wage workers) might be seen as the use of numerical flexibility and acceptance of high turnover rather than the adoption of family-friendly policies” (Whitehouse et al., 2007, p.11). This may lead to a polarisation between the prevalence of work-care policies for those higher-skilled workers and a comparative scarcity of work-care policies for those workers in low-skill occupations (Davis & Kalleberg, 2006; Whitehouse & Zetlin, 1999 cited Whitehouse et al., 2007, p.12).

Davis and Kalleberg (2006) divide economic pressures for the adoption of work-care arrangements into two types, namely those that are internal to the organisation and those that are external. Internal labour market pressures are concerned with protecting an investment in employees through the adoption of work-care arrangements that will reduce turnover by encouraging employees to remain with the organisation. Other labels used in work-care studies to describe this economic pressure are internal labour markets (Osterman, 1995; Poelmans et al., 2003), economic rationality (Glass & Fujimoto, 1995), organisational adaptation (Wood et al., 2003); expected efficiency gains (Barringer & Milkovich, 1998), and the high commitment perspective (Osterman, 1995; Poelmans et al., 2003; Wood et al., 2003; Davis & Kalleberg, 2006). Various organisational characteristics are associated with these internal economic pressures in the different studies. Some of the organisational characteristics identified from this perspective include organisations with high commitment work systems that encourage the recruitment and retention of staff (Davis and Kalleberg, 2006; Glass & Estes, 1997; Osterman, 1995; Poelmans et al., 2003); organisations with good track records in human resource management (Bardoel et al., 1999; Vanderkolk & Young, 1991) and organisations with management values that encourage ‘community’ and ‘family’ (Osterman, 1994).

The second economic pressure identified by Davis and Kalleberg (2006), namely external economic pressure, is concerned with the provision of work-care practices as a means of recruiting workers in competitive labour markets. Davis and Kalleberg (2006) associate this economic pressure with labels used in other studies such as practical responses (Osterman, 1995; Poelmans et al., 2003); a situational perspective
organisational adaptation (Wood et al., 2003) and economic rationality (Glass & Fujimoto, 1995). The types of organisational characteristics associated with external economic pressures include organisations that are highly dependent on women (Guthrie & Roth, 1999; Osterman, 1995; Davis & Kalleberg, 2006) and organisations that have difficulty attracting skilled employees (Osterman, 2005; Wood et al, 2003; Davis & Kalleberg, 2006).

• *Neo-Institutional Theory*

The institutional perspective assumes that institutional environments, and the state in particular, shape organisational practices (Dobbin, Sutton, Meyer & Scott, 1993). Institutional theory has been common to many studies in determining which organisational characteristics are predicted to be associated with the adoption of work-care arrangements. Farashahi et al note (2005) that a common theme to institutional theorists is that institutions have a significant influence on the behavior of individuals and organisations.

DiMaggio and Powell (1983, p.147) identify nation-states and professions as the primary shapers of institutional form referring specifically to the role of the legal environment in shaping many aspects of organisational behaviour. It is the power that comes from rule making that defines the role of the state in institutional theory. As Scott (1987, p.508) notes “in institutional theorists call attention to the truth that rules themselves are important types of resources and that those who can shape or influence them possess a valuable form of power”. Suchman and Elderman note (1996, p.913) that neo-institutional theory, more than almost any previous organisational perspective, “recognises the importance of rights and obligations and provides a detailed theoretical account of how such law like principles enter into day-to-day organisational operations”.

DiMaggio and Powell (1983) use the concept of institutional isomorphism to account for the fact that many organisations exhibit a high degree of similarity in their organisational forms. They argue that this similarity is the result of conformity to institutional pressures by organisations that leads them to resemble other organisations facing the same set of environmental conditions.
“Since the principle of isomorphism states that like external circumstances creates like organisations, it assumes that the environment is highly deterministic in shaping organisational forms and destinies” (Oliver, 1988, p.545).

DiMaggio and Powell (1983) describe the three mechanisms of institutional isomorphism through which this move towards homogeneity in organisational forms and practices is said to occur, namely coercive, mimetic and normative pressures.

**Coercive isomorphism** occurs when organisations change in response to formal and informal pressure exerted on them by other organisations on which they are dependant and also by cultural expectations in the society within which organisations function. This pressure is felt either as force, persuasion or invitation and the change occurs as a result of the organisation’s desire to maintain legitimacy (DiMaggio & Powell, 1983). Coercive isomorphism, according to DiMaggio and Powell (1983, p.150), stems from “political influence and the problem of legitimacy”. Organisations seek to maintain legitimacy for continued survival and maintaining legitimacy is achieved through the incorporation of acceptable norms in the larger social system of which they are part (Dowling & Pfeffer, 1975, p.122). Meyer and Rowan (1977, p.340) also note that the reason organisations are driven to incorporate practices and procedures is “to increase their legitimacy and survival prospects, independent of the immediate efficacy of the acquired practices and procedures”.

Legitimacy is likely to have a greater effect on those organisations that are more visible and those that depend relatively more heavily on social and political support (Dowling and Pfeffer, 1975, p.133). DiMaggio and Powell (1983, p.154) support this by noting that isomorphism is a function of external dependence and that organisations will have a greater ability to resist the pressure exerted if they are not dependent on the body exerting them. If an organisation’s norms are at odds with those in the larger social system there will be a threat to organisational legitimacy, which takes the form of “legal, economic and other social sanctions” (Dowling & Pfeffer, 1975, p.122). It is this threat of legal sanction, together with the role that the law plays in reflecting the norms of the larger social system that brings the role of law into focus in an analysis of organisational change.
Scott (1987, p.509) also recognises the sanction driven role of the state in affecting organisational change by noting that that the state is likely to employ coercion in pursuing its objectives. This regulative aspect of governance associated with coercive pressure is normally found in rules and legal sanctions that guide the behaviour of organisations. Classical organisational theorists paid little attention to the role of the state in shaping the behavior of organisations, something that neo-institutional theorists have remedied (Kelly and Dobbin, 1999).

*Mimetic isomorphism* is said to occur when there is uncertainty in the organisational environment. The concept of mimetic isomorphism operates from the assumption that organisational decision makers have a strong preference for stability and predictability in organisational life (DiMaggio, 1988; DiMaggio and Powell, 1983; Pfeffer & Salancik, 1978; Zucker, 1977 cited Oliver, 1991, p.170). Pfeffer and Salancik (1978, p.67) define environmental uncertainty as “the degree to which future states of the world cannot be anticipated and accurately predicted”. This uncertainty acts as a powerful force that encourages imitation. The organisation models itself on similar organisations in their field that are perceived to be more legitimate or successful. An example of this type of isomorphic pressure is Galaskiewicz and Wasserman’s (1989 cited Oliver, 1991, p.152) study of mimetic processes which found that organisational decision makers, under conditions of uncertainty, imitated the behaviour of other actors in the environment, especially those that the knew and trusted.

*Normative isomorphism* stems primarily from professionalisation, which is defined as “the collective struggle of members of an occupation to define the conditions and methods of their work, to control the ‘production of producers’” (DiMaggio & Powell, 1983, p.152). Normative pressures come from the formal education of professionals and the “growth and elaboration of professional networks that span organisations and across which new models diffuse rapidly” (DiMaggio & Powell, 1983, p.152). Oliver (1991, p.171) notes: “highly interconnected environments provide relational channels through which institutional norms can be diffused”.


Organisational norms among professional managers and their staff occur from university and professional training that is a vehicle for the development of normative rules about organisational behaviour. Professional associations provide mechanisms for a pool of individuals with a similar orientation who occupy positions in organisations. Oliver (1991, p.152) describes the process by which organisations respond to these norms as ‘habit’ noting that organisations exhibit ‘blind adherence’ to these rules or values that have become “historically repeated, customary, conventional or taken-for-granted”.

- **Strategic Responsiveness**

The second research perspective described by Goodstein (1994), and referred to above, namely one that focuses on strategic responsiveness of organisations, incorporates the notion of strategic choice in predicting how organisations will respond to different pressures, be they economic or institutional. Oliver (1991), who developed this model of strategic choice, did so in an attempt to counter the non-choice, conformist elements inherent in institutional theory. This is because in an institutional perspective there is little role for strategic decision-making by organisations and greater emphasis on compliant behaviour by organisations in which conformity is seen as quite rational (Suchman & Edelman, 1996).

Oliver’s (1991) model of strategic choice draws on both institutional and resource dependence perspectives to develop predictions on a range of strategic responses to institutional processes. Resource dependence theory focuses on a wide range of active choice behaviours by organisations in responding to pressures from external sources on which they are dependant. “By contrast, institutional theory has tended to limit its predictions to different types of structural or procedural conformity to the environment” (Scott, 1987, p.194-198 cited Oliver, 1991, p.148). Oliver (1991) argues that a comparison of the convergent assumptions and differences between institutional and resource dependence theories allows for “resource dependence predictions of organisational strategy to complement the more limited range of organisational responses to institutional pressures that institutional theory has traditionally addressed” (Oliver, 1991, p.146).
Oliver (1991) acknowledges the valuable insights gained from institutional theory, but considers that ‘notably lacking’ from the body of literature on institutional theory is “explicit attention to the strategic behaviours that organisations employ in direct response to institutional processes that affect them” (Oliver, 1991, p.145). She argues that institutional theorists have tended to focus on organisational behaviour involving “conformity rather than resistance, passivity rather than activeness, and pre-conscious acceptance rather than political manipulation in response to external pressures and expectations” (Oliver, 1991, p.149). The five strategic responses she incorporates into her model of strategic choice are: acquiescence, compromise, avoidance, defiance and manipulation.

In moving away from the non-choice behaviour implicit in the institutional perspective, Oliver (1991) examines the multiple factors that impact on an organisation’s willingness and ability to conform or to resist institutional pressures for change. From this she extrapolates the predictive dimensions that determine the likely strategic responses of organisations. Organisational choice of strategic response to institutional pressures toward conformity will depend on why these pressures are being exerted (i.e. the cause of the pressure), who is exerting them (i.e. the constituent), what these pressures are (i.e. the content of the pressure), how or by what means they are exerted (control), and where they occur (environmental context) (Oliver, 1991).

The importance of Oliver’s (1991) work from a work-family perspective is that it became one of the first models to be applied in assessing employer strategic responsiveness to work-family issues. In applying Oliver’s (1991) model to work-family research, Goodstein (1994) developed “a theoretical framework that incorporates the insight that organisational conformity to institutional expectations may be a function of both the strength of institutional pressures and expectations regarding the effects of responding to those pressures on technical outcomes” (Goodstein, 1994, p.377). This framework is illustrated in Table 5 below.
Table 5: Framework for Predicting Strategic Responses to Institutional Pressures (Goodstein, 1994, p.361).

<table>
<thead>
<tr>
<th>Strength of Institutional Pressures</th>
<th>Positive</th>
<th>Negative</th>
</tr>
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<tbody>
<tr>
<td>High</td>
<td>Acquiescence</td>
<td>Compromise/Avoidance</td>
</tr>
<tr>
<td>Low</td>
<td>Manipulate</td>
<td>Defiance</td>
</tr>
</tbody>
</table>

Ingram and Simons (1995) replicated Goodstein’s (1994) study concluding that both their study and Goodstein’s (1994) study were not successful at predicting the exact strategy of organisational responsiveness to the adoption of work-family arrangements.

The fundamental difficulty with theoretical frameworks that examine strategic responsiveness, and one that was evident from the results of both Goodstein (1994) and Ingram and Simon’s (1995) studies in being unable to predict the exact strategy of organisational responsiveness, is the difficulty in determining the measure of responsiveness associated with the different strategies.

Goodstein (1994) used the following measures of strategic responsiveness:
- **Acquiescence**: one childcare benefit or more and one flexibility benefit or more;
- **Compromise**: offering only one major type of work-family benefit, either childcare or flexibility, but providing multiple options within this area;
- **Avoidance**: offering only one work-family benefit;
- **Defiance**: not providing either childcare or workplace flexibility benefits.
Goodstein (1994) did not have data to determine the strategic response of manipulation.

Ingram and Simons (1995) claim to have “extended Goodstein’s measure of responsiveness to work-family issues by capturing some of the more symbolic aspects of organisational responses” (Ingram & Simons, 1995, p.1468). This they did by categorising the benefits into three classes – dependant care services (on-site day care, subsidised day care away from the organisation or assistance with ageing parents); flexible workplace options (flexi time, work at home or paid paternity leave); and “cheap responses” – benefits that do not require the same degree of financial expenditure as the other two categories (unpaid paternity leave, information about childcare and announcing a policy of family responsiveness). Those different measures of strategic responses were:

- **Acquiescence**: at least one benefit from each of the first two ‘expensive benefit’ categories;
- **Compromise**: at least one benefit from the expensive category and at least one cheap response;
- **Avoidance**: only benefits in the cheap response category; and
- **Defiance**: no benefits at all.

Both studies (Goodstein, 1994; Ingram and Simons, 1995) fail to provide adequate measures of the degree of responsiveness and use rather arbitrary determinants of different strategic responses. In addition both conclude that they were unable to predict the exact strategy of response in their studies. Not surprisingly therefore, there have not been studies on the adoption of work-family arrangements in organisations since these two studies that have tested different strategic responses by organisations in the adoption of work-family arrangements nor does this study attempt to do so.

### 3.3. Institutional Conditions and the Adoption of Work-Care Arrangements by Employers

So far the discussion in this chapter has focused on the use of neo-institutional theory and economic rationales in isolating organisational characteristics as predictors of the
adoption of work-care arrangements. However, the adoption of work-care arrangements by organisations is also related to the institutional conditions in which they operate and not only the characteristics of organisations. As den Dulk et al. (2012, p. 2787) note:

“In an institutional or market context of elaborate statutory requirements in which an employer does not gain any competitive advantage from offering extra workplace work–family arrangements, it is less likely that the employer will be inclined to develop supplementary provisions. In a context where state provisions are not well developed, the introduction of workplace work – family arrangements could offer a competitive advantage, however, likely depending on the organisation’s specific conditions and characteristics”.

Den Dulk (2001) developed a model, using a neo-institutional theoretical framework that focuses on both organisational characteristics and institutional conditions to explain the differences in the adoption of work-family arrangements by employers. Den Dulk (2001) applied this model to four countries representing different welfare state contexts and used it to make predictions on the adoption of work-care arrangements between different welfare state regimes. This approach was also used by den Dulk et al. (2012) in a large-scale, cross-national empirical study on the adoption of work-family arrangements across Europe.

In terms of the focus on institutional conditions, den Dulk (2001) isolates three institutional conditions as relevant to an analysis of employer involvement in work-family arrangements, namely: social policy, the degree of institutionalisation and collective agreements. Each is considered below.

**Social Policy**

Social policy refers to the level of government policies and regulations on work-care integration and the influence of these provisions on the adoption of work-care arrangements in organisations. Public provisions influence employer involvement in work-care integration, not only directly through the force of legal sanction, but also
indirectly through the creation of public awareness, which can be translated into an expectation by employees for employers to provide work-care arrangements. This expectation from the public can motivate employers to adopt work-care arrangements to avoid loss of public approval (Edelman, 1990). The assumption is that in these environments there will be greater employer provisioning of work-care arrangements. Likewise, where public provisions are weak, there will be a low level of public awareness and hence little pressure for organisations to implement work-care arrangements to gain public approval or avoid the risk of public sanction. In these circumstances employers will not have adopted work-care arrangements to any great extent.

Degree of Institutionalisation

The term ‘institutionalisation’ became familiar in organisational theory in the 1940’s and 1950’s and was based on the work of Selznick (Suchman & Edelman, 1997). The emphasis in institutionalisation is on how, over the passage of time, moral socialisation by internal and external constituencies in organisational decision-making, creates expectations that translate into action on the part of organisations to adopt work-care arrangements.

Taking the concept of institutionalisation one step further, Tolbert and Zucker (1996) studied the process of institutionalisation and incorporated the different stages in the adoption of an innovation by an organisation. This sequential process “suggests variability in levels of institutionalisation, thus implying that some patterns of social behaviour are more subject to critical evaluation, modification and even elimination than others” (Tolbert & Zucker, 1996, p.181). The three stages they identify in the process of institutionalisation are: habitualisation, objectification and sedimentation. The first phase, or ‘habitualisation’ phase would occur when work-family issues are still seen as an individual responsibility and where work-family integration has not appeared to any great extent on the public and political agenda. The objectification process is the achievement of a social consensus about work-family issues and the sedimentation process is when work-family issues have continued for some time and developed some historical continuity. South Africa is currently positioned in the first
phase. The effect of being in the habitualisation phase, according to den Dulk (2001), is that organisational characteristics have more predictive power. “When work-family arrangements have become more institutionalised, more standard solutions will appear and implementation will be less related to specific organisational characteristics” (den Dulk, 2001, p.79). Den Dulk (2001, p.84) hypothesises that less institutionalisation means that there will be greater differences between employers in the nature and spread of work-care arrangements.

**Collective Agreements**

The role of collective agreements, as the third institutional condition used by den Dulk (2001) to explain employer involvement in work-family arrangements, refers to whether or not trade unions influence the adoption of work-family arrangements. The assumption made by den Dulk (2001) is that where there are stronger trade unions, the likelihood is greater that employers will adopt work-family arrangements in collective agreements and that the greater the degree of union membership in an organisation, the more likely that employers will adopt work-care arrangements.

The propositions relating to social policy, the degree of institutionalisation and collective agreements in South Africa appear below.

**3.4. Conceptual Model and Propositions**

The discussion above has considered both organisational characteristics and institutional conditions as factors that impact on the adoption of work-care arrangements in organisations. It has highlighted the focus on neo-institutional theory and an economic perspective in studies examining organisational characteristics as predictors of the adoption of work-care arrangements in organisations. Davis and Kalleberg, (2006) combined neo-institutional theory and an economic perspective to test the relative predictive value of the different theories and found support for both neo-institutional theory and economic theory in predicting employer responsiveness in the adoption of work-care arrangements, although internal economic pressures measured by the presence of high performance work practices, firm internal labour
markets and training as efforts to retain firm-specific skills, received the least support in predicting the adoption of work-family arrangements in the organisations in their study. The focus on economic pressures incorporates the assumption that employers act rationally in making decisions on the adoption of work-care arrangements. This incorporates rational-choice theory, which makes behavioural assumptions on how managers respond to the adoption of new work practices (Kaufmann, 1999). It assumes that managers act intentionally and that, within an economic perspective, their actions are aimed at increasing profitability.

Other studies (Bardoel, 2003; Wood et al, 2003) have also contrasted the value of different theories in making predictions relating to which organisational characteristics act as determinants of the adoption of work-care. The findings from these studies indicate that, when theories are tested for their relative effect in explaining organisational responsiveness in adopting work-care policies, no one theory comes out as dominant. As a result, these studies support a conceptual model that integrates different theoretical perspectives in a consideration of factors that predict the adoption of work-care arrangements in organisations.

The conceptual model for this study, outlined in Figure 4 below, draws on these findings and incorporates both economic theory and neo-institutional theory in predicting which organisational characteristics will be associated with the adoption of work-care arrangements in South African organisations. In addition to a focus on organisational characteristics as predictors of work-care arrangements, the model draws on den Dulk’s (2001) study and includes institutional conditions as factors influencing the adoption of work-care arrangements. The incorporation of institutional conditions, in addition to organisational characteristics, in an analysis of the adoption of work-care arrangements by employers assumes that “institutional conditions such as cultural values and norms and national social policies (or the absence of them) put constraints on, or encourage the development of workplace work-family arrangements” (den Dulk, 2001, p.75).

It includes both social policy, the degree of institutionalisation and collective agreements as the institutional conditions relevant for consideration to the adoption of work-care arrangements in South African organisations. The value of this conceptual
model is that it incorporates the influence of material considerations, the operation of rules and regulations on work-care integration and the affects of cultural norms on the spread of work-care arrangements in South African organisations.

The inclusion of institutional conditions as well as organisational characteristics, as an explanation of differences in the adoption of work-care arrangements, expands on research designs (see for example Glass & Fujimoto, 1995; Bardoel et al, 1999; Davis and Kalleberg, 2006) that focus only on organisational characteristics as predictors of the adoption of work-care arrangements. Incorporating institutional conditions and organisational characteristics permits explanations for the spread of work-care arrangements in organisations in different country settings and takes into account aspects of the environment that are not considered with a focus on neo-institutional theory alone. For instance, neo-institutional theory considers institutional conditions largely in relation to the effect of laws and regulations as a pressure on organisations (hence the broken arrow in Figure 4 from institutional conditions to institutional isomorphic pressures) but does not permit consideration of the influence of institutional conditions such as social policy and the degree of institutionalisation as environmental conditions impacting on the overall spread of work-care arrangements in different country settings.

Although den Dulk (2001) and den Dulk et al (2012) focused on institutional conditions within an analysis of the different welfare state regimes of the countries in which work-care arrangements were adopted, this study does not attempt to classify South Africa into one of Esping-Anderson’s (1990, 1999) typology of welfare state regimes for purposes of the focus on institutional conditions. This is primarily because it has been recognised that South Africa is a particularly difficult country to classify according to Esping-Anderson’s typology of welfare states (1990, 1999) and that South Africa may in fact represent a unique mixture of aspects of the different welfare state regimes (Lund, 2009). It is also not necessary to use a welfare state regime classification for an analysis of the influence of institutional conditions on the adoption of work-care arrangements using the conceptual model designed for this study.
Davis and Kalleberg (2006) divide the economic pressures influencing organisational characteristics related to the adoption of work-care arrangements into internal economic pressures and external economic pressures. Internal economic pressures, according to Davis and Kalleberg (2006) are those: “structures and practices inside the organisation that can make turnover or shirking particularly costly or detrimental to organisations”. Davis and Kalleberg (2006) used measures such as formal training in the organisation as an indication of employer investment in staff and hence hypothesised that employers with a greater investment in this formal training would also invest in work-family arrangements as part of their measures to retain staff. External economic pressures according to Davis & Kalleberg (2006) are influenced by the “reliance on workers that are more likely to have high turnover in view of labour market and other conditions outside of the work organisations”. One of the
indicators Davis and Kalleberg (2006) used to measure external pressures was the proportion of women employees in the establishment.

This distinction between internal and external economic pressures is not highlighted in the conceptual design. The reason for this is primarily because Davis and Kalleberg (2006) found little support in their study for the effect of internal economic pressures on the adoption of work-family benefits and also because of difficulties in measurement, particularly in South Africa where high performance work practices as a measure used for internal work practices, are not widespread.

In the following section of the chapter specific propositions drawn from the literature are developed. These are then tested in relation to the nature and spread of work-care arrangements in South African organisations.

**Propositions Relating to Organisational Characteristics**

The following propositions are developed on the basis of the conceptual model in Figure 4 above and are divided in those organisational characteristics derived from a focus on neo-institutional theory and those derived from a focus on economic pressures. Prior to focusing on these two factors there is a discussion on existing studies that examine organisational characteristics as predictors of the adoption of work-care arrangements. This discussion highlights those organisational characteristics that have been found to be associated with the adoption of work-care arrangements in existing studies and also examines the geographical location and samples used in these studies.

- **Findings from Existing Studies**

Table 6 below provides a chronological outline of fourteen of the most well known and widely quoted studies between 1992 and 2007 on organisational characteristics as predictors of work-care arrangements and a description of the samples used in them as well as the geographical location of the studies.
Table 6: Chronological outline of 14 studies on organisational involvement in work-family arrangements

<table>
<thead>
<tr>
<th>Study</th>
<th>Geographical Location</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgan &amp; Milliken, 1992</td>
<td>United States</td>
<td>Sample of 1000 HR executives selected randomly from those subscribing to the journal Human Resource Executive. 175 usable surveys received.</td>
</tr>
<tr>
<td>Ingram &amp; Simons, 1995</td>
<td>United States</td>
<td>727 responses from 1 127 establishments contacted for telephone interviews. ‘Hypernetwork’ sampling from respondents to 1991 General Social Survey.</td>
</tr>
<tr>
<td>Osterman, 1995</td>
<td>United States</td>
<td>694 from 875 private sector workplaces with more than 50 employees, from Dun &amp; Bradstreet.</td>
</tr>
<tr>
<td>Glass &amp; Fujimoto, 1995</td>
<td>United States</td>
<td>324 women employed at least 20 hours per week during first trimester of pregnancy and 4 hospitals.</td>
</tr>
<tr>
<td>Milliken, Martins and Morgan, 1998</td>
<td>United States</td>
<td>Same sample as per 1992 study above.</td>
</tr>
<tr>
<td>Bardoel, Tharenou &amp; Moss, 1999</td>
<td>Australia</td>
<td>187 postgraduate business students (all employees) and 30 employees from 3 private sector organisations.</td>
</tr>
<tr>
<td>Whitehouse &amp; Zetlin, 1999</td>
<td>Australia</td>
<td>Data from the Australian Workplace Industrial Relations Survey 1995. Workplaces with more than 20 employees across Australia.</td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Sample Description</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>den Dulk, 2001</td>
<td>Italy, Netherlands, Sweden and the United Kingdom</td>
<td>Phone interviews with HR officers of service sector employers with more than 100 employees: 95 in Italy, 113 in the Netherlands, 100 in Sweden and 67 in the UK.</td>
</tr>
<tr>
<td>Poelmans Chinchilla and Cordona, 2003a.</td>
<td>Spain</td>
<td>Sample of 131 HR managers in organisations from a total of 1530 Spanish organisations with more than 100 employees.</td>
</tr>
<tr>
<td>Budd &amp; Mumford, 2006</td>
<td>United Kingdom</td>
<td>WERS98 (British Workplace Employee Relations Survey). 22 674 individuals from 1 924 workplaces with complete information on variables used for analysis.</td>
</tr>
</tbody>
</table>

A number of observations can be made from an examination of these studies. The majority of the studies on organisational characteristics as predictors of work-family arrangements have taken place in America, the United Kingdom and Australia. It is significant to note that apart from one or two studies outside these regions, notably in Spain (Poelmans et al, 2003a) and Australia (Whitehouse & Zetlin, 1999; Bardoel et al., 1999), there is no evidence of research into organisational characteristics as predictors of work-family arrangements having taken place in South Africa. Poelmans et al (2003b, p.276) point to a major limitation in this area of research being its “decidedly Western focus” and Poelmans et al. note (2003a, p.132) that “there is great need for empirical research that can serve as a basis for broadening theory on the adoption work-family policies beyond the Anglo-Saxon context”.

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From the studies, it is evident that a number of organisational characteristics have been found to impact on the adoption of work-care arrangements in organisations. The main organisational characteristics found in these studies to have been associated with the adoption of work-family measures are as follows:

1. Trade union strength and the presence of females in trade unions;
2. Organisational size;
3. Industry sector;
4. The proportion of women in the workforce and the proportion of women in executive management;
5. High performance work systems and
6. Public vs. private sector industries.

A summary of the findings from the fourteen studies listed in Table 6 above in terms of the organisational characteristics found to be associated with the adoption of work-family measures is provided in Table 7 below.

Table 7: Findings from Existing Studies on Organisational Characteristics Associated with the Adoption of Work-Family Arrangements

<table>
<thead>
<tr>
<th>Organisational Characteristic</th>
<th>Studies finding that this organisational characteristic WAS a predictor of work-family arrangements</th>
</tr>
</thead>
</table>
| Trade Union Strength         | Glass & Fujimoto, 1995  
Budd & Mumford, 2006          |
| Organisational Size          | Goodstein, 1994  
Ingram & Simons, 1995  
Glass & Fujimoto, 1995  
Bardoel, Tharenou & Moss, 1999  
Whitehouse & Zetlin,          |
<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Morgan &amp; Milliken, 1992</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Goodstein, 1994</td>
</tr>
<tr>
<td></td>
<td>Ingram &amp; Simons, 1995</td>
</tr>
<tr>
<td></td>
<td>Whitehouse, Haynes,</td>
</tr>
<tr>
<td></td>
<td>Macdonald, Arts, 2007</td>
</tr>
<tr>
<td>Proportion of Women Managers</td>
<td>Goodstein, 1994</td>
</tr>
<tr>
<td></td>
<td>Ingram &amp; Simons, 1995</td>
</tr>
<tr>
<td>Proportion of Women in Workforce</td>
<td>Poelmans Chinchilla and Cordona, 2003</td>
</tr>
<tr>
<td></td>
<td>Budd &amp; Mumford, 2006</td>
</tr>
<tr>
<td></td>
<td>Davis &amp; Kalleberg, 2006</td>
</tr>
<tr>
<td></td>
<td>Whitehouse, Haynes,</td>
</tr>
<tr>
<td></td>
<td>Macdonald, Arts, 2007</td>
</tr>
<tr>
<td>High Performance Work Systems</td>
<td>Osterman, 1995</td>
</tr>
<tr>
<td></td>
<td>Poelmans Chinchilla and Cordona, 2003</td>
</tr>
<tr>
<td></td>
<td>Davis &amp; Kalleberg, 2006</td>
</tr>
<tr>
<td>Public Sector</td>
<td>Ingram &amp; Simons, 1995</td>
</tr>
<tr>
<td></td>
<td>Whitehouse &amp; Zetlin,</td>
</tr>
<tr>
<td></td>
<td>1999</td>
</tr>
</tbody>
</table>

Each of these organisational characteristics will now be discussed in turn in relation to the findings of these existing studies and with a view to developing propositions for testing in this study.
1. Trade Union Strength

The relationship between increased trade union membership in an organisation and work – family arrangements has been the specific focus of Budd and Mumford’s (2004) research. Their summary of the findings on the relationship between the extent of trade union presence and the extent of work-family arrangements is that:

“the results for unionisation are mixed. In studies of U.S. organisations, Guthrie and Roth (1999) and Kelly and Dobbin (1999) found no statistically significant effects of labour unions on maternity leave programmes; Deitch and Huffman (2001) and Osterman (1995) similarly found no relationship between unionisation and a broader array of family-friendly benefits. In contrast, in a sample of pregnant women, Glass and Fujimoto (1995) concluded that union status is one of the strongest predictors of family-friendly benefits —though not always in a positive direction. Bardoel et al. (1999) found that unions are positively associated with leave options in Australia, but not other family-friendly policies such as flexible work options or childcare. In none of this research, however, was unionism the focus of the analysis.” (Budd & Mumford, 2004, p.205).

Hein (2005) considers three reasons why trade unions are becoming more involved in work-family issues:

1. The need to widen the union membership base as more women have entered employment but their participation in unions has not grown proportionately;
2. The scope to collectively bargain for rights to help reconcile work and family responsibility; and
3. The potential to increase union visibility through involvement in various types of tripartite forums on policies and programmes related to work-family conflicts and to reaffirm their role in social dialogue.

It is interesting to assess the manner and reason why these researchers posit that increased trade union presence is associated with the adoption of with work-family arrangements in organisations. Budd and Mumford (2004) provide the most detailed analysis and note that there are three ways in which unions can affect workers
benefits, namely through: (1) a monopoly effect, (2) a collective voice effect, and (3) a facilitation effect.

The monopoly effect refers to the greater bargaining power assumed to be present in unionised workplaces which in turn, gives union members access to greater benefits than non-unionised employees. Without directly relating it to institutional theory, this rationale for trade union influence on work-family arrangements falls within the coercive pressure component of institutional isomorphism. Through the collective voice effect, unionised workplaces should have more family-friendly benefits, if these benefits are seen to be useful by the majority of the unionised employees. The benefits should reflect the demographic characteristics of the union members in each workplace and this would mean that where there is a greater female representation in the union, there should be a greater collective voice effect. Through the facilitation effect, unionised individuals should have more benefits because of a greater awareness of the benefits through the information sharing function of trade unions.

Budd and Mumford (2004, p.220) summarise their findings as follows:

“In sum, in British workplaces, unions appear to positively affect the provision of some family-friendly policies—in particular, parental leave, special paid leave, and job sharing options—in two ways: by negotiating for additional benefits; and by informing workers about existing policies and representing them when they wish to avail themselves of those policies. At the same time, unions appear to be negatively associated with the provision of other family-friendly policies, such as working at home and flexible working hours options”.

2. Organisational Size

Size as a factor influencing the adoption of work-care arrangements has produced the most consistent finding in the studies to date. However, the rationale on which it has been predicted to influence the adoption of work-care arrangements has varied in different studies.
Essentially, size has been predicted as a factor influencing the adoption of work-care arrangements based on two different theoretical perspectives:

1. From an institutional perspective whereby size is postulated to influence the adoption of work-care arrangements because “larger organisations are especially likely to experience greater external scrutiny and hence coercive institutional pressures. Large organisations are more visible to the public and to regulators and thus may be more motivated than small organisations to appear legitimate to these bodies. Larger organisations also tend to have more inter-organisational linkages and may have policies and programmes that are viewed as accepted practice to seem more legitimate to the organisations with which they have relationships (Glass & Estes, 1997). Moreover, large organisations are often subjected to regulations from which small organisations are exempt (Glass & Fujimoto, 1995),” (cited Davis & Kalleberg, 2006, p.200); and

2. From an economic perspective whereby size is postulated to influence the adoption of work-family arrangements because larger organisations are better able to absorb the cost of these benefits and enjoy the economies of scale associated with them (Glass & Fujimoto, 1995).

Poelmans et al (2003a) add an important alternative explanation for their finding for why larger organisations might, in the Spanish context, offer more work-family arrangements. This, they surmised, could be the result of the fact that a number of the large firms in their survey were foreign multinationals “diffusing work-family policies developed in headquarters to their divisions in Spain” (2003a, p.142). This association was supported in their study for at least one item in the bundle of work-care arrangements included in their study. Farashahi et al (2005, p.10) also point out that transnational institutions have become the main source of pressure for business activities around the world and call for research to catch up with the changing social realities as “little attention has been given to transnational institutions”.

In effect this pressure from an international constituent falls within the institutional analysis which it would appear, posits slightly different reasons for the effect of size on the adoption of work-family arrangements and suggests that researchers need to be
specific in articulating the nature of the institutional pressure deemed to make size a factor for exploration.

Davis & Kalleberg (2006), in analysing the effect of organisational size from an institutional perspective, found that the result varied depending on the benefit under consideration. Large organisations were more likely to have unpaid leave and dependant care benefits, but there was found to be no relationship between organisation size and paid leave or flexible scheduling.

This varied effect of the influence of size depending on the nature of the work-care arrangement under consideration is not unique to their findings. Glass & Fujimoto (1995) found that firm size increased the provision of formal family benefits such as work-family leave benefits but had a negative relationship on the provision of flexible work arrangements such as working from home and flexible scheduling. Bardoel et al (1999) also found that size was associated with the adoption of four out of the five work-family benefits used for testing in their study and was not associated with the adoption of flexible working conditions.

An interesting finding from Glass and Fujimoto (1995) was that organisational size was positively related only to formal benefits, while informal leave policies and schedule policies that depended on supervisor cooperation (e.g. working at home or using sick leave for children’s illnesses) were more likely to occur in small organisations. Glass & Estes (1997, p.303) comment that “perhaps part of the strong empirical association between firm size and work/family policies comes from the failure of small firms to have formal personnel policies in general, although they may actually be more receptive to individually negotiated arrangements than are more bureaucratic workplaces”.

3. Industry Sector

Industry sector as a predictor of work-family arrangements has also been hypothesised from two different perspectives. From an economic perspective, it is hypothesised that industries with tight labour markets would turn to work-family arrangements to recruit and retain key staff (Morgan & Milliken, 1992).
From a neo-institutional perspective the hypothesis is based on mimetic pressures, namely that the greater proportion of industries adopting work-family arrangements, the greater the spread of these arrangements in that particular industry (Goodstein, 1994; Ingram & Simons, 1995) and coercive pressures, namely that in certain sectors (such as health and education) there are coercive pressures based on the visibility of the industry sector and the proportion of females employed in the industry sector.

Those studies (Morgan & Milliken, 1992; Ingram & Simons, 1995; Goodstein, 1994; Davis & Kalleberg, 2006) that predict mimetic isomorphic pressure towards the adoption of work-care arrangements have found that such a pressure does exists and that “the legitimacy of norms and practices within an organisational field increases with the degree of their diffusion in the field” (DiMaggio & Powell, 1983; Tolbert & Zucker, 1983 cited Ingram and Simons, 1995, p.1479). Although these findings are useful in testing for the presence of this isomorphic pressure, they do not explain which particular industries are more likely to experience this diffusion of practices. What they do show however is that there are systematic differences in the adoption of work-care arrangements across industry settings as organisations seek to gain legitimacy in their respective industries.

The specific types of industries that emerge as having higher numbers of work-care arrangements have been fairly consistent in the studies. Wood et al (2003) used institutional theory to hypothesis that industry sector would be a determinant of work-family practices and found that the health and financial services sectors were more likely to adopt work-family practices than those industries in the reference sectors (wholesale and retailing). Likewise, Milliken et al. (1998, p.586) also found that organisations from the health care and financial services sector were more likely to offer work-care arrangements than organisations in other industry sectors. The financial services sector also came out as positively associated with the adoption of work-care arrangements in Whitehouse et al.’s (2007) study, as did the public administration sector.
4. Proportion of Women Managers and Proportion of Women in the Workplace

Goodstein’s (1994) study was the first to test the hypothesis that organisations that had a greater dependence on women would adopt more work-care arrangements. Ingram and Simons (1995) refined this and hypothesised that it was the proportion of female managers rather than the proportion of female employees as a whole that determined the adoption of work-care arrangements. They argued that understanding institutional theory as the foundation for this prediction required an acknowledgement that women do not always have the power to coerce their employers into adopting work-care measures and that where women occupied more senior roles in an organisation, this power increased.

The alternative, economically based foundation for this assumption, is that where there is a shortage of women in the labour market in industries that are dependent on women, then organisations will introduce work-family measures as a recruitment and retention strategy.

Goodstein’s (1994) finding was that the proportion of women in the workplace was a significant determinant of the adoption of work-family arrangements. Ingram and Simons (1995) found that it was not the proportion of women in the workplace that determined the adoption of work-family arrangements, but the proportion of female managerial employees.

Poelmans et al (2003a) tested only for the percentage of female employees (not for the percentage of female managers) and found that this organisational characteristic was associated with the presence of work-family arrangements. Morgan and Milliken (1992) found no correlation between the presence of women in senior positions and the adoption of work-family arrangements. They note (Morgan & Milliken, 1992, p.589) that “a possible reason for this lack of finding might be that such people, even when on top management teams, might lack the power necessary to influence their companies’ work-family polices; for instance they may be in staff rather than line functions”. They also note that “in the process of rising to a top management team, people may internalize or conform to certain traditions – for instance, sacrificing
family concerns for the sake of work concerns – that make them less likely to be strong advocates for work-family issues” (Morgan & Milliken, 1992, p.589).

5. High Performance Work Systems

“The label high performance work organisation has been used to refer to a broad set of human resource management practices that enable organisations to be more competitive, innovative, and flexible” (Appelbaum, Bailey, Berg, & Kalleberg, 2000 cited Davis and Kalleberg, 2006, p.196). Osterman (1995) was the first to test the hypothesis that organisations with high performance work systems (as opposed to organisations with traditional work systems) were associated with the adoption of work-family arrangements. Organisations with high commitment work practices are hypothesised to be associated with organisations that adopt work-care practices because both practices are aimed at encouraging commitment and retention of employees. A number of different variables were used to measure ‘high commitment work systems’ in Osterman’s (1995) study, including overall performance goals espoused by the organisation, the amount of discretion provided to employees and variables that measured practices associated with high performance work systems including total quality management and problem solving groups.

Osterman’s (1995) finding was that there was considerable support for the link between high commitment work systems and the adoption of work-family arrangements. Using a similar measure of high commitment work systems, Poelmans et al (2003a) tested this hypothesis in the Spanish context with the same result. Similarly, Davis and Kalleberg (2006) found that high performance work practices are associated with the adoption of flexible scheduling, unpaid leave, and dependant care benefits but not paid leave. They also found that organisations that use all high performance work practices (compared to establishments without any high performance work practices) are twice as likely to offer flexible scheduling and dependant care benefits and almost three times as likely to offer unpaid leave.
Public sector organisations are said to be more likely to implement work-care arrangements because they are not held to exclusively economic standards of performance and because of their broad goal of social justice (Oliver, 1991).

Goodstein (1994) was the first to predict that public sector organisations would be more likely to adopt work-family arrangements than those organisations in the private sector. This, he reasoned, was because organisations in the public sector would seek to conform with government rules and regulations voluntarily in an effort to seek approval from the authorizing agent as opposed to private organisations that would be more inclined to give greater weight to “technical and economic standards against which firm performance is primarily assessed” (Oliver, 1991, p.165 cited Goodstein, 1994, p.358). His results however, did not confirm this hypothesis.

When replicating Goodstein’s (1994) study, Ingram and Simons (1995) findings on public sector organisations were the opposite – namely that there was a strong association between public sector organisations and the adoption of work-family arrangements with the difference in their results and Goodstein’s findings being noted by them as ‘surprising’ (Ingram & Simons, 1995, p.1478).

There may be scope to explore the public/private sector association further. Glass and Estes (1997) noted that there have been findings (Friedman, 1990; Auerbach, 1990 cited Glass and Estes, 1997) that firms whose product markets target families or have family-sensitive constituents (government or non-profit social welfare organisations) are often more likely to be committed to workplace family responsive policies in principle and to see the implementation of family responsive policy as good for improving their public image. Den Dulk (2001, p.73) also noted that pressure to develop work-family arrangements was greater when an organisation was in the public eye. Being in view of the public by virtue of where the organisation operates or what it produces is somewhat different from being publicly owned per se. Accordingly there may be privately owned organisations that operate in the public sphere and that are more likely to adopt work-care policies, either because of the nature of the product or because of the need to be legally compliant in this ‘more
visible’ sector. Edelman, (1990) used the concept of ‘proximity to the public sphere’ rather than a public/private dichotomy to consider institutional isomorphic pressure on organisations to adopt formal grievance procedures for non-union employees. Organisations, whether they are public or private sector organisations, that are closer to the public sphere by virtue for instance of contracts with government, are more open to public scrutiny and depend more on public support for survival (Edelman, 1990, p.1414).

•  **Propositions Derived from Neo- Institutional Theory**

The propositions relating to which organisational characteristics are associated with the adoption of work-care arrangements, using neo-institutional theory are developed in this section. The section that follows develops propositions relating to which organisational characteristics are associated with the adoption of work-care arrangements, using an analysis of economic pressures.

It has been hypothesised that large rather than smaller organisations will adopt legitimating behaviour making them more responsive to the adoption of work-care arrangements because “large organisations are visible and accountable to various constituencies” (Mintzberg, 1983 cited in Goodstein, 1994, p.356) and accordingly have a strong incentive to take actions to ensure their legitimacy. Goodstein developed this hypothesis in the work-family setting relying on the fact that “in a number of empirical studies, researchers have found a consistent relationship between organisation size and level of corporate social responsibility” (Buehler & Shetty, 1976; Lentz and Tshigiri, 1963; Miles, 1987 cited Goodstein, 1994, p.356).

Whether large organisations adopt these arrangements because of economies of scale, or because of external scrutiny (from regulators or other organisations with which these organisations have linkages) and institutional pressure is not uncovered in this study, primarily because the methodology does not lend itself to this enquiry. However, within using a neo-institutional perspective, it is hypothesised that:

**Proposition 1:** Large organisations will be more likely to adopt more work-care arrangements than small organisations.
In considering the antecedents of coercive institutional pressure, Barringer and Milkovich (1996, p.314) in their study on organisational adoption of flexible benefit plans, hypothesise that unions may exert such pressure because “powerful unions that control the supply of labour should theoretically be able to influence management’s decisions about benefit practices”. Budd and Mumford (2004) focus more on the collective bargaining effect that comes from ‘being a voice’ in the workplace. In recognising the potential influence of trade unions on the adoption of work-care arrangements, it should be noted that there are some work-care arrangements that may not necessarily be strongly advocated by unions, in particular those relating to flexible working arrangements. Trade unions are on the horns of a dilemma when it comes to flexible working arrangements, traditionally being opposed to employer-oriented flexibility in the face of restructuring and retrenchments. Not surprising then, Budd and Mumford (2004) found that despite being positively associated with a number of work-family arrangements (primarily leave arrangements), unions were negatively associated with the presence of flexible working hours.

In the South African context, the inclusion of trade unions as a pressure constituent could potentially be significant given the fact that, whilst trade union membership worldwide was declining in the 1990’s, there was a marked difference in this trend in South Africa where unionisation rates increased significantly in the post-apartheid era (ILO Report, 1997). However, despite the increase in trade union membership in South Africa, it is not expected that the greater presence of trade unions will increase the likelihood that employers will adopt more work-care arrangements. The reason for this is that there are low levels of female representation in female leadership structures, and work–care integration demands are more likely to be on the bargaining table where there is strong female presence in trade union leadership roles. The other reason is that historically, trade unions have not bargained to any great extent on work-care issues in South Africa. An analysis of bargaining outcomes by the Labour Research Service (2011) in South Africa, found that over the period 2006-2011 gendered conditions of employment, which included maternity leave, family responsibility leave, paid paternity leave and childcare leave, had remained static suggesting that these work-care concerns are either not on the bargaining agenda, or are not successfully bargained to any great extent by trade unions in South Africa.
Accordingly proposition two is as follows:

**Proposition 2**: In South Africa, organisations with a greater trade union presence will be no more likely to adopt more work-care arrangements than those with little or no trade union presence.

Despite low representation of females in the leadership structures of trade unions in South Africa, males and females appear to be fairly equally represented in terms of overall union membership in the formal sector of employment. Data from the September 2007 Labour Force Survey places membership of trade unions at 39 per cent, for female formal sector employees and 38 percent for male (Budlender, 2011, p.9). Increased female presence in trade unions may influence the adoption of work-care arrangements by virtue of the fact that unions with increased female presence may be more likely to bargain for work-care arrangements to satisfy female members of the trade union. It is hypothesised that in organisations with a strong female presence in the trade union, it is more likely that work-care demands will be on the bargaining agenda and hence that employers will be more likely to adopt work-care arrangements.

**Proposition 3**: Organisations with a greater presence of females in trade union/s, will be more likely to adopt more work-care arrangements than those with little or no female presence in trade unions.

The effect of foreign multinationals on the adoption of work-care arrangements was first hinted at, although not specifically tested, by Poelmans et al (2003a) in the Spanish context. “Future research in European countries where work/family policies are in early stages of diffusion should explicitly address the role of headquarters” (Poelmans et al, 2003, p.142). Farashahi et al also point out that transnational institutions have become the main source of pressure for business activities around the world and call for research to catch up with the changing social realities as their review indicates that “little attention has been given to transnational institutions” (Farashani et al, 2005, p.10).
In South Africa, where work-care practices are in their infancy, it is argued that the effect of pressure from organisations based in countries where work-care arrangements are more widespread (primarily Europe, Australia and America) will influence the adoption of work-care arrangements. Bezuidenhout et al, (2003 cited Fig, 2005, p.610) found that the pressures of globalisation were ‘a very significant’ contributor to corporate social responsibility by some South African employers. It is expected that organisations that have a large foreign ownership in countries with a greater degree of state and employer involvement in work-care integration, will be influenced to adopt a greater number of work-care arrangements through the progressive practices in the countries of foreign ownership.

**Proposition 4: Organisations with large foreign ownership will be more likely to have work-care arrangements.**

• **Propositions Derived from Economic Considerations**

The two organisational characteristics derived from economic considerations and included in this study are the increased presence of females in the organisation and the increased presence of females in senior managerial positions.

Economic efficiency arguments suggest that where there is a greater dependence on women in an organisation, employers will introduce work-care arrangements in an effort to retain them in the organisations, primarily because women are more likely to be responsible for family care than men (Glass & Fujimoto, 1995, p.384). However, it has also been suggested (Glass & Fujimoto, 1995, p.385) that this will be more likely in tight labour markets where employers compete for females in technical and managerial jobs.

“Organisations that depend on a highly skilled workforce such as professional and managerial workers may be more likely to have family-friendly employment practices. Such workers have a great deal of power because they have multiple job opportunities; they are in high demand relative to their supply and may be difficult and costly to replace (Batt & Valcour, 2003; Glass & Estes, 1997; Kelly, 2003; Konrad & Mangel, 2000; Osterman, 1995).” (Davis and Kalleberg, 2006, p 199).
In South Africa the proportion of female employees in senior managerial positions is expected to influence the adoption of work-care arrangements based on the fact that there is a shortage of females in senior managerial positions and employers are under pressure by virtue of affirmative action provisions in the Employment Equity Act, to increase the number of females in these positions. Economic efficiency arguments suggest that employers would introduce work-care arrangements in organisations in these circumstances, in an effort to recruit and retain females in these positions. The expectation would be however, that in these circumstances, work-care arrangements are seen as a benefit attracting to certain higher levels only. This aspect will be tested in the study in relation to qualifications impacting on employee use of work-care arrangements.

Both of these considerations, greater female presence in organisations and greater female presence in managerial positions will be tested for their association with the adoption of work-care arrangements in South African organisations.

**Propositions 5: Organisations with a greater proportion of female employees will be more likely to adopt more work-care arrangements.**

**Propositions 6: Organisations with a greater proportion of female employees in senior managerial positions will be more likely to adopt more work-care arrangements.**

**Propositions Relating to Institutional Conditions**

In keeping with the conceptual model in Figure 4 above, propositions relating to the adoption of work-care arrangements in South African organisations are developed for both organisational characteristics and institutional conditions. As already outlined in the context chapter (Chapter Two), South Africa is a country where the government is not central as the provider or regulator of care and hence the family and household is seen as the provider of these tasks. In terms of governments pressure on employers to assist employees with work-care integration there are indications in the recent Green
Paper on Families (2011) that the government in South Africa may be looking to employers to assist employees to a greater extent with work-care integration.

“With regard to family strengthening, business plays an important role in supporting the efforts of organisations involved in different initiatives aimed at raising the quality of life of vulnerable families. Such efforts could be financially supported by business and undertaken as Corporate Social Investment (CSI)” (Green Paper on Families, 2011, p.70).

Although these expectations from the state for employer involvement in work-care integration have the potential to create public awareness of the role of employers in South Africa in work-care integration, it is unlikely that this will have any effect on the adoption of work-care arrangements in organisations at this stage given that the Green Paper (2011) has attracted little public scrutiny and that these are very recent sentiments on the part of the South African government for employer involvement in work-care integration.

Aligned to the low level of state regulation of employer involvement in work-care integration is the equally low level of publicly funded childcare and eldercare services and facilities in South Africa. Most care takes place in private homes or through non-profit organisations providing ‘community care’, some of which receive a measure of financial support from the state. Lund (2009) notes that the reliance and partial financial assistance by the State on community care is not ideal in that it has reduced other much-needed services.

“The rhetoric of ‘community care’, however, obscures the fact that funds are cut back on the very services (such as institutional care for elderly and for those with psychiatric problems) which provided much-needed support for those who cannot live independently and relieve the burden on the (largely female) household members who must otherwise provide or buy in care” (Lund, 2009, p. 12).

Child support grants, funded by the state have been around since 1998, introduced as an anti-poverty measure rather than a measure to assist employees with work-care integration. Lund (2009) notes again however, that government spending on these
grants may have taken the focus off the need to spend on child-care services and facilities. There is limited government support for early childhood development (ECD) through government subsidies to existing non-profit organisations providing early childhood development. Not surprisingly, figures show that in 2007 only 32 percent of children aged between two and six years old were ‘attending educational institutions’ in South Africa (General Household Survey, calculations by Debbie Budlender, cited Lund, 2009, p.30).

In short, state supported or fully provided child and dependant care facilities are minimal in South Africa and state measures to encourage employer involvement in providing or supporting existing facilities is virtually non-existent.

Despite the absence of state pressure for employer involvement in work-care integration, there may be reasons relating to business case arguments or considerations of corporate social responsibility that encourage employers to voluntarily adopt work-care arrangements. However, in South Africa it is unlikely that employers will voluntarily implement work-care arrangements in the face of weak statutory support for work care integration. Employer responses to the HIV/AIDS epidemic provide some lessons in this regard. Despite the effect of HIV/AIDS on businesses in South Africa, care in the context of HIV/AIDS has not been the major concern – the focus has been on employees infected with the virus. The unwillingness by employers to step in to deal with workplace concerns around HIV/AIDS in the face of minimal action from the state to assist those with HIV/AIDS (at least in the 1990’s and early 2000’s), provides evidence that employers in South Africa are not persuaded to any great extent by business case arguments or arguments around corporate social responsibility to act in situations where the government has failed to do so (Dickinson, 2004; Fig, 2005).

To summarise, in South Africa, where the family is seen as the provider of care and there is weak social policy influencing employer involvement in work-care arrangements, it is expected that employers will not be involved in the adoption of work-care arrangements to any great extent.
Proposition 7: Employers will not offer, to any great extent, leave provisions for work-care integration purposes in excess of this leave in statutory provisions.

Propositions 8: There will be low levels of adoption across all categories of work-care arrangements in South African organisations.

Proposition 9: There will be large differences between employers in the nature and spread of work-care arrangements adopted.

3.5. Summary

Early studies (Goodstein, 1994; Ingram & Simons, 1995) on the adoption of work-family arrangements in organisations focused on Oliver’s (1991) framework and attempted to predict strategic responses from organisations in the implementation of work-family arrangements. However there were difficulties with measures of strategic responsiveness and this line of research has not been developed to any great degree since the mid 1990’s. Further studies focusing on organisational characteristics as predictors of the adoption of work-care have, for the most part, based their predictions on neo-institutional theory and/or economic perspectives. The discussion of these studies in this chapter illustrates that the results from these studies on which organisational characteristics predict the adoption of work-care arrangements are mixed. The one organisational characteristic consistently found to be associated with the adoption of work-family measures is that of size. The results for the other organisational characteristics are less definite and seem to be influenced by the type of work-family arrangement under consideration, the context for the study and the sample used in the study.

The approach in this study, described in the conceptual model developed in this chapter, combines organisational characteristics and institutional conditions to make predictions on the nature and spread of work-care arrangements in South African organisations. These propositions are tested in a sample of South African organisations, as described more fully in the methodology for the study, which is discussed in the next chapter.
Chapter Four

Methodology

4.1. Introduction

The study on employer involvement in work-care integration in South Africa aims to gather data on the nature and spread of work-care arrangements in a sample of South African organisations in order to test the propositions developed in Chapter 3 and to answer these research questions posed at the outset, namely:

What work-care arrangements are employers in South Africa adopting to assist employees with the combination of work and care? And,
Are these measures going beyond legislative minima regulating work-care integration in South Africa?

This study utilised a self-administered online survey to gather data on work-care arrangements in selected organisations on the Johannesburg Stock Exchange (JSE). The use of online survey methodology is increasing and the potential for computer based technology to offer opportunities to design and administer questionnaires in cost–effective and user-friendly formats presents exciting opportunities for research in populations that have ready access to this technology.

The focus in this chapter is on providing a detailed discussion of study methods used to gather and analyse this data including questionnaire design, methods of data collection and sampling. The chapter also describes the use of online questionnaires in data collection, including the strengths and weaknesses of this method of data collection, a description of data handling and ethical considerations.
4.2. The Purpose of the Study

The purpose of this study is to investigate the nature and spread of work-care arrangements in South African organisations and to examine the relationship between selected organisational characteristics and institutional conditions on the adoption of work-care arrangements in these organisations. Related to this is the purpose of ascertaining whether or not employers are offering work-care arrangements in excess of legislative minima regulating leave provisions in South Africa.

These study purposes are influenced by the shortage of research investigating the combination of work and care in South Africa and, in particular, work-care research that focuses on what employers are doing to assist employees with the combination of work and care. It is also influenced by the lack of research examining legislation on work-care integration in South Africa and, in particular, research that examines this legislation in the context of the adoption of work-care arrangements by South African employers.

4.3. Work-Care Arrangements Selected for the Study

The work-care arrangements selected for this study comprise the dependent variable for testing. Before studying the determinants of work-care arrangements, it is necessary to specify which work-care arrangements are included in the study and to explain the process and reasoning for selection of these arrangements.

Very few of the existing studies provide a detailed analysis of the conceptualisation of work-care arrangements used in the studies and many only use one or two categories of work-care arrangements for analysis. Researchers usually identify broad categories of work-care/work-family arrangements with specific work-care measures falling into the different categories. However, the broad categories of work-care arrangements that researchers identify are not always uniform. Likewise the individual ‘work-care’ arrangements used in existing research are seldom uniform and cover a wide range of practices.
Glass and Estes (1997, p.303) note that the research on organisational involvement in work-family arrangements would benefit from greater attention to the conceptualisation and measurement of work-family arrangements. In one of the few studies to elaborate on the methodology for the selection of work-family arrangements, Bardoel et al. (1999) provide an analysis of work-family arrangements in six different studies. One hundred work-family practices were identified in these studies, which were distilled into 36 different practices by combining overlapping practices. These 36 practices were then further classified into five different categories namely:

1. Child and dependant care benefits;
2. Flexible working conditions;
3. Leave Options;
4. Information Services and Personnel policies; and
5. Organisational cultural issues.

Using cluster analysis on the data obtained in relation to these 36 work-family practices, Bardoel et al. (1999) found that six interpretable clusters emerged, namely: flexible work options; leave options; life-career policies; child and dependant care; individual support policies and programmes and cafeteria benefits (this latter category only had two practices in it so it was discarded from the analysis). Each category was one independent variable for purposes of analysis.

Bardoel et al’s (1999) use of six existing studies as the basis for extracting 36 work-family practices for inclusion in their study provides a useful methodology for determining which work-care practices to include in this study. Table 8 below provides a description of the categories and work-family practices used in ten studies and provides a basis for the development of work-care categories and arrangements selected for this study. The studies selected for analysis were those that utilised a broad range of work-family practices and that categorised these individual practices into at least three identifiable categories of work-family practices.
<table>
<thead>
<tr>
<th>Study/Authors</th>
<th>Categories and Work-Family Practices</th>
</tr>
</thead>
</table>
| Morgan and Milliken, 1992         | 1. *Leave Options*: maternity leave; adoptive leave; paternity leave; leave for elder care or other family emergencies;  
2. *Flexible work Options*: part-time work; job sharing; flextime and work-at-home programmes;  
3. *Dependant care benefits*: pretax payroll deduction for dependant care; subsidies; referral services; on-site or near-site childcare; emergency care program; contributions to community childcare and elder care programmes.                                                                                   |
| Goodstein, 1994                   | 1. *Childcare Benefits*: on-site childcare; financial assistance with childcare expenses; childcare resource and referral services;  
2. *Flexibility Options*: flextime; voluntary reduced work time; job sharing; work at home; flexible leave or parental leave.                                                                                                                                                                                                                                      |
| Ingram and Simons, 1995           | 1. *Dependant Care Services*: on-site day care; subsidised day care away from the workplace; assistance to employees with aging parents;  
2. *Flexible Workplace Options*: Flextime; work from home; additional paid paternity leave;  
3. *“Cheap Responses”*: Information on child - care in the community; unpaid paternity leave.                                                                                                                                                                                                                                                                  |
2. *Childcare Benefits*: childcare referral services, subsidies, on site or near site crèche.  
3. *Personnel/work schedule policies*: Flexible days or hours, flexible sick leave for dependant care, part time work, working at home, social support from supervisors.                                                                                                                                                                                                                       |
| Bardoel, Tharenou & Moss, 1999     | 1. *Flexible work options*: Compressed work week; flexitime; job sharing; home telecommuting and work at home programmes;  
2. *Individual Support Policies and Programmes*: Professional and personal counselling; Life skills educational programmes; family sensitive supervisors; organisational culture that is supportive of family issues; relocation assistance; work and family resource kits or library; sabbatical leave tied to key family events; social support from co-workers and supervisors for family issues;  
3. *Leave Options*: Bereavement leave; maternity leave; paternal leave or leave for family emergencies; paternity leave; part-time work;  
4. *Life Career Policies*: Re-entry schemes; phased retirement; shorter work day for parents;  
5. *Child and Dependant Care*: Company resource/referral system for childcare; program for emergency mildly ill children or dependants.                                                                                                                                                                                                                     |
<p>| Den Dulk, 2001                    | 1. <em>Flexible working arrangements</em>: part time work, flexible hours, job sharing, telework/working from home, term-time                                                                                                                                                                                                                                                                                               |</p>
<table>
<thead>
<tr>
<th><strong>Blair Loy and Wharton. 2002</strong></th>
<th><strong>Budd and Mumford, 2004.</strong></th>
<th><strong>Davis and Kalleberg, 2006.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Family care policies:</strong> childcare or elder care referral services or educational materials; use of employee’s own sick leave to care for dependant; paid or unpaid leave to care for a dependant lasting more than 2 weeks.</td>
<td>1. “Ideal worker’ norm categories: subsidised or on - site day care; employee assistance programmes; on-site meal preparation.</td>
<td>1. <strong>Flexible scheduling:</strong> flexible hours or flextime.</td>
</tr>
<tr>
<td>2. <strong>Flexibility policies:</strong> flextime; flexplace/telecommuting; compressed workweek.</td>
<td>2. “Employee as caregiver policies:</td>
<td>2. <strong>Paid parental leave:</strong></td>
</tr>
<tr>
<td>3. <strong>Policies on cutting back work hours:</strong> job sharing; part-time work.</td>
<td>3. <strong>Leave policies:</strong> maternity leave, paternity leave, parental leave, adoptive leave.</td>
<td>3. <strong>Unpaid parental leave.</strong></td>
</tr>
<tr>
<td><strong>Poelmans, Chinchilla, Cardona, 2003.</strong></td>
<td>4. <strong>Changes to the regular work schedule:</strong> job sharing, part-time work, flextime.</td>
<td>4. <strong>Dependant care benefits:</strong> assistance for caring for elderly members, day care program for children on site or elsewhere, costs of day care, information on day care services.</td>
</tr>
<tr>
<td>1. <strong>Flexibility:</strong> flexible hours or flextime; part-time work; job sharing; compressed work week;</td>
<td>5. <strong>Worksite Flexibility:</strong> telecommuting, work from home.</td>
<td>5. <strong>Virtual office facilities:</strong> telecommuting, work from home, telework, video-conferencing.</td>
</tr>
<tr>
<td>2. <strong>Leave arrangements:</strong> maternity and paternity beyond legislation, leave for sick or disabled children, unpaid holidays, short breaks.</td>
<td>6. <strong>Counselling on work-family balance:</strong> career counselling, psychological counselling, expatriate counselling.</td>
<td>6. <strong>Training relevant to balancing work and family:</strong> antenatal courses, parenting courses, time management, stress management.</td>
</tr>
<tr>
<td>3. <strong>Childcare and eldercare facilities:</strong> childcare information, referral or slots at childcare, in-company childcare, eldercare information.</td>
<td>7. <strong>Training relevant to balancing work and family:</strong> antenatal courses, parenting courses, time management, stress management.</td>
<td></td>
</tr>
</tbody>
</table>
In addition to an analysis of work-family practices and categories used in existing studies, there are also a number of relevant considerations that impact on the decision on which work-care arrangements to include in this study. These are:

1. The work-care arrangements selected must be relevant to the South African context, taking into consideration, in particular, legislative provisions regulating work and care. For instance summer camps (den Dulk, 2001) are not a common feature in South Africa. Moreover, none of the above arrangements included in previous studies have HIV/AIDS as a category for consideration in terms of work-care provisioning and this would need to be included to accommodate the South African context outlined in Chapter Two, and to take into account the ‘work-care’ as opposed to ‘work-family’ focus of this study;

2. The categories selected should cover a comprehensive range of work-care arrangements and not only a few selected practices as in some of the past studies (see for example Goodstein, 1994; Osterman, 1994; Ingram & Simons, 1995). Researchers (Bardoel et al, 1999) have criticised the limited range of work-family arrangements selected for study in some of the existing research;

3. Within each category, the items should be selected on the basis that they adequately represent work-care arrangements that are indicative of the category described and that, although they may not represent every possible work-care arrangement within each category, they are the items that are most representative of each of the categories of work-care arrangements;

4. Items within each category should be able to be distinguished from one another; and

5. The arrangements and categories for this study may be distinguishable from existing studies given that the focus in this study is on work-care arrangements and not on work-family arrangements or arrangements to assist employees with work-life balance in general. Arrangements that fall outside this focus such as phased retirement (Bardoel et al, 1999) or career break schemes (den Dulk, 2001) are part of broader
‘work-life’ practices and are excluded, as they are not associated with the combination of work and care.

Two broad categories of work-family arrangements can be identified (Appelbaum, Bailey, Berg & Kalleberg 2005, p.55) namely:

a) Caregiver replacement policies that enable employees to focus on work while they are at the workplace by assisting with home activities. Examples given are childcare referral services, on-site or subsidizes childcare, after-school programmes, adult daycare for elderly relatives, emergency backup care arrangements, social work services to handle housing or utility emergencies, and concierge services such as dry cleaning pick up, food shopping, or the purchase of gifts; and
b) Policies that give employees greater control over work time through paid leaves or flexibility in terms of work schedules or the location of work.

Budd and Mumford (2006) note that work-family policies can be divided into two categories based on what weight, if any, they assign to the traditional norm of the ‘ideal worker’. One category provides services such as subsidised or on-site day care, sick-childcare services, employee assistance programmes, and on-site meal preparation to help employees fulfill the standards of the ideal worker by providing substitute care facilities and/or personnel and ensuring that the worker is still available to work. The other category is comprised of benefits that allow employees flexibility to deviate from the model of the ideal worker and to work flexibly in order to attend to work - family concerns.

The focus of this thesis is on both types of work-care arrangements namely those work-care arrangements that provide for caregiver replacement and those that permit employees greater control over their work time in order to undertake the care themselves.

The following three categories appear most commonly in the ten studies outlined above and are selected as appropriate for this study.
1. Flexible Working Arrangements;
2. Dependant Care Assistance; and
3. Leave Arrangements.

In addition, a number of studies include additional supportive arrangements (den Dulk, 2001; Bardoel et al, 1999; Poelmans et al, 2003a). Ingram and Simons (1995) include some supportive arrangements under the category “cheap responses”. Poelmans et al (2003a) include these arrangements under the categories dealing with training and counselling services. For the purposes of this study these items are included in a fourth category namely, ‘Information/Supportive Arrangements’. These four categories align closely with the categorisations used in the studies in Table 8 above and fall within the additional factors listed above as relevant to the consideration of which work-care categories to include in this study. This categorisation into four distinct types of work-care arrangements is considered to be comprehensive with clear demarcations between each category, and relevant to the South African context.

In total, 23 arrangements were selected from an examination of the studies listed in Table 8 above for inclusion in these four categories. The final determination of the items to include in each of the categories was made in consultation with human resource practitioners in five large organisations in South Africa, having first included a full range of items from the studies referred to in the Table 8 above. Further details of these consultations are included in the section on ‘Consultations on Questionnaire Design’ towards the end of this chapter. Table 9 below provides a breakdown of the 23 work-care arrangements included in this study within the four categories selected for analysis.
Table 9: Work-Care Arrangements Selected for this Study

<table>
<thead>
<tr>
<th><strong>Flexible Working Arrangements</strong></th>
<th><strong>Information/Supportive Facilities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Move from full-time to part-time employment on a <em>permanent</em> basis.</td>
<td>1. Information on HIV/AIDS care facilities.</td>
</tr>
<tr>
<td>2. Move from full-time to part-time employment on a <em>temporary</em> basis.</td>
<td>2. Information on care facilities for the elderly.</td>
</tr>
<tr>
<td>3. <em>Regularly</em> work flexible starting and finishing times.</td>
<td>3. Information on childcare facilities in the community.</td>
</tr>
<tr>
<td>4. <em>Occasionally</em> work flexible starting and finishing times.</td>
<td>4. Training, on work-family issues.</td>
</tr>
<tr>
<td>5. Work compressed work week.</td>
<td>5. Programmes designed to help employees deal with problems that may affect their work and personal life.</td>
</tr>
<tr>
<td>6. Work at home on a <em>regular</em> basis.</td>
<td>6. Breaks specifically for breastfeeding</td>
</tr>
<tr>
<td>7. Work at home on an <em>occasional</em> basis.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Dependant Care Assistance</strong></th>
<th><strong>Leave Arrangements</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A day-care facility</td>
<td>1. Maternity leave.</td>
</tr>
<tr>
<td>2. Payment for childcare.</td>
<td>2. Family Responsibility Leave.</td>
</tr>
<tr>
<td>4. Reimbursement for childcare costs when employees are asked to work beyond normal working hours</td>
<td>4. Parental Leave/Carers Leave.</td>
</tr>
<tr>
<td>5. Childcare for school-age children who are on vacation.</td>
<td>5. Paid time off to attend antenatal or postnatal courses/clinics.</td>
</tr>
</tbody>
</table>

The four categories and the work-care arrangements in each category will be discussed in turn.

*Flexible Working Arrangements*

The flexible working arrangements that are selected for this study are those that are voluntarily assumed by employees, to distinguish them from those employer-initiated, involuntary flexible working arrangements that are often family-unfriendly in nature.
and are implemented to serve the organisations operational needs rather then the needs of an employee. They have been selected from a variety of flexible working arrangements identified in the studies in Table 9 above and, after consultation with human resource managers in six South Africa organisations, were selected as being appropriate for the South African context.

The seven items measuring flexible working arrangements have been selected from a potential list that would include in addition, video conferencing, term-time work, job sharing etc. Some of these items, such as video conferencing and term-time working were, after consultation with organisations, considered unlikely to be utilised to any great extent in the South African context and accordingly have been excluded from this category. Job sharing was not included because it was felt to be covered by the category of moving from full-time to part-time employment as job sharing typically involves an arrangement whereby the working hours per day are reduced and spread over two working sessions that may or may not be equivalent in duration and which are performed by more than one employee (Greef & Nel, 2003). Including both job sharing and a move to part-time employment could be potentially confusing and result in a over estimation of flexible working arrangements by employers.

Working from home is included in the category flexible working arrangements in most studies, although a couple of the studies have included it under a separate and additional category entitled ‘virtual office facilities’ (Poelmans et al, 2003a) or ‘worksite flexibility’ (Budd and Mumford, 2004). The category flexible working arrangements is however wide enough to cover working from home arrangements in that flexible working arrangements have been recognised (Humphreys, Flemming & O’Donnell, 2000) to include both temporal flexibility which relates to variations in the number of hours worked and vocational flexibility which relates to the choice of working location and the geographical location of the workplace (e.g. teleworking and working from home).

Dependant Care Assistance

Most of the studies in Table 8 above refer to ‘childcare’ assistance. Only a couple of the studies (Morgan & Milliken, 1992; Davis & Kalleberg, 2006) refer to ‘dependant
care’. The focus of the study is not only on childcare and accordingly the wider category of ‘dependant’ care is preferred because it covers care for the elderly, the sick (including sick children and adults with HIV/AIDS and other illnesses) as well as children in need of care. The scope of care arrangements included in this category cover those that are offered at the employers expense and at the employer’s premises and those that are offered by third parties but paid for in whole or in part by the employer. Because long school holidays are often problematic for working parents, care during the holiday period is included as a separate item in this category.

**Information/Supportive Arrangements**

There are a wide range of practices covered in this category by the studies in Table 8 above including training and counselling on work-family management and stress relating to work-care integration and information on care facilities in the community. These are sometimes seen (Ingram & Simons, 1995) as the ‘cheaper’ benefits as they are often less costly for the employer then arrangements in the other categories. Den Dulk (2001, p.10) notes that these supportive measures only indirectly contribute to the combination of work and family life. Nevertheless this category is considered part of a comprehensive bundle of work-care arrangements within the objective of including a broad range of work-care measures.

**Leave Arrangements**

Leave arrangements are considered separately from flexible work arrangements in this study and in most of the research in Table 8 above. The items included under the category ‘leave arrangements’ had to be carefully considered in the context of legislative provisions regulating different types of leave in South Africa, which are detailed in Chapter 2. There is no category of parental leave or paternity leave in South African law. It is possible that paternity leave could have been included through lengthening the time allowed for family responsibility leave, which is defined to include leave taken at the birth of a child. However, it is argued that most employers who wish to provide specific leave for fathers after the birth of a child will not do so through extending family responsibility leave in general as it includes a far greater range of reasons for this type of leave and is not only confined to the birth of a child. Accordingly paternity leave is included as a separate item in this category.
By the same argument, employers who wish to grant additional leave for elder care or care of adults with HIV/AIDS or other sick adult relatives may also choose to do so specifically through the introduction of special leave arrangements and not through the extension of those persons for whom family-responsibility leave can be taken which excludes leave for sick adult relatives. Accordingly, a separate category of ‘special leave to care for sick or elderly adult relatives’ is included for testing under the category of leave arrangements. It is important to distinguish both this leave and paternity leave from an extension of family responsibility leave and to ensure that the items are sufficiently distinct to prevent double entries that refer to the same leave. This is discussed further in the section on questionnaire design below.

4.4. Research Design

This section provides a discussion of the measures used for the variables in the study; the questionnaire design (with a particular focus on online questionnaires) and the determination of the sample used in the study.

Sampling

The sample selected for this study was those organisations listed on the Johannesburg Stock Exchange as at February 2009. The Johannesburg Stock Exchange (JSE Ltd) is the only stock exchange in South Africa and the largest stock exchange in Africa. Companies list on the JSE to raise primary capital. There are two markets on which to obtain a listing on the JSE:

1) The Main Board, and

2) The AltX.

AltX is the JSE’s market for small to medium and growing companies. It has a significantly smaller number of listed companies than the Main Board, which is for companies with greater share capital. The sample for this study includes companies listed on both the Main Board and the AltX.
There were a number of reasons for selecting this sample. The companies listed on the JSE Ltd come from a wide range of industries. They also comprise organisations of varying sizes – some with very few employees and others with very large numbers of employees. Contact information on the companies listed on the JSE Ltd is publicly available on the JSE Ltd website, making it easier to pursue information gathering for final sample selection. In addition, collaboration with the Businesswomen’s Association of South Africa (BWASA) resulted in the provision of their current, ‘cleaned’ database of JSE listed companies that they use annually for their ‘Women in Corporate Leadership Census’. It contained useful contact details of Human Resource Managers and information on employee numbers.

In 2009 there were over 400 (425) companies on the JSE Ltd making it a large enough sample to obtain data necessary for the research questions developed in this study to be answered. All companies that appeared on the Main Board or AltX of the JSE Ltd did not necessarily appear in the final sample for the survey. Companies were excluded from the final sample if:

1. They were suspended or in the process of being suspended from the JSE Ltd as at February 2009;

2. They were a holding company only;

3. They had all operations outside South Africa;

4. They had very small (less than 20) numbers of employees;

5. They determined their work-care policy at subsidiary level and not group level. In some cases a company listed on the stock exchange could have as many as ten or more subsidiaries, each operating differently in terms of their human resource management and, in particular, in terms of their work-care arrangements. This required an initial round of telephone calls to all the JSE listed companies to determine whether or not work-care policy was determined at group level or at subsidiary level. In cases where it was determined at subsidiary level it was not feasible to obtain information on all the subsidiaries of JSE Ltd listed entities and to include them in the sample as they were too numerous and contact details were not available for all the subsidiaries. Listed companies who had subsidiaries were
not excluded from the sample where their policy on work-care arrangements was determined for all the subsidiaries at a centralised level and not at the level of the subsidiary.

Information on the criteria for exclusion listed above was obtained through a first stage sampling whereby information was gathered on subsidiaries from the websites of the JSE listed organisations. In cases where there were subsidiaries for the organisations, telephone calls were made to the human resource manager or equivalent at the organisation to ascertain whether work-care policy was determined centrally or at subsidiary level and, in the process, additional information was obtained on email addresses and the contact individual to send the questionnaire to.

Information on suspensions from the JSE was obtained from the JSE Ltd public listing which was obtained directly from the JSE website. Information on holding companies and companies with all operations outside South Africa was obtained from the Profiles Stock Exchange Handbook (2009), a biannual publication with a wide range of data on all the listed companies. Information on employee numbers was obtained from the JSE Handbook and the database obtained from the BWASA.

Figure 5 below provides an overview of the sampling strategy used.
The total number of organisations listed on the JSE Ltd as at February 2009 was 425. The total number of companies in the sample after removing those companies listed under criteria 1-4 above was 384. Of these 384 companies a total of 308 companies remained once those companies who could not be contacted to obtain information on work-family policy and level of development (central or subsidiary level) were removed. Of these 308 remaining contactable companies, information from 35 companies revealed that their work-family policy was determined at subsidiary level and, in accordance with criteria 5 above, these organisations were removed from the final sample. The final sample size was 273 (n=273). The sample size of 273 is comparable to that of Glass and Fujimoto (1995) who had a sample of 325 pregnant women; Bardoel et al. (1999) had a sample size of 217 employees; Poelmans et al. (2003a) had a sample of 131 human resource managers in Spanish organisations and den Dulk (2001) had sample sizes in her four countries of 95 in Italy, 113 in the Netherlands, 100 in Sweden and 67 in the United Kingdom.
A total of 113 usable questionnaires were returned resulting in a final response rate of 41 percent. Response rates in other work-care studies on organisational characteristics as predictors of the adoption of work-care arrangements vary considerably. Morgan and Milliken (1982) obtained an 18 percent response rate; Goodstein (1995) a 38 percent response rate; Ingram and Simons (1994) obtained a 64 percent response rate; Osterman a 65.5 percent response rate, Poelmans (2003a) et al. an 8.5 percent response rate; den Dulk (2001) obtained response rates for the four countries ranging from 18 percent (UK) to 58 percent (Sweden) and Bardoel (2003) a 23.3 percent response rate. The response rate obtained in this study compared favourably with the majority of these studies.

A number of researchers have noted the low response rates of online surveys as compared to other dominant survey methods such as mail surveys and telephone surveys (Fricker & Schonlau, 2002; Ilieva et al, 2002; Sheehan & McMillan, 1999; Wilson & Laskey, 2003 cited Evans & Mather, 2005, p.202). However, Michaelidou and Dibb (2006, p.295) found that response rates to email questionnaires vary according to the study context and that the factors inhibiting response rates include poor design of the email questionnaire, lack of anonymity and lack of completion incentives. Factors to take into account in designing the email questionnaire for this study are discussed in detail below. In particular, Dillman’s (2007) ‘tailored design method’ for internet surveys was used in an effort to achieve the best response rate. Dillman (2000 cited Dillman & Bowker, 2001) notes that these procedures can achieve response rates for web surveys that are reasonably comparable to other survey methods.

**Measures**

- **Work-Care Arrangements: Dependent Variables**

The 23 work-care arrangements selected for the study were spread between the four categories discussed above, namely leave arrangements; flexible working arrangements; information/supportive facilities and childcare arrangements. It was anticipated that organisational predictors could vary depending on the different
categories. Accordingly the results for associations were analysed by category as well as a composite measure of all the work-care arrangements (WCA). Each category was one dependent variable, with a further dependant variable measuring the total work-care arrangements (WCA) across all categories. Where each category was measured as a variable, it corresponded to the number of items in that category that were offered by the organisation.

Most of the variables were dichotomously coded, with 1 indicating that the employer provided the benefit. Two items under the ‘leave’ category (maternity leave and family responsibility leave) were a little different in that they were the only two items not dichotomously coded. The data obtained on these two questions was recoded into a new dichotomous variable with ‘1’ representing that the respondent offered these leave arrangements beyond those required by law (in terms of the duration of leave offered) and ‘0’ if they did not. Leave arrangements were therefore only counted for purposes of association if they went beyond legislative minima.

Organisational Characteristics: Explanatory Variables

The explanatory variables used in this study were drawn from the literature (see Chapter Three) and included organisational size, trade union presence; female presence in the organisation; female presence in the union; female presence in senior managerial roles in the organisation and foreign ownership. The measures for each are discussed below.

i) Size:
Organisational size was measured by actual numbers of full-time employees in the organisation obtained from the BWASA database which contained data from human resource managers or equivalent in JSE listed organisations as at January 2009.

ii) Trade Union Presence:

This was measured by asking what percentage of employees had authorised trade union subscriptions to be deducted from their wages. This was divided into categories ranging from 0 percent to more than 50 percent with the following
categories in between: 1- 10 percent; 11- 20 percent; 21- 30 percent; 31-40 percent and 41 – 50 percent. Given that trade union membership in South Africa sits at approximately 38 percent, the analysis between more and less trade union membership was made by computing a new variable measuring more or less trade union membership on the basis of whether or not there was less than 20 percent trade union presence or more than 20 percent trade union presence.

Establishing female trade union membership was computed using the same categories of measurement as those used for authorisation of trade union subscriptions.

iii) Female Composition and Females in Senior Management:

Female composition in the workforce was measured by asking respondents to indicate how many female and male full-time permanent employees fell into various numerical categories ranging from 0 to over 500 with the following categories in between: 1 – 50; 51- 100; 101 – 200 and 201 – 500. To determine whether or not there were more female than male permanent full-time employees, a new variable was computed which categorised male/female ratio’s into three groups: the same number of female and male employees, less female than male employees and more female than male employees.

The measure of female composition in senior managerial positions was ascertained by asking respondents to indicate what percentage of female employees were involved in senior managerial positions. ‘Senior managerial employee’ was defined to mean ‘an employee who has the authority to hire, discipline and dismiss employees and to represent the employer internally and externally’. The definition of senior managerial employee is identical to that used in the Basic Conditions of Employment Act. Measurement categories ranged from 0 to more than 50 percent with the following categories in between: 1 – 10 percent; 11 – 20 percent; 21 – 30 percent; 31 – 40 percent and 41 – 50 percent.

31 Section 1.
For the purposes of association between increased females in senior managerial positions and more work-care arrangements two categories were created, namely: those with more than 20 percent female composition in senior management and those with less than 20 percent female senior management composition. The figure of twenty percent was based on recent findings (Thornton, 2012) that 28 percent of women in South Africa are in senior managerial positions and hence figures above twenty percent are considered to be representative of greater female representation in this level of the organisation.

iv) Foreign Ownership:

Respondents indicated whether or not their organisation was wholly South African owned; had less than 50 percent foreign ownership or more than 50 percent foreign ownership. In the case of more than 50 percent foreign ownership, respondents were asked to indicate where (by country) the foreign ownership was located.

*Questionnaire Design*

A structured questionnaire was designed for this study, driven by the study aims and research questions. It appears in Appendix One. The questionnaire was structured around the following five main areas of interest:

1. Characteristics of the respondent organisation;
2. The existence of work-care arrangements within the four broad categories;
3. Additional information in relation whether or not the arrangement existed in a formal policy provision or was in an informal arrangement. In addition, where the arrangement was contained in formal policy, additional information was obtained on whether this policy was a product of collective bargaining or whether the employer had unilaterally determined it. Finally, any qualifying criteria affecting use of the arrangement, (e.g. length of service or seniority in the organisation) was also questioned. The reasons for this additional information are discussed below. The one category that was excluded from this group of questions was that of information/supportive facilities as it was considered unlikely that these questions applied to this category of work-care arrangements;
4. Reasons for adopting work-care arrangements; and 
5. Characteristics of the individual respondent.

Campbell and Charlesworth (2003) note the importance of assessing family-friendly measures in terms of both their spread and their quality.

“The spread (‘degree of penetration’) of the benefit concerns the proportion of the workforce that has the potential to take up that benefit (if they qualified by fitting the particular family circumstance and if they wished to take up the benefit). Measurement of quality is likely to vary according to the specific benefit” (Campbell & Charlesworth, 2003, p.4).

For a comprehensive assessment of work-care arrangements in this study, it was important to ensure that the questionnaire design took into account both the spread and the quality of the work-care arrangements and included factors that went beyond the mere existence of provisions in formal company policy. In this sense this study measured work-care arrangements more comprehensively than some of the other studies, which fail to incorporate these additional considerations of spread and quality of work-care arrangements into an assessment of the adoption of these measures.

Glass and Estes (1997, p.310) note that there is a need for:

“closer attention to the measurement of family responsiveness itself, focusing on three central dimensions: the type of policy (hours reduction, schedule flexibility, or social support), the intensity of the policy (the degree of employer commitment to the policy objective), and the formalization of the policy (the extent to which the policy is available to all employees)”.

The discussion that follows considers three factors relevant to the quality and spread of work-care arrangements that impact on the questionnaire design for this study:

1. Provisions that benefit the employer rather than the employee. 
This consideration applies predominantly to the category of flexible working arrangements. Certain flexible work arrangements that are considered part of a bundle
of work-family arrangements are not introduced with work-family considerations in mind. In fact, not all initiatives around ‘flexible work arrangements’, including in particular, increased flexibility in working-time arrangements, can be regarded as family-friendly. It is important to recognise the familiar distinction between employer-oriented and employee-oriented flexibility (Campbell, 1993, p.12 cited Campbell & Charlesworth, 2003, p.3). As Whitehouse and Zetlin (1999, p.223) note:

“hours flexibility …may assist with the combination of work and family responsibilities if based on employee autonomy over start and finish times, but be inimical to this goal if it involves irregular shifts or unpredictable hours”.

“Some employer-oriented forms of working-time flexibility are better regarded as ‘family-unfriendly’ or ‘family hostile’” (Campbell & Charlesworth, 2003, p.3). The example given by Campbell and Charlesworth (2003, p.3) is that of flexible starting and finishing times that are varied at the discretion of the employer on short notice to employees, disrupting carefully arranged schedules for childcare and other aspects of an employee’s life.

Many surveys on work-family arrangements in organisations do not make the distinction between those arrangements that are introduced for reasons relating to employer requirements and those introduced for the benefit of employees. This potential pitfall is accommodated in this study through the wording of the questions relating to flexible working arrangements. The questions on this category of work-care arrangements specifically ask “Does your organisation permit employees to …(insert flexible work practice)… in order to combine their work and care responsibilities?” (my italics) with the addition of this wording intended to focus respondents on including only those flexible working arrangements adopted for the benefit of employees.

2. Provisions that are in exist but with Eligibility Qualifications.

Research into the impediments to the implementation of work-care arrangements found that that “formal existence of a policy does not guarantee its use” (Blair-Loy & Wharton, 2002, p.839). Qualifications affecting eligibility to use certain work-care arrangements can place restrictions on uptake that impact on an assessment of the
spread of such an arrangement. Some of the qualifications on the use of work-care arrangements relate to length of service, gender, seniority, probationary status and the need to work a minimum number of days per week/month.

Many surveys ask whether or not the company has a policy available to any of its employees, rather than whether or not it is available to all or a substantial fraction of its employees (Appelbaum et al, 2005, p. 56). Accordingly, provisions should be assessed in terms of the effect of the qualification/s on the percentage of the workforce restricted in the utilisation of the policy. To accommodate this, the questionnaire was designed to include questions on the qualifications that existed for the various work-care arrangements. The following qualifications were specifically included in the questionnaire in cases where the respondent indicated that the work-care arrangement was not available to all employees in the organisation:
1. Level in the organisational hierarchy;
2. Full-time vs. part-time status;
3. Length of service; and

It is recognised that these qualifying criteria or exclusions are not the only limitations on the use of work-care arrangements and that there are also less obvious and more insidious limitations on employee usage. These are both of an organisational and an individual nature. De Cieri et al. (De Cieri, Holmes, Abbot & Pettit, 2005, p. 93) summarise the literature on organisational barriers to implementation as follows:

- An organisational culture that rewards long hours and high organisational commitment;
- An isolated, hostile and unsupportive working environment;
- Negative attitudes of supervisors and middle management;
- Preference of senior management involved in recruiting to dealing with people perceived as similar to themselves (homo-sociability); and
- Lack of communication and education on work-family arrangements.

Other organisational factors that can reduce the take-up of work-care arrangements include lack of awareness of the benefit and/or the technical process associated with
using it (Campbell & Charlesworth, 2003, p.6). In addition, individual barriers such as perceived job insecurity or a limited sense of entitlement (Lewis & Lewis, 1997) also impede take-up rates. These organisational and individual impediments to the use of work-family arrangements have not been included in the survey as they are more suitable for measurement using a survey of employees as these restrictions on implementation of work-care arrangements rely on subjective assessments of employees as opposed to the objectively measureable qualifications included in this study.

3. Provisions that exist but not in formal policy.

Work–family arrangements are not only contained in formal written policy provisions. Provisions may also be implemented in an ad-hoc informal basis whereby employees discuss their needs with their manager and are granted permission to make use of a work-care arrangement at his/her discretion. By only focusing on provisions in formal policy, there may be a tendency to understate the actual spread of work–family arrangements, especially where employees have substantial discretion in using informal arrangements. On the other hand, including informal arrangements may result in an overestimation of employer provisioning if use is seldom granted (den Dulk, 2001, p.11). Both these considerations need to be factored into studies that consider the nature and extent of work-family arrangements in organisations. In this study the questions were constructed to include work-care arrangements that are in a formal policy and/or those that are contained in an informal work arrangement. It is however acknowledged that, given that the respondents were human resource managers or equivalent, they may not always have knowledge of the informal arrangements which are usually administered at the level of the line manager and hence this might lead to the under reporting of informal arrangements arrangements.

- **Consultations on Questionnaire Design**

Face-to-face consultations were held with senior Human Resource Managers in five large organisations based in Durban and Johannesburg, namely Accenture; Nedbank; Bidvest; Ernst and Young; Adcorp Holdings and Illovo Sugar. The duration of these consultations were between one and two hours. The aim of the consultations was to
assess the relevance and validity, in the South African context, of the work-care arrangements selected for testing and the four work-care categories into which they were placed. They were also questioned to ascertain whether or not there was any ambiguity in the wording of the questions. Following from these consultations the questionnaire was redrafted and then pretested (see below) for final analysis before implementation.

•  **Pretesting**

The questionnaire was pretested with the aim of identifying problems around questionnaire construction, to ascertain any difficulties in using the online format and to test the method of data entry using the software selected for the survey.

The questionnaire was pretested through the Businesswomen’s Association of South Africa (BWASA). The BWASA had a paid up membership of 259 as at March 2009 and includes organisations of different sizes and across various industry sectors making it similar to the final sample selected for the study.

Members were alerted to the questionnaire in the BWASA newsletter, which was emailed to individual members. Member were invited to access the questionnaire and complete it via a link on the BWASA website. Once completed, the data was automatically captured in Excel format. Over the one month period that the survey was available for completion on the website, sixteen responses were received from BWASA members. Analysis of these results was useful in determining changes required to the coding of responses for ease of data analysis, changes to the wording of certain questions and analysing the format in which the data was transferred from Excel into SPSS format for data analysis.

In particular the following items were addressed during the pretest stage:

1. Low response rate. An analysis of the software revealed that 65 respondents had attempted the questionnaire although only 16 had finally submitted it. This was a possible indication that the questionnaire was not easy to fill in. A couple of reasons that could account for this, and that could be addressed before the final survey was
implemented, were the length of the questionnaire and the use of compulsory questions that prohibited further continuation until they were completed. Compulsory questions were dropped from the final questionnaire and respondents were given the option of a ‘don’t know’ response allowing them to move on to the next question. They were also able to leave the question blank and move on, thereby distinguishing those cases where the respondent did not know the answer from those that had been inadvertently or deliberately skipped by the respondent and hence were ‘missing’ cases;

2. The use of a survey embedded in a web page as opposed to a survey emailed to participants. The survey used in the pretest could not be emailed to participants as email addresses could not be obtained for the sample and hence it was embedded in the BWASA web page. However, given that email addresses were available for the final sample, it was decided that direct emails to the human resource manager or equivalent using these addresses. Email is more personal; it does not require a ‘token’ number to be entered prior to commencing the survey to ensure that only respondents from the sample complete it; it does not expose the survey to general scrutiny on a web page and it permits a more personal interaction through the sending of automated individual reminder emails to those who have not completed the survey and automated thank you emails to those who have completed it; and

3. Refinements to questionnaire wording. A number of refinements to the wording of certain questions were made based on the information gathered from the pretest and in some cases additional responses were added to existing questions (e.g. on the types of eligibility criteria for the use of work-care arrangements) as a result of responses to the pretested survey.

4.5. Data Collection and Analysis

Procedure for Data Collection

The data collected for this survey was obtained by means of a self-administered online questionnaire designed using Limesurvey software and embedded in a link sent via email to the potential survey participants. The questions were therefore not contained in the email attachment but rather in a link to the questionnaire included in
the body of the email. Clicking on the link opened the questionnaire and the respondent could then enter his/her organisation’s information directly onto the computer through clicking on the response/s selected.

Assistance with LimeSurvey Software was obtained from an Information Technology consultant engaged by the Health Economics and HIV/AIDS Research Division at UKZN in 2008/2009. The Software permitted the data that was directly entered by the respondent to be saved in Excel format, which was later transferred into the Statistical Package for the Social Sciences (Versions 17 and 18).

Data was collected over the period 24 March 2009 to 17 June 2009. The CEO, company secretary and/or human resources director at each organisation was initially approached to participate in this survey because it was felt that these individuals were most likely to understand their organisations’ work-care practices and policies. A participant information statement detailing the nature of the survey and outputs for participants was attached to the email (see Appendix Two). The sample participant details (email addresses, contact telephone numbers and contact names) were loaded into the Limesurvey software and tokens were created for each of the participant entries with a unique token identification numerical and alphabetical string. The tokens did not have to be entered by the respondents but were embedded in the software to ensure that no questionnaire could be submitted more than once and to ensure anonymity in responses as the token was used to identify the respondent rather than the company name.

The Limesurvey software permitted bulk emails to be sent with personalised invitations to participate in the survey. Thereafter, at programmed intervals, three reminder emails were sent (see Appendix Three). These were scheduled at weekly intervals from the time that the first invitation was sent. The system prevented reminder emails from being sent in cases where the participant had already completed the online questionnaire. Thank you emails (see Appendix Four) were sent automatically on submission of a questionnaire.

After two reminder emails, outstanding respondents were contacted telephonically by a research assistant. The research assistant was provided with a list of contact details
on a schedule that was updated daily. The research assistant had no access to the database of respondents nor did she have access to the online questionnaire itself or to the system for data entry. She was given a set script to use (see Appendix Five) and was instructed on how to use it. Her function was to remind the respondents of the questionnaire, to ascertain if there had been any problems accessing the questionnaire and to offer to send pdf versions of the questionnaire in an email attachment if the respondent indicated that he/she was having difficulty accessing it via the link on the email. Five pdf questionnaires were requested, completed and returned. The pdf questionnaire was identical to the computer-based questionnaire that appeared in the link on the email. In these instances the respondents were able to enter responses directly onto the pdf attachment from their computer and, on completion, to click on an instruction to email the questionnaire directly back to the sender. The data in the pdf questionnaires were then entered manually onto the system in the case of these five respondents.

The system tracked the dates on which all invitations and reminder emails were sent. The software also tracked the date and time of submission of the questionnaire. In addition it tracked the time at which the questionnaire had commenced and the time at which it had been submitted. The average time for completion of the questionnaire could therefore be determined and it was approximately fifteen minutes. The software permitted the participant to start the survey and save and return to it at a later stage. The overwhelming majority of respondents completed the survey in one sitting.

The software provided information on the number of surveys that had been started and saved without being submitted and provided details on the participants who had saved these surveys. The software also permitted respondents to assess how much of the questionnaire they had completed as they progressed through it.

The design of the methodology for data collection was closely aligned to the principles of the ‘tailored design’ method (Dillman, 2007). The author of the Total Design Method (Dillman, 1978), a widely followed procedure to obtain high response rates to mail based questionnaires, has developed a new procedure termed ‘Tailored Design’ (Dillman, 2007) to incorporate “the tremendous design and implementation possibilities now offered by powerful computer and design publishing capabilities”
(Dillman, 2007, p.6). Dillman (2007) describes the following design principles for email surveys:

1. Utilise a multiple contact strategy much like that used for regular mail surveys;
2. Begin with an interesting but simple to answer question;
3. Ask respondents to place ‘x’ s inside brackets to indicate their answers;
4. Personalise all email contacts so that none are part of a mass mailing that reveals either multiple recipient addresses or a listserv origin;
5. Keep the cover letter brief to enable respondents to get to the first question without having to scroll down;
6. Inform respondents of other ways to respond such as printing and sending back their response;
7. Include a replacement questionnaire with the reminder message;
8. Limit the column width of the questionnaire to about 70 characters in order to decrease the likelihood of wrap-around text.

Although this study used an online survey embedded in an email rather than an email attachment containing the survey, many of the principles above still apply to the questionnaire design and data collection in this study. The only two exceptions to the above recommendations were that there was no need for a replacement questionnaire as the reminder message contained a link to the questionnaire and a replacement questionnaire was only sent on the instruction of the respondent. In addition, respondents were able to simply click on the chosen answer in the questionnaire and there was no need to insert an ‘x’ as per a manual survey.

The decision to use an online web survey as opposed to an email survey was based on the fact that web surveys have capabilities relating to the design of the questionnaire that go “far beyond those available for any other type of self-administered questionnaire” (Dillman, 2007, p.354). These are discussed in detail below together with a discussion on the advantages and disadvantages of this method of data collection.
Data Collection Using an Online Survey

Advances in technology have made the use of the Internet a valuable tool for data collection purposes. The decision to use an online web survey for this study was motivated by a number of considerations including:

1. The fact that current email addresses were available for the respondents in the sample selected for the study and that all respondents in the sample were likely to have access to computers;
2. The cost considerations which were substantially reduced by using a data collection method that did not involve the cost of mailing surveys and paying for them to be mailed back, that did not require costly input in terms of the use of assistants for data entry because the data was entered directly into the system and that eliminated the paper costs of manual, mail based questionnaires;
3. The anticipated speedier response times using an online survey as opposed to a mail based survey; and
4. The potential design features of online surveys, which include aspects relating to both the appearance and functionality of the questionnaire as discussed in more detail below.

The choice of using an online questionnaire for this study was made taking into account the documented strengths and weaknesses of this type of methodology. A selection of the major strengths and weaknesses of online surveys can be summarised as follows (Evans & Mathur, 2005; Granello & Wheaton, 2004):

Potential Strengths of Online Surveys:

1. Flexibility in the way the questionnaire is offered to the respondent (e.g. email with embedded survey; email with link to a survey URL; survey posted on a website etc.) as well as the way in which the survey is tailored to meet participant demographics, language etc.;
2. Speed and timeliness in terms of the time taken to get the survey into the field as well as the speed with which data collection can take place;
3. Technological innovations which provide ‘feature rich’ survey tools that offer greater control and flexibility over how and where objects and information are presented;
4. Convenience for respondents in terms of features that permit the respondent to save and return to an incomplete survey and to respond to it at a time convenient to him/herself;
5. Ease of data entry and analysis as data does not need to be entered from paper questionnaires, and the researcher has the data instantly stored on a data base;
6. Question diversity through software design that provides for a range of question formats such as dichotomous questions, multiple choice questions, open ended questions etc. and provides for conditional questions to only display if prompted by the appropriate answer selection. This eliminates respondent confusion from complicated ‘Go To’ instructions and can reduce errors as the system determines skip patterns rather than leaving it to the respondent to manage;
7. Low administration costs as compared to the printing and postage costs involved in paper surveys, although some of these costs may be offset by the increased costs of questionnaire preparation through time and money spent on technology and programming;
8. Ease of follow-up due to the low expense of sending follow-up reminders by email;
9. Control of answer order by requiring the respondent to answer the questions in the order required by the questionnaire designer; and
10. Obtaining additional response-set information by for instance, tracking information on the date on which invitations and reminder emails are sent and dates and times on which questionnaires are submitted.

Potential Weaknesses of Online Surveys:

The identified, potential weaknesses of online surveys include:
1. They can be perceived as junk mail. The server will screen mail and will either place it in the junk mail box of the respondent or will block it from receipt by the respondent. In this case there is no message to the sender (such as in the case of incorrect email addresses that cannot be delivered) and the sender is then unaware that the survey has not reached the respondent;
2. Respondent’s can lack online experience/expertise;
3. Technological variations which can cause configuration problems and distortions in the viewing of the questionnaire because of different technologies and capabilities in respondents computers; and
4. Privacy and security issues can arise from fears that messages or data transferred will be intercepted and that data will not be treated confidentially.

The decision to use an online survey for this project was based on the advantages outlined above and also the fact that many of the disadvantages could be controlled for. For instance respondent lack of online experience was considered less of a problem than might ordinarily be the case because in this survey the respondents were senior managerial employees in sophisticated commercial operations publically listed on the national stock exchange. Technological variations were also pre-tested by sending the online questionnaire to a number of computers using different system technologies to assess compatibility across different systems. Although one type script error appeared in a very small number of the recipients email messages, the actual survey itself was unaffected and the type script error had a negligible influence on the email message itself. Furthermore, the follow up telephonic prompts to complete the survey were able to detect instance where the email had not reached the recipients.

Dillman and Bowker (2001) highlight some of the sources of frustration for respondents using online questionnaires and this required consideration in the design of this questionnaire. These sources of frustration come from:

1. People who lack computer experience and do not know how to provide and erase certain answers, e.g., radio buttons, which require clicking on a different answer choice vs. HTML boxes which, require re-clicking the same box;
2. Not knowing what to do with a drop-down menu;
3. Not being able to see all of the answer choices without scrolling the page up and down;
4. Being forced to answer every question, even when none of the answer choices seem appropriate;
5. Not knowing how close to the end of the questionnaire they are;
6. Only being able to see one question at a time, so that when their concentration was interrupted they had to figure out how to back up and see a previous question in order to answer the current one; and

7. Having to undertake multiple actions to answer each question (e.g. clicking on an answer choice, moving to the scroll bar in order to reveal a “click for next page instruction” and then clicking on that instruction to reveal the next question).

Where possible, these potential frustrations were addressed in the design of the questionnaire. For instance it was decided not have mandatory questions that prevented the respondent proceeding to the next question. This did of course create the potential for respondents to leave out questions, either inadvertently or on purpose. In an attempt to discern whether or not the question had been deliberately left out or inadvertently not answered, the addition of a ‘don’t know’ category was included for all of the questions.

Drop down menus were used sparingly and the instruction to ‘check all that apply’ was in bold to clearly guide the respondent in cases where more than one answer was permitted. Those answers that had only one response were self-clearing so that if the respondent changed a response, the previous entry would be erased when the new response was entered.

The respondent was able to view the whole questionnaire (apart from ‘conditional questions’) at once to avoid frustration from only seeing one question at a time and to provide some idea of the length of the questionnaire. In addition, the respondent was notified at the start of each section in the questionnaire (in percentage terms) how much progress he/she had made with the questionnaire. This overrode the built in indicator that came with the Limewire software because it was felt to be a bit misleading in its representation of progress.

Multiple actions were avoided so that the respondent was not required to perform any action to progress through the questionnaire as it automatically moved onto the next question. There were very few questions with open-ended answers that required the respondents to type in their answer.
There were nevertheless a few problems encountered in using an online questionnaire for this study. The one fairly common problem identified was server interruption of the mail as junk mail. The server would screen mail and either place it in the junk mail box of the respondent or block it from receipt by the respondent. In this case there is no message to the sender (such as in the case of incorrect email addresses that cannot be delivered) and the sender was unaware that the survey has not reached the respondent. This was a problem that presented itself in this survey and was only detected in follow up telephone calls to the non-respondents. In all cases this could be remedied by easy retrieval from the junk mail.

In five cases questionnaires were submitted without any entries whatsoever. These blank submissions were followed up by an email that requested the respondent to alert the researcher if this was an error in which case a new invitation would be sent. The aim was to discern the respondent who would like to have submitted a questionnaire but clicked the ‘submit’ button in error from the respondent who consciously entered a blank questionnaire for any number of reasons but most likely to avoid being bothered by numerous requests to complete the questionnaire. By putting the onus on the respondent to notify the researcher if he/she wished to be sent another invitation, the respondent who did not wish to partake in the study and did not wish to be plagued by numerous requests to do so, could fail to reply to the email and be sure that they would not be troubled again.

**Ethics and Confidentiality**

Ethical approval was obtained from the University of Sydney in accordance with the requirements of the PhD. In addition, because the research was taking place in South Africa, and the researcher was working at the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu Natal (UKZN), ethical approval was also obtained from UKZN.

Respondents were assured of confidentiality in the participant information statement and advised that there would be no mention of their organisation in publications resulting from the research. Confidentiality of data was ensured in that there were no
hard copies of questionnaires and all data entered on the computer was captured on an external hard drive kept in possession of the researcher. In addition the researcher had a unique access code that only enabled her to access to the questionnaire on the Limewire Software and to the data captured therein.

**Data Analysis**

A very small number of questionnaires were incomplete. However, because it was decided to avoid mandatory questions that precluded respondents continuing with the questionnaire until each question was answered, there was a chance that questions could be inadvertently or deliberately left out. In the very few circumstances where this happened, the respondent was contacted and in almost all cases the data was obtained telephonically from them and entered onto their questionnaire on their behalf.

There was no need for manual data entry except in the case of the five pdf. questionnaires as the system itself automatically captured the data on Excel format from where it was transported it into SPSS Ver. 17.0 and 18.0 for analysis. At this stage the data was ‘cleaned’ to ensure that the coding was relevant for SPSS analysis.

**4.6. Summary**

The discussion in this chapter has considered the research design and data collection methods used in the study on employer involvement in work-care integration in South Africa. The discussion considered the factors affecting the choice of the sample and the measures used in the variables selected for the study. The questionnaire design and the choice of the types and categories of work-care arrangements to include in the questionnaire were discussed in detail together with a discussion on the factors that affect an assessment of the spread and quality of work-care arrangements and the need to incorporate these into the design of the questionnaire. The section on data collection has highlighted specific considerations relating to the use of online survey methodology, including the strengths and weaknesses of it and the rationale in
selecting it for use in this study. The chapter that follows provides the results of the findings from the survey and discusses the methods of data analysis.
Chapter Five

Study Findings

5.1. Introduction

This chapter presents the findings from the results of the survey on the adoption of work-care arrangements in South African organisations. The first part of the chapter presents descriptive data relating to the characteristics of the respondent organisations and the findings on the extent to which the different work-care arrangements are offered by the respondent organisations. The results are analysed for each of the twenty three individual work-care arrangements. They are also analysed within each of the four different categories of work-care arrangements.

The findings then focus on the results of the data analysis in terms of the main research question and the propositions developed from it relating to the association between different organisational characteristics and institutional conditions and the presence of work-care arrangements in South African organisations.

The findings presented in this chapter are analysed and discussed further in Chapter 6 with reference to policy implications and recommendations for legislative reform.

5.2. Details of Respondents

There were 113 respondents in the survey. Table 10 below presents descriptive statistics on the characteristics of the individual respondents.
Table 10: Characteristics of Respondents

<table>
<thead>
<tr>
<th>Position in the Organisation:</th>
<th>Percent YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Secretary</td>
<td>5.3%</td>
</tr>
<tr>
<td>HR Director</td>
<td>17.7%</td>
</tr>
<tr>
<td>Other:</td>
<td>77.0%</td>
</tr>
<tr>
<td>Divided into: (100%)</td>
<td></td>
</tr>
<tr>
<td>HR Manager</td>
<td>48.1%</td>
</tr>
<tr>
<td>HR Officer/Administrator</td>
<td>17.3%</td>
</tr>
<tr>
<td>IR/Employee Relations Manager</td>
<td>6.2%</td>
</tr>
<tr>
<td>Remunerations/Financial Manger</td>
<td>25.9%</td>
</tr>
<tr>
<td>Other</td>
<td>2.5%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>33.9%</td>
</tr>
<tr>
<td>Female</td>
<td>66.1%</td>
</tr>
<tr>
<td>Number of Dependants Under:</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>40.7%</td>
</tr>
<tr>
<td>1</td>
<td>23.9%</td>
</tr>
<tr>
<td>2</td>
<td>30.1%</td>
</tr>
<tr>
<td>3</td>
<td>4.4%</td>
</tr>
<tr>
<td>4</td>
<td>0.9%</td>
</tr>
<tr>
<td>Age Category:</td>
<td></td>
</tr>
<tr>
<td>Below 25 years</td>
<td>2.7%</td>
</tr>
<tr>
<td>25 - 35 years</td>
<td>33.0%</td>
</tr>
<tr>
<td>36 – 45 years</td>
<td>37.5%</td>
</tr>
<tr>
<td>46 – 55 years</td>
<td>20.5%</td>
</tr>
<tr>
<td>Over 55 years</td>
<td>6.3%</td>
</tr>
</tbody>
</table>
The majority (65.8%) of the respondent’s were either HR managers or HR Directors. Two thirds (66.1%) of the respondent’s were female and the majority (59.3%) of respondent’s had at least one child. The majority of respondent’s (64.3%) were 36 years of age or older.

5.3. Findings: Independent Variables

The selected organisational characteristics discussed in Chapter Four, represent the independent explanatory variables in this study. The descriptive data on these variables are discussed in this section. The results of the analysis of the relationship between these organisational characteristics and the work-care arrangements comprising the dependent variables are discussed later in this chapter.

A summary of the descriptive data on the different independent variables is presented below. Each will be discussed in turn.

• Size

Data on the size of the organisation was gathered in terms of actual employee numbers. The data on overall employee numbers was not obtained directly from the respondent’s, but from manual entries from the BWASA database of JSE employee figures for 2009, as this was considered to be a more reliable source. This data is divided into six categories ranging from 0-25 employees to more than 8000 employees (Tharenou, 1997 cited Bardoel et al., 1999, p.38) in order to get an idea of the range of sizes of organisations and the spread between the different sizes (see Table 11 below). For purposes of accuracy, the relationship between organisational size and the adoption of work-care arrangements was done using actual employee numbers rather than categories.
Table 11: Size by Category

<table>
<thead>
<tr>
<th>Categories</th>
<th>Percentage</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 25 employees</td>
<td>12.4</td>
<td>14</td>
</tr>
<tr>
<td>26 – 100 employees</td>
<td>10.6</td>
<td>12</td>
</tr>
<tr>
<td>101 – 500 employees</td>
<td>16.8</td>
<td>19</td>
</tr>
<tr>
<td>501 – 2000 employees</td>
<td>25.7</td>
<td>29</td>
</tr>
<tr>
<td>2001 – 8000 employees</td>
<td>21.2</td>
<td>24</td>
</tr>
<tr>
<td>More than 8000 employees</td>
<td>13.3</td>
<td>15</td>
</tr>
</tbody>
</table>

Over half (60.2 percent) of the organisations had more than 500 employees with the category 501-2000 employees containing the largest number (n=29) of respondents. As indicated Table 12 below, the mean number of employees in this sample was 3644 and the median was 900 employees.

Table 12: Employee Numbers

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N Valid</td>
<td>113</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>3643.7257</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>900.0000</td>
<td></td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>7237.60620</td>
<td></td>
</tr>
</tbody>
</table>

- **Trade Union Membership**

Respondents were asked to indicate the percentage of trade union membership in their organisation in terms of seven categories of representation ranging from 0 to more than 50 percent. Trade union membership was worded to mean that an employee had signed stop order (trade union dues) authorisation for trade union membership payment. In South Africa, most employers administer this on behalf of the trade union and are, in certain circumstances required to do so in terms of the Labour Relations
Act\textsuperscript{32}. The results for trade union membership using the categories from the questionnaire appear in the Table 13 below.

Table 13: Trade Union Membership by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>36.4 (n = 39)</td>
</tr>
<tr>
<td>1 - 10%</td>
<td>15.9 (n = 17)</td>
</tr>
<tr>
<td>11 – 20%</td>
<td>8.4 (n = 9)</td>
</tr>
<tr>
<td>21 - 30%</td>
<td>9.3 (n = 10)</td>
</tr>
<tr>
<td>31 – 40%</td>
<td>7.5 (n = 8)</td>
</tr>
<tr>
<td>41 – 50%</td>
<td>6.5 (n = 7)</td>
</tr>
<tr>
<td>More than 50 percent</td>
<td>15.9 (n = 17)</td>
</tr>
</tbody>
</table>

Overall, the extent of unionisation was low with over half (52.3 percent) of the respondents, who knew the answer and chose to answer the question, indicating that there was less than ten percent unionisation in their organisation. For the purposes of analysis for association with the adoption of work-care arrangements, the extent of trade union membership was collapsed into two categories, namely organisations with less than twenty percent trade union membership and those with more than twenty percent unionisation. Within these two categories 60.7 percent of respondents had less than 20 percent unionisation and 39.3 percent had more than 20 percent unionisation.

Trade union membership was also analysed in terms of female presence in the trade union. The results from respondents who knew the answer and chose to answer this question appear in Table 14 below.

\textsuperscript{32} Sec 13.
Table 14: Female Presence in Trade Unions by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>7.1 (n = 4)</td>
</tr>
<tr>
<td>1 – 10%</td>
<td>50 (n = 28)</td>
</tr>
<tr>
<td>11 – 20%</td>
<td>8.9 (n = 5)</td>
</tr>
<tr>
<td>21 - 30%</td>
<td>8.9 (n = 5)</td>
</tr>
<tr>
<td>31 – 40%</td>
<td>5.4 (n = 3)</td>
</tr>
<tr>
<td>41 – 50%</td>
<td>8.9 (n = 5)</td>
</tr>
<tr>
<td>More than 50 percent</td>
<td>10.7 (n = 6)</td>
</tr>
</tbody>
</table>

The majority of organisations (57.1 percent) had up to ten percent female presence in the trade union.

- Female Presence in Organisations and Females in Senior Managerial Positions

Employee numbers by gender were obtained from respondents in terms of the percentage of permanent full-time employees in six categories ranging from 0 – 50 employees to over 1000 employees. Two aspects of female representation in the organisation were analysed:

1. Female presence relative to male presence by employee numbers in each of the categories; and
2. Female presence in senior managerial roles.

Past studies (Goodstein, 1994; Ingram & Simons, 1995; Poelmans et al., 2003a; Budd & Mumford, 2006; Davis & Kalleberg, 2006; Whitehouse, et al., 2007) have associated either or both of these with the increased adoption of work-care arrangements.

Female and male permanent full-time employee numbers appear in Table 15 below.
Table 15: Full-Time, Permanent Male and Female Employees by Category (as at January 2009).

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage Full Time Female</th>
<th>Percentage Full Time Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 50</td>
<td>21.6% (n = 24)</td>
<td>18.8% (n=21)</td>
</tr>
<tr>
<td>51 - 100</td>
<td>14.4% (n – 16)</td>
<td>8% (n=9)</td>
</tr>
<tr>
<td>101 - 200</td>
<td>12.6% (n = 14)</td>
<td>8.9% (n=10)</td>
</tr>
<tr>
<td>201 - 500</td>
<td>18% (n = 20)</td>
<td>16.1% (n=18)</td>
</tr>
<tr>
<td>501 - 1000</td>
<td>9% (n = 10)</td>
<td>11.6% (n=13)</td>
</tr>
<tr>
<td>Over 1000</td>
<td>24.3% (n = 27)</td>
<td>36.6% (n=41)</td>
</tr>
</tbody>
</table>

There was a greater percentage of male full-time employees in larger (over 500 employees) categories and a greater percentage of female full-time employees in smaller (0-200 employees) categories. For purposes of analysis of the relationship between female employment and the adoption of work-care arrangements, this variable was categorised into three groups: The same amount of female and male employees, fewer female than male employees and more female than male employees.

Female representation in senior managerial positions was measured in seven categories ranging from 0 to more than 50 percent. The results appear in Table 16 below.
Table 16: Female Representation in Senior Managerial Positions by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent Females in Senior Managerial Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5.5% (n = 6)</td>
</tr>
<tr>
<td>1 – 10%</td>
<td>62.4% (n = 68)</td>
</tr>
<tr>
<td>11 – 20%</td>
<td>14.7% (n = 16)</td>
</tr>
<tr>
<td>21 – 30%</td>
<td>9.2% (n = 10)</td>
</tr>
<tr>
<td>31 – 40%</td>
<td>1.8% (n = 2)</td>
</tr>
<tr>
<td>41 – 50%</td>
<td>2.8% (n = 3)</td>
</tr>
<tr>
<td>More than 50%</td>
<td>3.7% (n = 4)</td>
</tr>
</tbody>
</table>

For purposes of analysis of the relationship between female representation in senior managerial levels and the adoption of work-care arrangements, this variable was collapsed into two categories: less than 20 percent representation and more than 20 percent representation. There was less than 20 percent female representation in senior managerial positions in over 80 percent of the respondent organisations (82.6%) indicating a low level of female representation in senior managerial positions.

- **Foreign Ownership**

Data was obtained on whether or not the organisation was wholly South African owned or whether it had foreign ownership. The extent of foreign ownership, was analysed in two categories – less than 50 percent foreign ownership and more than 50 percent foreign ownership. The results from those respondents who knew and chose to answer the question (n = 104) appear in Table 17 below.

Table 17: Extent of Foreign Ownership

<table>
<thead>
<tr>
<th>Ownership</th>
<th>Percent (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wholly South African Owned</td>
<td>76% (n = 79)</td>
</tr>
<tr>
<td>Less than 50% foreign ownership</td>
<td>12.5% (n = 13)</td>
</tr>
<tr>
<td>More than 50% foreign ownership</td>
<td>11.5% (n = 12)</td>
</tr>
</tbody>
</table>
Some foreign ownership was indicated in almost a quarter (24 percent) of the respondent organisations. For those respondents indicating that there was more than 50 percent foreign ownership (n=12), the country in which the foreign ownership was located was questioned. Three respondents stated that it was in the USA, three stated it was in Canada, two stated the UK, one Russia, one Kuwait, one was partly UK and Australia and one stated that there were multiple foreign owners.

5.4. Findings: Dependent Variables

The descriptive data on the dependent variables is presented in terms of the individual work-care arrangements under consideration, the four categories of work-care arrangements and in terms of the overall composite work-care arrangements selected for this study.

Individual Work-Care Arrangements

This section focuses on the individual work-care arrangements and is followed by an analysis of these work-care arrangements in terms of the four categories identified for the study and then an analysis of all the work-care arrangements as a separate composite dependant variable.

In this section, the analysis describes (for available data) both the frequencies on whether or not the work-care arrangement exists and further explores this in terms of whether or not the work-cares arrangement exists in formal policy or is in an informal arrangement. It also examines whether or not the work-care arrangement is available to all employees and in cases where this is not the case it explores the requirements that restrict eligibility.

Table 18 below provides a summary of the frequencies for those work-care arrangements that are dichotomous. The results are reported in the table as the percentage of ‘yes’ responses from those respondents who chose to answer the
question and did not respond with ‘do not know’. Data on other categorical variables and continuous variables is presented in greater detail later in this chapter.

Table 18: Nature and Spread of Individual Work-Care Arrangements

<table>
<thead>
<tr>
<th>Type of Work-Care Arrangement</th>
<th>% ‘Yes’ Responses</th>
<th>Formal Policy? (Yes)</th>
<th>Available to all employees? (Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move from full-time to part-time employment on a permanent basis</td>
<td>26.2%</td>
<td>21.4%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Move from full-time to part-time employment on a temporary basis</td>
<td>30.5%</td>
<td>10%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Regularly work flexible starting and finishing times</td>
<td>52.3%</td>
<td>26.3%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Occasionally work flexible starting and finishing times</td>
<td>67.9%</td>
<td>12.3%</td>
<td>47.2%</td>
</tr>
<tr>
<td>Additional hours on some days to compensate for shorted hours on other days (compressed work week)</td>
<td>35.5%</td>
<td>26.3%</td>
<td>51.4%</td>
</tr>
<tr>
<td>Work at home on a regular basis</td>
<td>18%</td>
<td>25%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Work at home on an occasional basis</td>
<td>44.5%</td>
<td>10.2%</td>
<td>19.6%</td>
</tr>
<tr>
<td>On-site or off-site day care facility provided by the organisation</td>
<td>5.3%</td>
<td>66.7%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Payment for childcare through vouchers or</td>
<td>3.6%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>subsidies</td>
<td>2.7%</td>
<td>66.7%</td>
<td>66.7%</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Payment for dependant adult care (sick or elderly) through vouchers or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>subsidies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reimbursement of childcare costs where employee works beyond normal</td>
<td>3.6%</td>
<td>50%</td>
<td>33.3%</td>
</tr>
<tr>
<td>working hours or travels for business reasons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of childcare when children are on vacation</td>
<td>1.8%</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Permitting family responsibility leave to be utilised for situations</td>
<td>39.4%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>other than those permitted in the legislation (e.g for sickness of an</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>adult family member or to attend to a child because of the failure of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the substitute caregiver to arrive for work)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternity leave (as distinct from family responsibility leave)</td>
<td>43.3%</td>
<td>90.5%</td>
<td>88.6%</td>
</tr>
<tr>
<td>Special leave/carers leave/parental leave (apart from family responsibility</td>
<td>8.8%</td>
<td>100%</td>
<td>87.5%</td>
</tr>
<tr>
<td>leave or maternity/paternity leave) for employees to care for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Description</td>
<td>Percentage</td>
<td>Notes 1</td>
<td>Notes 2</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>------------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Attending ante-natal or post-natal courses/clinics during working hours without forfeiting annual or other leave or sacrificing salary</td>
<td>23.3%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Information on HIV/AIDS care facilities</td>
<td>81.1%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Information on care facilities for the elderly</td>
<td>12.5%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Information on childcare facilities in the community</td>
<td>16.2%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Training, workshops or seminars on parenting, child development, care of the elderly or ill or work-family problems</td>
<td>10.6%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>An employee assistance program designed to help employees deal with problems that may affect their work and personal life</td>
<td>54.1%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Permission for employees to take breaks specifically for the purpose of breastfeeding or to express milk during the first 6 months of the child's life</td>
<td>39.2%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
The results indicate a wide range in the spread of work-care arrangements with over 80 percent (81.1%) of respondents indicating that they offer information on HIV/AIDS care facilities to fewer than 2 percent (1.8%) of respondents indicating that they provide employee’s children with childcare when they are on vacation.

The results also indicate that in cases where at least ten percent of the respondents indicated that their organisation had adopted the work-care arrangement, in almost all instances the arrangement was more likely to be found in an informal arrangements rather than a formal policy provision. There is evidence from the findings (with the exception of paternity leave and compressed working weeks) that in those cases where at least ten percent of the respondents indicated that their organisation had adopted the work-care arrangement, the arrangement was only available to all employees in fewer than thirty percent of the organisations. In the majority of organisations the work-care arrangement contained restrictions on who was eligible to use it, and in many of the cases the availability of the arrangement to all employees was inversely related to the extent to which the work-care arrangement was in existence.

These restrictions were explored in further detail in terms of the following reasons: 1. Only employees above a certain level in the organisation may utilise this arrangement; 2. Only full time employees may utilise this arrangement; 3. Only employees who had worked for the organisation for longer than a stipulated period could use this arrangement; 4. Only employees with a good work record and/or worth retaining could utilise this arrangement; and 5. Other.

Respondents were able to include more than one response to this series of questions in cases where more than one restriction applied.

The results in terms of the frequency of these restrictions across all the work-care arrangements are represented in Table 19.
Table 19: Qualifications/Restrictions on Use of Work-Care Arrangements

<table>
<thead>
<tr>
<th>Restriction</th>
<th>Number of Respondents with this restriction (total across all dependant variables)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level in the Organisation</td>
<td>85</td>
</tr>
<tr>
<td>Full Time employees only</td>
<td>56</td>
</tr>
<tr>
<td>Length of service</td>
<td>28</td>
</tr>
<tr>
<td>Work performance</td>
<td>67</td>
</tr>
<tr>
<td>Other</td>
<td>79</td>
</tr>
</tbody>
</table>

From these results it would appear that level in the organisation is the most frequent restriction on the use of work-care arrangements followed by ‘other’ restrictions which were detailed to include the ‘nature of the job’, ‘operational requirements’ and ‘office staff only’. Length of service was the least likely of the categories of restriction to be the criteria for exclusion. The question relating to level in the organisation was worded ‘only employees above a certain level in the organisation may utilise this arrangement’. The implication is that employees in higher levels only will have access to the work-care arrangement.

This finding that the most common restriction on access to work-care arrangements in South African organisations relates to level in the organisation supports findings in some European countries that work-life balance provisions have benefited those in higher levels of the organisation to a greater extent than those in lower levels (Blyton, 2011).

“Just as those on higher incomes enjoy an advantageous position outside the workplace to secure work-life balance by outsourcing various tasks – their income enabling choices over whether to purchase childcare, cleaning, or gardening services, for example – so too it is evident how, inside the workplace, access to work-life balance currently favours those at more senior organisational levels (Blyton, 2011, p.135).
Blyton (2011) notes that this tendency for work-care benefits to favour employees in more senior positions is a function of an increase in knowledge about work-care arrangements by those in higher levels of the organisation, the relative power held by senior level employees and the ability for senior employees to perform their job functions without close monitoring. It means that those who may have the greatest need for work-care benefits by virtue of lack of financial means to afford to pay for care, may be those least likely to be receiving them.

In South Africa the effect of limiting work-care arrangements to those in higher levels in the workplace may take on a gender and racial bias as well as a bias towards higher income earners. Van Klaveren et al note (2009, p.68) that:

“Statistics indicate that in the early 2000s white females outnumbered black females in top management positions by a three to one ratio, and in lower managerial positions by a four to one ratio. It seems clear that in management ranks white women are benefiting much more than black women from gender equity programmes (Horwitz et al., 2002; Mathur-Helm, 2005)”.

The 2009 Employment Equity Report indicated that racial and gender representation in top management was still very unequal with white men representing 61% of top management in both the private and the government sector, black men 10%, Indian men 5%, and coloured men 4%, while white women represented 12%, black women just less than 4%, and Indian and coloured women each just more than 1% (Williams, 2009 cited van Klaveren et al. 2009, p.69).

The results for the two categorical dependent variables, namely maternity leave and family responsibility leave are presented below.

• *Maternity Leave*

Maternity leave was analysed both in terms of its duration and pay and also a combination of both.
Duration:
The duration of maternity leave was analysed according to whether or not:

a) The duration offered by the respondent fell below statutory minima;
b) The respondent offered four months duration being the statutory minimum;
c) The duration offered by the respondent went beyond statutory minima and the extent to which it went beyond statutory minima.

In terms of the first item of analysis, whether or not maternity leave fell below the four months statutory minima, the results presented in Table 20 below indicate that ten percent (n=11) of the respondents offered less than four months maternity leave.

Table 20: Duration of Maternity Leave (in months).

<table>
<thead>
<tr>
<th>Maternity Leave Duration</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 4 months</td>
<td>11</td>
<td>10.0</td>
</tr>
<tr>
<td>4 months</td>
<td>83</td>
<td>75.5</td>
</tr>
<tr>
<td>5 months</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td>6 months</td>
<td>13</td>
<td>11.8</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>.9</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The majority of respondents (75.5%) indicated that their organisation offered the statutory minimum of four months, with 14.5 percent of respondents offering more than four months maternity leave. The one response in the ‘other’ category’ indicated that permanent full time employees received ‘up to 11 months’ maternity leave.

Maternity Pay
Of those respondents with knowledge of the maternity pay offered by their organisation and offering four or more months maternity leave (n=99), 75.8 percent indicated that the organisation made some contribution towards maternity payments (over and above payments into the Unemployment Insurance Fund). The remaining 24.2 percent did not make any contribution towards maternity payments.
Of those respondents who offered four or more months maternity leave with a contribution from the employer towards maternity pay (n=75) the responses from those who had knowledge of the amount of the employer’s contribution (n=74) indicated that 29.7 percent of the organisations offered the full period of maternity leave as fully paid by the employer and the remaining 70.3 percent did not offer fully paid maternity leave.

Of those respondents that indicated that the employer made some payment to maternity leave but not full payment during maternity leave (n=52) the responses on the amount of the employer’s contribution towards maternity pay varied both in terms of how much was paid and how the payments were allocated during the period of maternity leave. In some cases the employee was given the option of a flat rate for the duration of the leave or a fluctuating rate that offered greater payments for the first few months with a lower payment in the latter months. In other cases no option was given and employees received a flat rate throughout. There was considerable variation in the rates of pay.

*Maternity leave and/or pay beyond legislative minima*

The analysis above has focused separately on the duration of maternity leave and payments towards maternity leave. Determining whether or not employers were offering more than statutory minima meant including those cases where the employer either:

1. Went beyond four months maternity leave (irrespective of whether or not they contributed to pay during maternity leave), or
2. Offered four or more months maternity leave with some contribution to pay.

To do this it was necessary to re-compute the variables pertaining to maternity leave and pay into one variable that excluded employers who offered only four months maternity leave with no contribution to pay or less than four months maternity leave (irrespective of their contribution to pay). The results were then analysed to determine the extent to which employers in South Africa were going beyond legislated minima either in terms of duration and/or in terms of pay for maternity leave. The results showed that 66.4 percent (n=75) of employers went beyond legislative minima in
terms of maternity leave duration and/or pay. The remaining 33.6 percent (n=38) offered four months unpaid or less than four months maternity leave i.e. they were offering at or below statutory minima.

A summary of these results on maternity leave appears in Table 21 below.

Table 21: Maternity leave beyond Legislative Minima.

<table>
<thead>
<tr>
<th>Maternity leave Duration and Pay</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity leave beyond four months</td>
<td>14.5% (n=15)</td>
</tr>
<tr>
<td>Payment towards maternity leave from employer (excluding UIF contributions)</td>
<td>75.8% (n=99)</td>
</tr>
<tr>
<td>Maternity leave duration and/or pay beyond legislative minima</td>
<td>66.4% (n=75)</td>
</tr>
</tbody>
</table>

For the purposes of analysis on the association between the dependent and independent variables, maternity leave was included as going beyond legislative minima if the employer offered more than four months maternity leave. Pay was not included in the analysis because the category under consideration was that of ‘leave’ and this would be skewed if maternity payments were included.

Nevertheless it is acknowledged that a focus that only considers the duration of maternity leave and/or one that only includes pay if it is full pay for the full duration of maternity leave, does under represent the full extent of maternity arrangements beyond legislative minima, hence the analysis in Table 21 above.
Family responsibility leave was also analysed in terms of duration and pay. In addition it was analysed in terms of whether or not FRL could be utilised for additional reasons to those listed in the statute (e.g. for absence to attend to a sick or elderly adult relative). The results on whether or not FRL could be used in ‘extended’ circumstances indicated that in 39.4 percent of the organisations who responded to this question permitted family responsibility leave to be used for situations other than those permitted in the legislation (e.g. for sickness of an adult family member or to attend to a child because of the failure of the substitute caregiver to arrive for work).

The analysis in terms of duration and pay for FRL follows.

Duration:
The duration of family responsibility leave was analysed according to whether or not:

a) The duration offered by the respondent fell below statutory minima (i.e. less than three days);
b) The respondent offered three days per year being the statutory minimum;
c) The duration offered by the respondent went beyond statutory minima and the extent to which it went beyond statutory minima.

The results appear in Table 22 below.

Table 22: Duration of Family Responsibility Leave

<table>
<thead>
<tr>
<th>Family Responsibility Leave Duration</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 days</td>
<td>2</td>
<td>1.9</td>
</tr>
<tr>
<td>3 days</td>
<td>78</td>
<td>72.2</td>
</tr>
<tr>
<td>More than 3 days</td>
<td>28</td>
<td>25.9</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Of those respondents who knew the answer and chose to answer this question (n = 108) 1.9 percent offered less than the statutory minimum period of three days family responsibility leave. The majority (72.2%) offered the statutory minimum of three days. The 25.9 percent (n=28) of organisations offering more than three days family responsibility leave were asked to indicate how much family responsibility leave they offered. The results appear in Table 23 below.

Table 23: Family Responsibility Leave Beyond Three Days

<table>
<thead>
<tr>
<th>Family Responsibility Leave over 3 days</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 days</td>
<td>4</td>
</tr>
<tr>
<td>5 days</td>
<td>18</td>
</tr>
<tr>
<td>6 days</td>
<td>2</td>
</tr>
<tr>
<td>More than 6 days</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
</tr>
</tbody>
</table>

The majority of the respondent’s offering more than three days family responsibility leave, offered five days per twelve-month cycle. Of the two responses indicating that more than six days were offered, the one organisation offered seven days per twelve-month cycle and the other offered five days per incident per year.

Payment for Family Responsibility Leave

Respondents who indicated that their organisation offered family responsibility leave in excess of three days (n=28) were asked whether or not this leave was fully paid. Only two of the respondents indicated that this leave was not fully paid, the other 26 respondents confirming that the leave was fully paid. In keeping with the logic of analysis discussed under maternity leave, the duration of leave, irrespective of the payment for it, was the focus of the leave provisions. Hence for purposes of further analysis, family responsibility leave was considered as going beyond legislative minima if the duration was above three days irrespective of whether or not this leave was paid or unpaid.
**Formal/Informal Policy**

In the vast majority (n=27) of the 28 respondents who indicated that their organisation offered FRL in excess of three days, the provision was contained in formal policy.

---

**Inter- Category Analysis of Work-Care Arrangements**

Table 24 below provides descriptive statistics on frequencies for dichotomous variables in terms of each of the four categories of work-care arrangements and for each of the 23 different work-care arrangements.
Table 24: Nature and Spread of Work-Care Arrangements by Category

<table>
<thead>
<tr>
<th>Flexible Working Arrangements</th>
<th>% Yes</th>
<th>Information/Supportive Facilities</th>
<th>% Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Move from full-time to part-time employment on a <em>permanent</em> basis..</td>
<td>26.2</td>
<td>1. Information on HIV/AIDS care facilities.</td>
<td>81.1</td>
</tr>
<tr>
<td>2. Move from full-time to part-time employment on a <em>temporary</em> basis.</td>
<td>30.5</td>
<td>2. Information on care facilities for the elderly.</td>
<td>12.5</td>
</tr>
<tr>
<td>3. <em>Regularly</em> work flexible starting and finishing times.</td>
<td>52.3</td>
<td>3. Information on childcare facilities in the community.</td>
<td>16.2</td>
</tr>
<tr>
<td>4. <em>Occasionally</em> work flexible starting and finishing times.</td>
<td>67.9</td>
<td>4. Training, on work-family issues.</td>
<td>10.6</td>
</tr>
<tr>
<td>5. Work compressed work week.</td>
<td>35.5</td>
<td>5. Programmes designed to help employees deal with problems that may affect their work and personal life.</td>
<td>54.1</td>
</tr>
<tr>
<td>6. Work at home on a <em>regular</em> basis.</td>
<td>18.0</td>
<td>6. Breaks specifically for breastfeeding</td>
<td>39.2</td>
</tr>
<tr>
<td>7. Work at home on an <em>occasional</em> basis.</td>
<td>44.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependant Care Assistance</th>
<th></th>
<th>Leave Provisions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A day-care facility</td>
<td>5.3</td>
<td>1. Maternity leave beyond statutory minima.</td>
<td>14.5</td>
</tr>
<tr>
<td>2. Payment for childcare.</td>
<td>3.6</td>
<td>2. Family Responsibility Leave duration beyond statutory minima.</td>
<td>25.9</td>
</tr>
<tr>
<td>3. Payment for dependant adult care</td>
<td>2.7</td>
<td>3. Paternity Leave</td>
<td>43.3</td>
</tr>
<tr>
<td>4. Reimbursement for childcare costs when employees are asked to work. beyond normal working hours</td>
<td>3.6</td>
<td>4. Parental Leave/Carers Leave.</td>
<td>8.8</td>
</tr>
<tr>
<td>5. Childcare for school-age children who are on vacation.</td>
<td>1.8</td>
<td>5. Paid time off to attend antenatal or postnatal courses/clinics.</td>
<td>23.3</td>
</tr>
</tbody>
</table>
Each category will be analysed in terms of its relative contribution to the total provision of all work-care arrangements. This will then be followed by an analysis of the provision of work-care arrangements within each category.

The number of work-care arrangements within the different categories is not equal and accordingly, the categories were weighted as a fraction of the 23 total work-care arrangements for comparative purposes.

The weighting and the results in terms of percentage per category of the total number of work-care arrangements is provided in Table 25 below and illustrated in Graph 1 that follows.

Table 25: Comparison of Weighted Number Of Work-Care Arrangements by Category.

<table>
<thead>
<tr>
<th>Category</th>
<th>No of Arrangements</th>
<th>% overall arrangements</th>
<th>Total no. of Arrangements adopted by Respondents</th>
<th>Percentage Difference for Equivalence (25%)</th>
<th>No. of Arrangements Weighted</th>
<th>Overall %</th>
</tr>
</thead>
<tbody>
<tr>
<td>FWA</td>
<td>7</td>
<td>30.43%</td>
<td>302</td>
<td>-5.43% (n=16.25)</td>
<td>285.75</td>
<td>43.17</td>
</tr>
<tr>
<td>Information and Supportive Facilities</td>
<td>6</td>
<td>26.09%</td>
<td>233</td>
<td>-1.09% (n=2.56)</td>
<td>230.44</td>
<td>34.82</td>
</tr>
<tr>
<td>Dependant Care Assistance</td>
<td>5</td>
<td>21.74%</td>
<td>19</td>
<td>+3.26% (n=0.63)</td>
<td>19.63</td>
<td>2.97</td>
</tr>
<tr>
<td>Leave Provisions</td>
<td>5</td>
<td>21.74%</td>
<td>122</td>
<td>+3.26% (n=4.03)</td>
<td>126.03</td>
<td>19.04</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23</td>
<td>100%</td>
<td>676</td>
<td></td>
<td>661.85</td>
<td>100%</td>
</tr>
</tbody>
</table>
The results indicate marked differences in the percentage distribution of work-care arrangements by category. Flexible working arrangements is the most commonly adopted work-care category and dependant care assistance is the least commonly adopted work-care category. Flexible working arrangements and information/supportive arrangements are offered to a significantly greater extent than dependant care assistance and leave provisions. This overall comparison does however mask the fact that within each of the categories there is (apart from dependant care assistance) a wide range in terms of the different offerings as indicated in Table 24.

The results in Table 24 show that despite flexible working arrangements having a large overall share of the category of work-care arrangements (as seen in Graph 1 above) there are often restrictions on the use of these arrangements and that in most of the cases (except for compressed work week) the flexible working arrangements are not available to the whole workforce. This is in contrast to the dependant care assistance category that, despite having a relatively low share in the comparison of work-care arrangements by category (Table 25) is, in the majority of cases available for use by all employees. The results in Table 24 show a similar pattern for these two categories (FWA and dependant care assistance) in terms of the existence of these
arrangements in formal policy provisions. FWA provisions are less likely to be found in formal policy than dependant care assistance provisions, despite being more widely adopted by organisations.

This confirms the discussion in Chapter Four that a complete assessment of the nature and spread of work-care arrangements should include an assessment of the spread and quality of these arrangements.

**Intra-Category Analysis of Work-Care Arrangements**

- **Flexible Working Arrangements**

  The most common flexible working arrangement is to permit employees to “occasionally work flexible starting and finishing times” and the least common is to permit employees to “work at home on a regular basis”.

  Table 26 and Graph 2 below depict the results of the number of work-care arrangements adopted by the respondents in this category. The most frequent category in terms of the number of flexible working arrangements adopted is zero (n=26). Almost half (49.6%) of the organisations have adopted only two or less of the flexible working arrangements from the seven in the study.
Table 26: No of Organisations and Number of Flexible Working Arrangements.

<table>
<thead>
<tr>
<th>No of Flexible Working Arrangements</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>26</td>
<td>23.0</td>
<td>23.0</td>
</tr>
<tr>
<td>1.00</td>
<td>11</td>
<td>9.7</td>
<td>32.7</td>
</tr>
<tr>
<td>2.00</td>
<td>19</td>
<td>16.8</td>
<td>49.6</td>
</tr>
<tr>
<td>3.00</td>
<td>21</td>
<td>18.6</td>
<td>68.1</td>
</tr>
<tr>
<td>4.00</td>
<td>10</td>
<td>8.8</td>
<td>77.0</td>
</tr>
<tr>
<td>5.00</td>
<td>13</td>
<td>11.5</td>
<td>88.5</td>
</tr>
<tr>
<td>6.00</td>
<td>6</td>
<td>5.3</td>
<td>93.8</td>
</tr>
<tr>
<td>7.00</td>
<td>7</td>
<td>6.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Graph 2: Percentage of Organisations offering Different Numbers of Flexible Working Arrangements
• **Information and Supportive Facilities**

Table 27 and Graph 3 below provide information on the number of information and supportive facilities/arrangements adopted by organisations. The majority (65.5%) of organisations have two or less of the arrangements in this category.

Table 27: Number of Organisations and Number of Information and Supportive Facilities/Arrangements

<table>
<thead>
<tr>
<th>No of Information and Supportive Facilities</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>17</td>
<td>15.0</td>
<td>15.0</td>
</tr>
<tr>
<td>1.00</td>
<td>27</td>
<td>23.9</td>
<td>38.9</td>
</tr>
<tr>
<td>2.00</td>
<td>30</td>
<td>26.5</td>
<td>65.5</td>
</tr>
<tr>
<td>3.00</td>
<td>23</td>
<td>20.4</td>
<td>85.8</td>
</tr>
<tr>
<td>4.00</td>
<td>8</td>
<td>7.1</td>
<td>92.9</td>
</tr>
<tr>
<td>5.00</td>
<td>3</td>
<td>2.7</td>
<td>95.6</td>
</tr>
<tr>
<td>6.00</td>
<td>5</td>
<td>4.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Graph 3: Percentage of Organisations offering Different Numbers of Information/Supportive Facilities
The most common information/supportive arrangement as indicated in Table 24 is information on HIV/AIDS care (81.1%). This arrangement is the most widely adopted of all the 23 work-care arrangements in the study. This is not surprising given that the Department of Labour in South Africa has issued a Code of Good Practice on Key Aspects of HIV and AIDS in Employment (2000) and more recently a Code of Good Practice on HIV and AIDS in the World of Work (2012), both of which provide that employers should provide support for all employees infected or affected by HIV/AIDS and should include awareness, education and training on the rights of all persons with regard to HIV/AIDS.

Interestingly however, the responses to the question “to what extent do you think the following care obligations affect your employees?” indicated that childcare was perceived to be of greater concern to employees than care for sick adult relatives (including those with HIV/AIDS) or care for elderly relatives. The responses to this question appear in Table 28 below.

The following three types of care were included in this question, namely childcare, care for sick relatives including those with HIV/AIDS care and care for elderly relatives.

Table 28: Perceived Extent of Care Obligations in Organisations.

<table>
<thead>
<tr>
<th>Extent to which this care obligation affects employees %</th>
<th>Childcare</th>
<th>Care for Sick Adult Relatives (including those with HIV/AIDS)</th>
<th>Care for Elderly Relatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>3%</td>
<td>13.2%</td>
<td>13.2%</td>
</tr>
<tr>
<td>A very little</td>
<td>13.9%</td>
<td>27.5%</td>
<td>35.2%</td>
</tr>
<tr>
<td>To a fair degree</td>
<td>37.6%</td>
<td>35.2%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Quite a lot</td>
<td>23.8%</td>
<td>18.7%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Significantly, to a large extent</td>
<td>21.8%</td>
<td>5.5%</td>
<td>2.2%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
It is significant that forty percent (40.7 percent) of the respondents felt that concerns for sick dependants (including HIV/AIDS) were ‘of very little’ or ‘no concern’ to their employees. Researchers have suggested (Makina, 2009) that South African employers have overlooked the care concerns of employees in the context of HIV/AIDS because the impact of HIV/AIDS on the health of employees with the virus has overshadowed the need to assist those employees who are providers of care. The findings from this study suggest an alternative, and possibly complementary view - that employers may not have paid much attention to employees with high care demands in the context of HIV/AIDS because they do not acknowledge HIV/AIDS care as impacting on their employees to any great extent.

The overwhelming majority of organisations (97.2%), in response to a question about whether or not employees had been surveyed regarding their care obligations in the last twelve months, indicated that they had not. Hence the results in the Table 28 above are based primarily on the perceptions of individual respondents and not employee data.

- Dependant Care Facilities

Despite childcare being perceived by respondents as being the care obligation that they assumed to be the greatest for employees in their organisation, dependant care arrangements received the least support of the four work-care categories (see Table 25). The most support for any one of the five dependant care assistance arrangements in the survey was for a day care facility and only 5.3 percent of respondent’s indicated that their organisation had adopted this arrangement. The least support was for childcare for school age children who are on vacation (1.8 percent).

Information on the number of dependant care arrangements adopted by respondents in this category is provided in Table 29 below and illustrated in Graph 4 that follows. An overwhelming majority (87.6 percent) of respondents did not adopt any dependant care arrangements. No respondents adopted any more than three of the five dependant care arrangements in the study.
Table 29: No of Organisations and Number of Dependant Care Arrangements.

<table>
<thead>
<tr>
<th>No of Dependant Care Arrangements</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>99</td>
<td>87.6</td>
<td>87.6</td>
</tr>
<tr>
<td>1.00</td>
<td>11</td>
<td>9.7</td>
<td>97.3</td>
</tr>
<tr>
<td>2.00</td>
<td>1</td>
<td>.9</td>
<td>98.2</td>
</tr>
<tr>
<td>3.00</td>
<td>2</td>
<td>1.8</td>
<td>100.0</td>
</tr>
<tr>
<td>4.00</td>
<td>0</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td>5.00</td>
<td>0</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Graph 4: Percentage of Organisations offering Different Numbers of Dependant Care Arrangements

• Leave Arrangements

There were five individual work-care arrangements in the leave arrangement category. As explained earlier, maternity leave and family responsibility leave were included as valid for purposes of analysis if the respondent indicated that the duration of leave offered was more than the statutory minima.
The most frequently adopted leave arrangement, as evidenced in Table 24 above, is paternity leave (43.3 percent) and the least commonly adopted leave arrangement is special leave/carers leave/parental leave (apart from family responsibility leave or maternity/paternity leave) for employees to care for young children, sick adults, including those with HIV/AIDS, and/or elderly relatives (8.8 percent). Over 95 percent (95.4 percent) of respondents indicated that paternity leave was offered as paid leave. However, the results on paternity leave should be treated with caution. The wording of the question attempted to isolate paternity leave from family responsibility leave (see Appendix One) and this was necessary given that family responsibility leave (three days) can be used for paternity leave. However, the fact that the majority (71.1 percent) of the respondents indicated three days as the period of paternity leave offered, does raise the question whether or not respondents made the distinction between family responsibility leave and paternity leave and, if they failed to do so, it could mean that the results overstate the extent of paternity leave offered. It was not possible to conclusively determine this from the data however.

As Table 30 below illustrates, none of the respondents offered all five of the leave arrangements and 29.2 percent of the respondents offered no leave arrangements. Over 90 percent (92.0%) of respondents offered only two or less of the leave arrangements in the survey.

Table 30: No of Organisations and Number of Leave arrangements.

<table>
<thead>
<tr>
<th>No of Leave Arrangements</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>33</td>
<td>29.2</td>
<td>29.2</td>
</tr>
<tr>
<td>1.00</td>
<td>48</td>
<td>42.5</td>
<td>71.7</td>
</tr>
<tr>
<td>2.00</td>
<td>23</td>
<td>20.4</td>
<td>92.0</td>
</tr>
<tr>
<td>3.00</td>
<td>8</td>
<td>7.1</td>
<td>99.1</td>
</tr>
<tr>
<td>4.00</td>
<td>1</td>
<td>0.9</td>
<td>100.0</td>
</tr>
<tr>
<td>5.00</td>
<td>0</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Graph 5: Percentage of Organisations offering Different Numbers of Leave Arrangements

• **Summary of Intra-Organisational Data**

An analysis of the range of adoption of work-care arrangements within each category and the mean number of work-care arrangements within each category is provided in the Table 31 below. The category with the highest mean number of work-care arrangements is flexible working arrangements ($x = 2.6726$) and the lowest was dependant care arrangements ($x = 0.1681$). The category with the greatest degree of dispersion within it is flexible working arrangements ($s = 2.13994$) and the least degree of dispersion is dependant care facilities ($s = 0.51587$).
Table 31: Standard deviation and means across categories.

<table>
<thead>
<tr>
<th>Work-Care Arrangement</th>
<th>Std. Deviation</th>
<th>Sample Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>FWA</td>
<td>2.13994</td>
<td>2.6726</td>
</tr>
<tr>
<td>Information and Supportive Facilities</td>
<td>1.51353</td>
<td>2.0617</td>
</tr>
<tr>
<td>Dependant Care Facilities</td>
<td>0.51587</td>
<td>0.1681</td>
</tr>
<tr>
<td>Leave Facilities</td>
<td>0.92718</td>
<td>1.0796</td>
</tr>
</tbody>
</table>

**Analysis of Composite Work-Care Arrangements**

Table 32 below provides descriptive data on the number of work-care arrangements offered by organisations in the sample. The majority of organisations (58.4 %) have six or less work-care arrangements from a total of 23 work-care arrangements in the study. Fewer than ten percent (7.1 %) of the organisations offer more than ten of the total 23 work-care arrangements. No organisations offer more than fifteen of the total 23 work-care arrangements.

The standard deviation was 3.64736 and the mean number of work-care arrangements from a total 23 work-care arrangements was 5.5823. This indicates a low level of overall provisioning of work-care arrangements and a high degree of dispersion in the results for the overall adoption of work-care arrangements by organisations. This supports both Proposition 8, that there will be low levels of adoption across all categories of work-care arrangements and Proposition 9, that there will be large differences between employers in the nature and spread of work-care arrangements.
Table 32: Distribution of Number of Work-Care Arrangements

<table>
<thead>
<tr>
<th>No of Work-Care Arrangements</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid 0.00</td>
<td>2</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>1.00</td>
<td>11</td>
<td>9.7</td>
<td>11.5</td>
</tr>
<tr>
<td>2.00</td>
<td>9</td>
<td>8.0</td>
<td>19.5</td>
</tr>
<tr>
<td>3.00</td>
<td>12</td>
<td>10.6</td>
<td>30.1</td>
</tr>
<tr>
<td>4.00</td>
<td>11</td>
<td>9.7</td>
<td>39.8</td>
</tr>
<tr>
<td>5.00</td>
<td>8</td>
<td>7.1</td>
<td>46.9</td>
</tr>
<tr>
<td>6.00</td>
<td>13</td>
<td>11.5</td>
<td>58.4</td>
</tr>
<tr>
<td>7.00</td>
<td>9</td>
<td>8.0</td>
<td>66.4</td>
</tr>
<tr>
<td>8.00</td>
<td>9</td>
<td>8.0</td>
<td>74.3</td>
</tr>
<tr>
<td>9.00</td>
<td>11</td>
<td>9.7</td>
<td>84.1</td>
</tr>
<tr>
<td>10.00</td>
<td>4</td>
<td>3.5</td>
<td>87.6</td>
</tr>
<tr>
<td>11.00</td>
<td>6</td>
<td>5.3</td>
<td>92.9</td>
</tr>
<tr>
<td>12.00</td>
<td>3</td>
<td>2.7</td>
<td>95.6</td>
</tr>
<tr>
<td>13.00</td>
<td>1</td>
<td>.9</td>
<td>96.5</td>
</tr>
<tr>
<td>15.00</td>
<td>4</td>
<td>3.5</td>
<td>100.0</td>
</tr>
<tr>
<td>16-23</td>
<td>0</td>
<td>0</td>
<td>100.00</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Rationale for Adoption of Work-Care Arrangements**

Respondents were asked to indicate the extent to which different rationales influenced the adoption of work-care arrangements in their organisation. The results appear in Table 33 below. The threat of legal sanction and stakeholder pressure was perceived strongly (by more than 50 percent of the organisations) to have no affect at all on the implementation of work-care arrangements. This may relate to the inadequate enforcement of labour legislation in South Africa and hence the low risk of being caught. Bezuidenhout et al’s (Bezuidenhout, Bischoff, Buhlungu and Lewins, 2008) analysis of the impact of the Employment Equity Act in South Africa notes the ‘lottery of enforcement’ that occurs at the Department of Labour and questions the quality of enquiries into recalcitrant employers. Alternatively, the findings may also
relate to the fact that there is very little in the way of legal regulation of work-care integration and hence the threat of legal sanction is small.

Table 33: Rationale for Adoption of Work-Care Arrangements

<table>
<thead>
<tr>
<th>Extent to which this rationale has affected implementation of Work-Care Arrangements</th>
<th>Business Case Arguments</th>
<th>Corporate Social Responsibility</th>
<th>Threat of Legal Sanction</th>
<th>Stakeholder (e.g. trade unions, female employees) pressure</th>
<th>Persuaded by actions of leading organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>17%</td>
<td>12.4%</td>
<td>60.4%</td>
<td>53.5%</td>
<td>45.7%</td>
</tr>
<tr>
<td>A very little</td>
<td>23.4%</td>
<td>20.6%</td>
<td>15.6%</td>
<td>24.2%</td>
<td>17.0%</td>
</tr>
<tr>
<td>To a fair degree</td>
<td>36.2%</td>
<td>30.9%</td>
<td>18.8%</td>
<td>15.2%</td>
<td>27.7%</td>
</tr>
<tr>
<td>Quite a lot</td>
<td>11.7%</td>
<td>16.5%</td>
<td>1%</td>
<td>2.0%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Significantly, to a large extent</td>
<td>11.7%</td>
<td>19.6%</td>
<td>4.2%</td>
<td>5.1%</td>
<td>5.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

These results suggest that business case considerations (economic considerations) and considerations of corporate social responsibility (CSR) are greater than the threat of legal sanction, the actions of leading institutions and the pressure from stakeholders such as trade unions and female employees on the adoption of work-care arrangements as a rationale for the implementation of work-care arrangements in South African organisations.

This suggests that South African employers are adopting a business case approach to the adoption of work-care arrangements. The results on restrictions on the use of work-care arrangements appear to support this. Given that business case arguments would support the use of these arrangements as benefits to attract and retain
employees in senior levels in the organisations, it may be that the greater availability
of work-care arrangements to employees in higher levels in the organisations, as the
most common qualifying criteria, is in keeping with a business case rationale related
to attracting and retaining skilled employees (see Table 19). Furthermore, the low
level of provisioning of dependant care facilities (see Table 25) provides further
evidence of a business case approach to the adoption of work-care arrangements in
South African organisations. It would be anticipated that a business case approach
would result in lower levels of provisioning for dependant care facilities given that
these are the more costly work-care arrangements and hence the least likely to be
implemented from a cost perspective.

5.5. Findings: Organisational Characteristics as Predictors of Work-Care Arrangements

In analysing the association between the organisational characteristics (independent,
explanatory variables) and the work-care arrangements (dependent variables) it is
necessary to explain the choice of the model used for analysis.

Both regression analysis and analysis of variance (ANOVA) assume the dependent
variable to be continuous and normally distributed. In modelling the association
between organisational characteristics and work-care arrangements, both linear
regression analysis and ANOVA were found to be inappropriate because the
dependent/outcome variables of interest (Total Flexible Working Arrangements, Total
Information Support, Total Childcare Assistance, Total Leave Provisions and Total
Work-Care Arrangements) represent counts, which are discrete. These variables can
take on any positive integer value (including zero) as they do in this study.

When the dependent variable is in the form of counts, a Poisson distribution, rather
than a Normal distribution, is more appropriate to describe the distribution of this
variable. The findings from an application of a Poisson Model to an analysis of most
of the data are presented below. For two of the dependent variables, namely
dependant care arrangements and leave arrangements, this model could not be fitted
and conclusive findings in relation to these two categories of work-care arrangements
could not be made. They are however, still included in the findings presented below
because some preliminary findings could be made using alternative methods of analysis.

*Organisational Characteristics and Total Work-Care Arrangements*

Each of the six independent variables is tested individually for their significance in predicting an association with total work-care arrangements. A summary of the measures for these independent variables is as follows:

- **Size of the organisation:** a quantitative variable (covariate) that represents the number of employees in the organisation.
- **Union presence:** categorised into two groups: union presence, being less than 20 percent within the organisation and union presence, being more than 20 percent within the organisation.
- **Proportion of female employees in senior managerial positions:** consists of two groups: proportion of females in senior management being less than 20 percent and proportion being greater than 20 percent.
- **Female presence:** whether or not there are more female than male permanent full-time employees. This variable is categorised into three groups: The same amount of female and male employees, fewer female than male employees and more female than male employees.
- **Foreign ownership:** Due to small sample sizes, analysis will also be done with the categories: Yes, there is foreign ownership and No, there is no foreign ownership.
- **Female Trade Union Membership:** which represents the percentage of female trade union members in the organisation, categorised into 8 groups: No unionisation within the organisation, 0 percent of female union members, 1-10 percent of female union members, 11-20 percent of female union members, 21-30 percent of female union members, 31-40 percent of female union members, 41-50 percent of female union members, and more than 50 percent of female union members. (Another category is included in the data to allow for those employees who did not know the percent of female union members in their organisation).
Table 34: Output for tests of significance for the Independent Variables and Total Work-Care Arrangements

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wald Chi-Square</td>
</tr>
<tr>
<td>(Intercept)</td>
<td>57.426</td>
</tr>
<tr>
<td>UnionPresence</td>
<td>.439</td>
</tr>
<tr>
<td>FemalesSeniorManagement</td>
<td>7.634</td>
</tr>
<tr>
<td>FemalePresence</td>
<td>.415</td>
</tr>
<tr>
<td>ForeignOwnership</td>
<td>1.410</td>
</tr>
<tr>
<td>FemTUMembers</td>
<td>4.996</td>
</tr>
<tr>
<td>Employnumbers</td>
<td>4.829</td>
</tr>
</tbody>
</table>

Dependent Variable: Total Work-Care Arrangements
Model: (Intercept), UnionPresence, FemalesSeniorManagement, FemalePresence, ForeignOwnership, FemTUMembers, Employnumbers

Fitting a Quasi-Poisson Regression model as the best-fit model for analysis (see Appendix Seven) to test for whether or not the independent variables are significantly associated with the adoption of total work-care arrangements (WCA) provides the output in Table 34 above.

Table 34 indicates that the statistically significant factors associated with the adoption of work-care arrangements using this model, are the size of the organisation (employee numbers) and the number of female employees in senior managerial positions (all the corresponding p-values are less than the level of significance of 5 percent).

Thus, with all six of the factors in the model, the two that are statistically significant, and therefore have the greatest effect in predicting the adoption of total work-care arrangements in an organisation, are the size of the organisation and the number of female employees in senior managerial positions. The percentage of union presence, female presence, the status of foreign ownership and the percent of female union members have little effect on the number of work-care arrangements in an organisation.
Hence Propositions One, Two and Five and proven for testing the association between the independent variables and total work-care arrangements. Propositions Three, Four and Six were not confirmed by this analysis.

Using a pairwise comparison of means test for each independent variable and total work-care arrangements provides further detail on the effect of each independent variable on total WCA. Each is discussed in turn.

i. Trade Union Presence

Table 35 below indicates that organisations with a lower union presence (less than 20 percent unionisation) have a marginally greater mean total number of WCA’s confirming Proposition Two that the adoption of work-care arrangements is unrelated to the extent of trade union presence in organisations in South Africa. Table 36 below shows that mean difference in response between the groups of union presence is not statistically significant (also being confirmed by the confidence intervals which all contain zero).

Table 35: Trade Union Mean Estimates

<table>
<thead>
<tr>
<th>Union Presence</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Wald Confidence Interval</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>don't know</td>
<td>5.27</td>
<td>2.025</td>
<td></td>
<td>1.30</td>
<td>9.24</td>
</tr>
<tr>
<td>less than 20% unionisation</td>
<td>5.75</td>
<td>1.310</td>
<td></td>
<td>3.18</td>
<td>8.31</td>
</tr>
<tr>
<td>more than 20% unionisation</td>
<td>5.15</td>
<td>1.292</td>
<td></td>
<td>2.62</td>
<td>7.69</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employnumbers=3686.71
Table 36: Pairwise Comparison of Means for Union Presence

<table>
<thead>
<tr>
<th>(I) Union Presence</th>
<th>(J) Union Presence</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>df</th>
<th>Bonferroni Sig.</th>
<th>95% Wald Confidence Interval for Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>don't know</td>
<td>less than 20% unionisation</td>
<td>-.47</td>
<td>2.136</td>
<td>1</td>
<td>1.000</td>
<td>-5.59, 4.64</td>
</tr>
<tr>
<td></td>
<td>more than 20% unionisation</td>
<td>.12</td>
<td>2.309</td>
<td>1</td>
<td>1.000</td>
<td>-5.41, 5.65</td>
</tr>
<tr>
<td>less than 20% unionisation</td>
<td>don't know</td>
<td>.47</td>
<td>2.136</td>
<td>1</td>
<td>1.000</td>
<td>-4.64, 5.59</td>
</tr>
<tr>
<td></td>
<td>more than 20% unionisation</td>
<td>.59</td>
<td>.951</td>
<td>1</td>
<td>1.000</td>
<td>-1.68, 2.87</td>
</tr>
<tr>
<td>more than 20% unionisation</td>
<td>don't know</td>
<td>-.12</td>
<td>2.309</td>
<td>1</td>
<td>1.000</td>
<td>-5.65, 5.41</td>
</tr>
<tr>
<td></td>
<td>less than 20% unionisation</td>
<td>-.59</td>
<td>.951</td>
<td>1</td>
<td>1.000</td>
<td>-2.87, 1.68</td>
</tr>
</tbody>
</table>

Pairwise comparisons of estimated marginal means based on the original scale of dependent variable Total Work-Care Arrangements

The mean for the difference between more than 20 percent unionisation and less than 20 percent unionisation is -0.59 total WCA which is less than zero but very small. The finding confirms Proposition two that there is no significant difference in the adoption of work-care arrangements between organisations with less union presence and organisations with a greater union presence.

ii. Proportion of Female Employees in Senior Managerial Positions

Table 37 below indicates that organisations with greater proportions (more than 20%) of female employees in senior managerial positions have a greater mean response (approximately eight WCA) in the total number of WCA than organisations with smaller proportions of female employees in senior managerial positions.
Table 37: Mean Estimates for Proportion of Females in Senior Managerial Positions and Total WCA’s.

<table>
<thead>
<tr>
<th>(I) Proportion of females in senior managerial positions</th>
<th>(J) Proportion of females in senior managerial positions</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>df</th>
<th>Bonferroni Sig.</th>
<th>95% Wald Confidence Interval for Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20%</td>
<td>More than 20%</td>
<td>-2.36†</td>
<td>1.035</td>
<td>1</td>
<td>.023</td>
<td>-4.38 to -.33</td>
</tr>
<tr>
<td>More than 20%</td>
<td>Less than 20%</td>
<td>2.36†</td>
<td>1.035</td>
<td>1</td>
<td>.023</td>
<td>.33 to 4.38</td>
</tr>
</tbody>
</table>

Table 38: Pairwise Comparisons of the Means for Proportion of Females in Senior Management

<table>
<thead>
<tr>
<th>Proportion of females in senior managerial positions</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Wald Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Know</td>
<td>3.38</td>
<td>1.767</td>
<td>-0.08 to 6.85</td>
</tr>
<tr>
<td>Less than 20%</td>
<td>5.61</td>
<td>0.986</td>
<td>3.68 to 7.54</td>
</tr>
<tr>
<td>More than 20%</td>
<td>8.23</td>
<td>1.755</td>
<td>4.79 to 11.67</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employynumbers=3686.71

Table 38 above shows that the mean difference in response for organisations with more than 20 percent of females in senior managerial positions and less than 20 percent of females in senior managerial positions is statistically significant. Thus, Proposition Five can be confirmed, namely that organisations with a greater percentage of female employees in senior managerial positions adopt more work-care arrangements.

iii. Greater Female Presence in the Organisation

Table 39 below shows that the mean response in the total number of WCA for organisations with more female than male employees is larger (approximately six WCA in total).
Table 39: Female Presence Mean Estimates

<table>
<thead>
<tr>
<th>Female Presence</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Wald Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>same amount</td>
<td>5.07</td>
<td>1.070</td>
<td>2.98 7.17</td>
</tr>
<tr>
<td>less female than male employees</td>
<td>5.23</td>
<td>1.203</td>
<td>2.88 7.59</td>
</tr>
<tr>
<td>more female than male employees</td>
<td>5.88</td>
<td>1.726</td>
<td>2.50 9.27</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employnumbers=3686.71

However, Table 40 below shows that there is statistically no significant difference (all p-values are greater than 5 percent and all confidence intervals contain zero) in the mean response in the adoption of work-care arrangements for organisations with more, less or the same number of female than male employees and hence proposition four is not proven for total WCA.

Table 40: Pairwise Comparison of Means for Female Presence

<table>
<thead>
<tr>
<th>(I) Female presence compared to male presence for permanent full-time employees</th>
<th>(J) Female presence compared to male presence for permanent full-time employees</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>df</th>
<th>Bonferroni Sig.</th>
<th>95% Wald Confidence Interval for Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same amount</td>
<td>Less Females</td>
<td>.59</td>
<td>.700</td>
<td>1</td>
<td>1.000</td>
<td>-1.09 2.26</td>
</tr>
<tr>
<td></td>
<td>More Females</td>
<td>-.44</td>
<td>1.288</td>
<td>1</td>
<td>1.000</td>
<td>-3.52 2.64</td>
</tr>
<tr>
<td>Less Females</td>
<td>Same amount</td>
<td>-.59</td>
<td>.700</td>
<td>1</td>
<td>1.000</td>
<td>-2.26 1.09</td>
</tr>
<tr>
<td></td>
<td>More Females</td>
<td>-1.02</td>
<td>1.340</td>
<td>1</td>
<td>1.000</td>
<td>-4.23 2.18</td>
</tr>
<tr>
<td>More Females</td>
<td>Same amount</td>
<td>.44</td>
<td>1.288</td>
<td>1</td>
<td>1.000</td>
<td>-2.64 3.52</td>
</tr>
<tr>
<td></td>
<td>Less Females</td>
<td>1.02</td>
<td>1.340</td>
<td>1</td>
<td>1.000</td>
<td>-2.18 4.23</td>
</tr>
</tbody>
</table>
iv. Foreign Ownership

Table 41: Foreign Ownership Status Mean Estimates

<table>
<thead>
<tr>
<th>Status of foreign ownership</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Wald Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>don't know</td>
<td>4.69</td>
<td>1.319</td>
<td>2.10</td>
</tr>
<tr>
<td>No, there is no foreign ownership</td>
<td>5.65</td>
<td>1.041</td>
<td>3.60</td>
</tr>
<tr>
<td>Yes, there is foreign ownership</td>
<td>5.68</td>
<td>1.203</td>
<td>3.33</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employynumbers=3686.71

Table 42: Foreign Ownership Percent Mean Estimates

<table>
<thead>
<tr>
<th>Proportion of foreign ownership of the organisation</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Wald Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>don't know</td>
<td>4.73</td>
<td>1.324</td>
<td>2.14</td>
</tr>
<tr>
<td>It is wholly South African owned</td>
<td>5.78</td>
<td>1.048</td>
<td>3.72</td>
</tr>
<tr>
<td>It has less than 50% foreign ownership</td>
<td>5.96</td>
<td>1.445</td>
<td>3.13</td>
</tr>
<tr>
<td>It has more than 50% foreign ownership</td>
<td>5.59</td>
<td>1.362</td>
<td>2.92</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employynumbers=3686.71

Whether foreign ownership is categorised into presence (‘yes’ there is foreign ownership or ‘no’ there is not any foreign ownership) or into categories (wholly South African owned, less than 50 percent foreign ownership and more than 50 percent foreign ownership), the results in Tables 41 and 42 above indicate that there is little difference in the mean number of total WCA’s according to foreign ownership of the organisation.
Table 43 below indicates that the mean difference in Total WCA for the different categories of foreign ownership is not statistically significant (the p-values for the mean difference in response for the groups, for both categorisations of Foreign Ownership, are greater than five percent) and hence Proposition Six is not proven for total WCA’s.

Table 43: Pairwise Comparisons of the Means for Foreign Ownership Status

<table>
<thead>
<tr>
<th>(I) Status of foreign ownership</th>
<th>(J) Status of foreign ownership</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>df</th>
<th>Bonferroni Sig.</th>
<th>95% Wald Confidence Interval for Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>don't know</td>
<td>No, there is no foreign ownership</td>
<td>-.96</td>
<td>1.094</td>
<td>1</td>
<td>1.000</td>
<td>-3.57, 1.66</td>
</tr>
<tr>
<td></td>
<td>Yes, there is foreign ownership</td>
<td>-.99</td>
<td>1.228</td>
<td>1</td>
<td>1.000</td>
<td>-3.93, 1.95</td>
</tr>
<tr>
<td>No, there is no foreign ownership</td>
<td>don't know</td>
<td>.96</td>
<td>1.094</td>
<td>1</td>
<td>1.000</td>
<td>-1.66, 3.57</td>
</tr>
<tr>
<td></td>
<td>Yes, there is foreign ownership</td>
<td>-.04</td>
<td>.766</td>
<td>1</td>
<td>1.000</td>
<td>-1.87, 1.80</td>
</tr>
<tr>
<td>Yes, there is foreign ownership</td>
<td>don't know</td>
<td>.99</td>
<td>1.228</td>
<td>1</td>
<td>1.000</td>
<td>-1.95, 3.93</td>
</tr>
<tr>
<td></td>
<td>No, there is no foreign ownership</td>
<td>.04</td>
<td>.766</td>
<td>1</td>
<td>1.000</td>
<td>-1.80, 1.87</td>
</tr>
</tbody>
</table>

Pairwise comparisons of estimated marginal means based on the original scale of dependent variable Total Work-Care Arrangements

v. Female Presence in the Trade Union

Table 44 below indicates small differences in the adoption of WCA’s in organisations with different percentages of female presence in trade unions. However, the results do indicate that organisations with more than fifty percent female presence in the trade union display evidence of greater numbers of WCA.

The pairwise comparison of means for female trade union membership in Appendix Eight shows however, that there is no statistical significance between the mean differences in the categories for female presence in the trade union, and hence proposition three is not proven for total WCA’s.
Table 44: Female Presence in Trade Union Mean Estimates

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Std. Error</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Know</td>
<td>5.83</td>
<td>1.540</td>
<td>2.81</td>
<td>8.85</td>
</tr>
<tr>
<td>No Union Members</td>
<td>4.40</td>
<td>1.043</td>
<td>2.36</td>
<td>6.45</td>
</tr>
<tr>
<td>0 percent</td>
<td>5.49</td>
<td>2.025</td>
<td>1.53</td>
<td>9.46</td>
</tr>
<tr>
<td>1-10 percent</td>
<td>5.29</td>
<td>1.319</td>
<td>2.70</td>
<td>7.88</td>
</tr>
<tr>
<td>11-20 percent</td>
<td>4.50</td>
<td>1.645</td>
<td>1.27</td>
<td>7.72</td>
</tr>
<tr>
<td>21-30 percent</td>
<td>6.76</td>
<td>2.015</td>
<td>2.82</td>
<td>10.71</td>
</tr>
<tr>
<td>31-40 percent</td>
<td>5.74</td>
<td>2.458</td>
<td>.92</td>
<td>10.55</td>
</tr>
<tr>
<td>41-50 percent</td>
<td>5.58</td>
<td>1.829</td>
<td>1.99</td>
<td>9.16</td>
</tr>
<tr>
<td>More than 50 percent</td>
<td>6.88</td>
<td>1.982</td>
<td>2.99</td>
<td>10.76</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employnumbers=3686.71

vi. Size

A comparison of means test cannot be computed for the variable size of the organisation as it is not a categorical variable. Thus, in order to determine how the size of an organisation affects the total number of WCA, incidence rate ratios (IRR) have been computed. An IRR is the relative change in the incidence rate for the dependent variable brought by a one-unit change in an independent variable. Table 45 below indicates that the parameter/coefficient estimate (denoted by B) for the variable size of an organisation (Employnumbers) is positive, thus an increase in employee numbers results in an increase in WCA. Specifically, an increase of one employee results in a 0.0116 (1.725e-5) increase in the log of WCA. Thus, the incidence rate ratio for size of an organisation is 1.012 (e^0.0116). An increase of 100 employees would increase the incident rate of WCA by a factor of 3.19 (e^{100x0.0116}). Therefore, it can be concluded that organisations with larger numbers of employees have adopted a greater number of work-care arrangements, hence confirming Proposition One in respect of total WCA’s.
Table 45: Parameter Estimate for Size of the Organisation

<table>
<thead>
<tr>
<th>Parameter</th>
<th>B</th>
<th>Std. Error</th>
<th>95% Wald Confidence Interval</th>
<th>Hypothesis Test</th>
<th>Wald Chi-Square</th>
<th>df</th>
<th>Sig.</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employnumbers</td>
<td>1.725E-5</td>
<td>7.8495E-6</td>
<td>1.865E-6, 3.263E-5</td>
<td></td>
<td>4.829</td>
<td>1</td>
<td>.028</td>
<td>1.012</td>
</tr>
</tbody>
</table>

Dependent Variable: Total Work-Care Arrangements
Model: (Intercept), UnionPresence, FemalesSeniorManagement, FemalePresence, Employnumbers, ForeignOwnership, FemTUMembers

Organisational Characteristics and Leave Arrangements

Table 46: Summary of the Total Leave Provisions dependent variable

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Leave Provisions</td>
<td>113</td>
<td>0</td>
<td>4</td>
<td>1.08</td>
<td>.927</td>
<td>.860</td>
</tr>
</tbody>
</table>

Table 46 above shows that the variance for this variable (0.860) is less than the mean (1.08), which suggests under dispersion for this data. Unfortunately, the standard Poisson model, Quasi-Poisson model and the Negative Binomial model do not display accurate results in the case of under dispersion and SPSS does not accommodate analysis for under dispersed data.

Thus, the model selection process, as well as the overall test of significance for the variables in the model, will not be carried out as the standard errors and p-values will be unreliable. Therefore only the estimation of the means for the factors will be computed, which will permit comparison of the different independent variables and leave arrangements but will not permit accurate findings to be made in terms of the propositions relating to the independent variables for this category.
Tables 47 to 52, showing an estimation of means for each of the independent variables and leave arrangements, appear below. The findings indicate that for all variables except organisational size, female presence in trade unions and female presence in senior managerial positions, the means are similar. The results suggest an association between size, female presence in trade unions and female presence in senior managerial positions and the adoption of leave arrangements but for the reasons mentioned above, the statistical significance of these findings could not be confirmed for the study.

Table 47: Estimation of Means – Union presence

<table>
<thead>
<tr>
<th>Union Presence</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Wald Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>don't know</td>
<td>1.41</td>
<td>.731</td>
<td>-.02</td>
</tr>
<tr>
<td>less than 20% unionisation</td>
<td>1.04</td>
<td>.323</td>
<td>.41</td>
</tr>
<tr>
<td>more than 20% unionisation</td>
<td>1.27</td>
<td>.435</td>
<td>.42</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employnumbers=3686.71

Table 48: Estimation of Means – Proportion of Females in Senior Managerial Positions

<table>
<thead>
<tr>
<th>Proportion of females in senior managerial positions</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Wald Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Know</td>
<td>1.21</td>
<td>.291</td>
<td>.64</td>
</tr>
<tr>
<td>More than 20%</td>
<td>2.02</td>
<td>.600</td>
<td>.84</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employnumbers=3686.71
Table 49: Estimation of Means – Increased Female Presence

<table>
<thead>
<tr>
<th>Female Presence</th>
<th>Mean</th>
<th>Std. Error</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>same amount</td>
<td>1.11</td>
<td>.310</td>
<td>.50</td>
<td>1.71</td>
</tr>
<tr>
<td>less female than male employees</td>
<td>1.25</td>
<td>.386</td>
<td>.49</td>
<td>2.00</td>
</tr>
<tr>
<td>more female than male employees</td>
<td>1.35</td>
<td>.553</td>
<td>.27</td>
<td>2.44</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employnumbers=3686.71

Table 50: Estimation of Means – Foreign Ownership

<table>
<thead>
<tr>
<th>Status of foreign ownership</th>
<th>Mean</th>
<th>Std. Error</th>
<th>Lower</th>
<th>Upper</th>
<th>Proportion of females in senior managerial</th>
</tr>
</thead>
<tbody>
<tr>
<td>don't know</td>
<td>1.21</td>
<td>.476</td>
<td>.27</td>
<td>2.14</td>
<td></td>
</tr>
<tr>
<td>No, there is no foreign ownership</td>
<td>1.22</td>
<td>.328</td>
<td>.58</td>
<td>1.86</td>
<td></td>
</tr>
<tr>
<td>Yes, there is foreign ownership</td>
<td>1.27</td>
<td>.407</td>
<td></td>
<td>2.07</td>
<td>Proportion of females in senior managerial.48</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employnumbers=3686.71

Table 51: Estimation of Means - Female Presence in the Trade Union

<table>
<thead>
<tr>
<th>Percentage of trade union members that are female</th>
<th>Mean</th>
<th>Std. Error</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Know</td>
<td>1.64</td>
<td>.551</td>
<td>.56</td>
<td>2.72</td>
</tr>
<tr>
<td>No Union Members</td>
<td>.92</td>
<td>.303</td>
<td>.32</td>
<td>1.51</td>
</tr>
<tr>
<td>0 percent</td>
<td>.76</td>
<td>.452</td>
<td>-.13</td>
<td>1.64</td>
</tr>
<tr>
<td>1-10 percent</td>
<td>1.06</td>
<td>.360</td>
<td>.36</td>
<td>1.77</td>
</tr>
<tr>
<td>11-20 percent</td>
<td>.71</td>
<td>.393</td>
<td>-.06</td>
<td>1.48</td>
</tr>
<tr>
<td>21-30 percent</td>
<td>1.31</td>
<td>.551</td>
<td>.23</td>
<td>2.39</td>
</tr>
<tr>
<td>31-40 percent</td>
<td>1.66</td>
<td>.839</td>
<td>.02</td>
<td>3.31</td>
</tr>
<tr>
<td>41-50 percent</td>
<td>1.56</td>
<td>.666</td>
<td>.25</td>
<td>2.86</td>
</tr>
<tr>
<td>More than 50 percent</td>
<td>2.21</td>
<td>.824</td>
<td>.60</td>
<td>3.83</td>
</tr>
</tbody>
</table>

Covariates appearing in the model are fixed at the following values: Employnumbers=3686.71
The findings for increased female presence in trade unions (Table 51 above) suggest that for leave arrangements, there may be an association with increased female presence in trade unions and increased adoption of leave arrangements, which suggests support for Proposition Three. This cannot be confirmed however.

Table 52: Estimation of Means – Organisational Size

<table>
<thead>
<tr>
<th>Size of Organisation</th>
<th>Mean</th>
<th>Std. Error</th>
<th>95% Wald Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>0-200</td>
<td>.93</td>
<td>.392</td>
<td>.16</td>
</tr>
<tr>
<td>201-800</td>
<td>.85</td>
<td>.331</td>
<td>.20</td>
</tr>
<tr>
<td>801 and greater</td>
<td>1.36</td>
<td>.462</td>
<td>.46</td>
</tr>
</tbody>
</table>

The data on organisational size was divided into three categories in order to provide a comparison of the estimation of means. There is evidence in Table 52 above of increased adoption of leave arrangements in organisations with more than 800 employees suggesting that size is associated with the adoption of leave arrangements.

Organisational Characteristics and Flexible Working Arrangements

Table 53: Summary of Total Flexible Working Arrangements

<table>
<thead>
<tr>
<th>Total Flexible Working Arrangements</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Flexible Working Arrangements</td>
<td>113</td>
<td>0</td>
<td>7</td>
<td>2.67</td>
<td>2.140</td>
<td>4.579</td>
</tr>
</tbody>
</table>

The output in Table 53 above indicates that the variable Total Flexible Working Arrangements (FWA) has a variance of 4.579, which is almost twice the mean of 2.67, which suggests over dispersion of the data. A Quasi-Poisson Regression Model can be fitted to the data (see Appendix Eight for the test for significance levels of this Model)
Table 54 below provides the output for an application of this model to the data. The results are similar to Total WCA, in that the size of the organisation and the proportion of females in senior management are associated with the adoption of FWA’s at a ten percent level of significance thus confirming Propositions One, Two and Five in relation to FWA’s.

Table 54: Output for tests of significance independent variables and FWA’s

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Wald Chi-Square</td>
<td>df</td>
<td>Sig.</td>
</tr>
<tr>
<td>(Intercept)</td>
<td></td>
<td>1.830</td>
<td>1</td>
<td>.176</td>
</tr>
<tr>
<td>UnionPresence</td>
<td></td>
<td>1.219</td>
<td>2</td>
<td>.544</td>
</tr>
<tr>
<td>FemalesSeniorManagement</td>
<td></td>
<td>4.814</td>
<td>2</td>
<td>.090</td>
</tr>
<tr>
<td>FemalePresence</td>
<td></td>
<td>.209</td>
<td>2</td>
<td>.901</td>
</tr>
<tr>
<td>ForeignOwnership</td>
<td></td>
<td>3.501</td>
<td>2</td>
<td>.174</td>
</tr>
<tr>
<td>Employnumbers</td>
<td></td>
<td>3.802</td>
<td>1</td>
<td>.051</td>
</tr>
<tr>
<td>FemTUMembers</td>
<td></td>
<td>6.080</td>
<td>8</td>
<td>.638</td>
</tr>
</tbody>
</table>

Dependent Variable: Total Flexible Working Arrangements
Model: (Intercept), UnionPresence, FemalesSeniorManagement, FemalePresence, ForeignOwnership, Employnumbers, FemTUMembers

Organisational Characteristics and Information/Support Facilities

Table 55 below shows very little difference between the mean and variance for this variable and tests for dispersion of the data in this category of work-care arrangements showed little or no affect of over dispersion on the data. Hence a standard Poisson Regression model could be fitted to this variable.
Using information/supportive arrangements as the dependent variable and applying this to a standard Poisson Regression Model provides the information presented in Table 56 below. The findings indicate that size of the organisation is the only significant variable contributing to the total amount of information/supportive arrangements in an organisation, with a p-value of 0.033 less than 0.05. Accordingly Propositions One and Two are proven in relation to total information/supportive arrangements.

Table 56: Output for tests of significance for each of the independent variables and total information/supportive arrangements

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Wald Chi-Square</td>
<td>df</td>
<td>Sig.</td>
<td></td>
</tr>
<tr>
<td>(Intercept)</td>
<td></td>
<td>13.912</td>
<td>1</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>UnionPresence</td>
<td></td>
<td>.291</td>
<td>2</td>
<td>.865</td>
<td></td>
</tr>
<tr>
<td>FemalesSeniorManagement</td>
<td></td>
<td>2.982</td>
<td>2</td>
<td>.225</td>
<td></td>
</tr>
<tr>
<td>FemalePresence</td>
<td></td>
<td>.596</td>
<td>2</td>
<td>.742</td>
<td></td>
</tr>
<tr>
<td>ForeignOwnership</td>
<td></td>
<td>.069</td>
<td>2</td>
<td>.966</td>
<td></td>
</tr>
<tr>
<td>FemTUMembers</td>
<td></td>
<td>8.538</td>
<td>8</td>
<td>.383</td>
<td></td>
</tr>
<tr>
<td>Employnumbers</td>
<td></td>
<td>4.547</td>
<td>1</td>
<td>.033</td>
<td></td>
</tr>
</tbody>
</table>

Dependent Variable: Total Information Support
Model: (Intercept), UnionPresence, FemalesSeniorManagement, FemalePresence, ForeignOwnership, FemTUMembers, Employnumbers
Organisational Characteristics and Dependant Care Assistance

Table 57 below indicates that this variable has an excess of zeros, thus the Poisson Regression model is not suitable for application to this variable. Due to small samples of non-zero responses, it is not possible to make conclusive findings regarding the various independent variables and the adoption of dependent care arrangements and hence this category is excluded from analysis of the findings in relation to the six propositions.

Table 57: Dependant Care Assistance Response Frequencies

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Valid</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>99</td>
<td>87.6</td>
<td>87.6</td>
<td>87.6</td>
</tr>
<tr>
<td>1</td>
<td>11</td>
<td>9.7</td>
<td>9.7</td>
<td>97.3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>.9</td>
<td>.9</td>
<td>98.2</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1.8</td>
<td>1.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>113</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

5.6. Synthesis of Study Findings

A synthesis of the study findings is presented with reference to the nature and spread of work-care arrangements in South African organisations with a focus on the propositions relating to institutional conditions and organisational characteristics and the adoption of work-care arrangements.

The Association between Institutional Conditions and the Adoption of Work-Care Arrangements

The discussion that follows on the findings in relation to the association between institutional conditions and the adoption of work-care arrangements is structured in accordance with the propositions relating to the effect of institutional conditions on the adoption of work-care arrangements in South African organisations.
• **Low Overall Levels of Provisioning of Work-Care Arrangements**

There are few studies in South Africa that examine the nature and spread of work-care arrangements (Dancaster, 2006) and none that do it within a composite bundle of leave and flexible working provisions, hence findings in relation to comparative domestic studies cannot be made. A handful of isolated South African studies exist on individual flexible working arrangements such as teleworking (Odendaal & Roodt, 2002; Horwitz, Bravington & Silvis, 2006; Noortje, van Brakel & Rensleigh, 2004; Langa & Conradie, 2003; Baard & Thomas, 2010) and job sharing (Greef & Nel, 2003) but these studies are undertaken outside the context of measuring the nature and spread of these work-care arrangements in South African organisations. Many of the work–family balance studies in South Africa are “cross-sectional quantitative studies that focus on the conceptualisation, measurement and associated outcomes of work-life balance (Koekemoer & Mostert, 2006; Koekemoer, Mostert & Rothmann, 2010; Koekemoer & Mostert, 2010b; Marais, Mostert, Geurts & Taris, 2009; Mostert, Cronjé & Pienaar, 2006; Mostert & Rathbone, 2007; Patel, Govender, Paruk & Ramgoon, 2006; Pieterse & Mostert, 2005; Rost & Mostert, 2007)” Downes & Koekemoer, 2011, p.3).

Isolated studies with findings relating primarily to leave provisions (Benjamin, 2007; Elsley, 2007) are included for comparative purposes in the discussion that follows.

The study findings show that the adoption of work-care arrangements in South African organisations is not widespread. Almost half (46.9 percent) of the organisations in the study offered five or less of the 23 work-care arrangements included for analysis (see Table 32) and no organisations offered more than fifteen work-care arrangements. The findings support proposition eight, namely that there would be low levels of adoption across all categories of work-care arrangements.

When examining the twenty-three individual work-care arrangements the findings indicate that the four most common work-care arrangements (by percentage offering) were:

1. **Information on HIV/AIDS care facilities**;
2. *Occasionally* working flexible starting and finishing times;
3. Programmes designed to help employees deal with problems that may affect their work and personal life; and
4. *Regularly* working flexible starting and finishing times.

These were the only four arrangements where more than fifty percent of respondents indicated that their organisation had adopted the arrangement. Two of these arrangements, namely information on HIV/AIDS care facilities and programmes to assist employees with problems affecting their work and personal life fall into the category of support/information services which have been described as “only indirectly contributing to the combination of work and family life” (den Dulk, 2001, p.10). They have also been recognised as the ‘cheap’ responses (Ingram and Simons, 1995) because they require little financial outlay from employers. Providing information on these services has been seen as a ‘cheap form of image building’ (Kahn & Kamerman, 1987, p.197 cited Ingram & Simons, 1995, p.1472). As Glass and Estes (1997, p.309) note:

“Information and referral services often only provide employees with lists of licensed or registered care providers in the local community. In themselves, these services do nothing to improve the supply, quality, or cost of childcare in the community. Just as importantly, they provide no guarantees to parents that the listed child-care providers are adequately trained, have spaces available, or will stay in business”.

There are no reasons why these sentiments should not apply equally to the provision of information on HIV/AIDS care facilities. In short therefore, two of the four most commonly adopted arrangements may be considered to be ancillary benefits rather than core work-care arrangements.

- **Large Differences in the Spread of Work-Care Arrangements**

Findings on the adoption of work-care arrangements according to the different work-care categories highlight the fact that dependant care assistance is the least well supported of the four categories of work-care arrangements. This category of work-
care arrangements only accounted for 2.97 percent of the total of all four categories of work-care arrangements (see Table 25 and Graph 1). The figures indicated very low overall levels of provisioning for this category, with the highest recorded arrangement in this category being a day-care facility supported by only 5.3 percent of the respondents. Unfortunately there are no comparable studies in South Africa that provide information on employer provisioning of dependent care facilities. Benjamin (2007) found that, in a survey of 31 bargaining council agreements and 361 enterprise level agreements, only 1.6 percent of bargaining council agreements and 0.8 percent of enterprise level agreements contained provisions relating to childcare.

By contrast, flexible working arrangements was the most commonly adopted category of work-care arrangements, accounting for 43.1 percent of the total of all four categories of work-care arrangements. There were however wide variations in the provisioning of flexible working arrangements ranging from 18 percent (working from home on a regular basis) to 67.9 percent (occasionally working flexible starting and finishing times). In addition, this was the category in which there was most likely to be a restriction in terms of the use of the arrangements. It was also the category with arrangements least likely to be found in formal policy. As den Dulk 2001, p.11) notes “inclusion of informal arrangements may result in an overestimation of employers’ involvement when it is seldom used”.

These findings indicate a high degree of dispersion between the categories in terms of the adoption of work-care arrangements in the different categories (see Table 25 and Graph 1) and also within the individual categories of work-care arrangements (see Table 24) supporting Proposition Nine that there would be large differences between employers in the nature and spread of work-care arrangements adopted.

- *Low Provisioning in Excess of Statutory Minima Regulating Leave for Work-Care Integration Purposes*

In terms of the availability of leave provisions in excess of legislative minima, the findings indicate that there was minimal provisioning for the duration of maternity leave and family responsibility leave beyond legislative minima. In the case of family
responsibility leave (FRL), 25.9 percent of respondents indicated that their organisations offered above three days FRL and in the case of maternity leave 14.5 percent of organisations indicated that their organisations offered more than four months duration for maternity leave.

In the cases of maternity leave and family responsibility leave some employers were acting unlawfully by offering below legislative minima. The percentage of employers offering below the statutory minimum was as much as ten percent in the case of maternity leave.

Table 58 below focuses on legislative provisions regulating leave and highlights these legislative provisions (see Chapter 2 for full details), what the legislative minima are in relation to those provisions that do exist and what percentage of the respondents in the survey indicated that their organisations were going beyond legislative minima (where such minima existed) or voluntarily adopting leave provisions in cases where there was no legislation governing the leave provision in question.

Table 58: Organisation’s Offering Leave Arrangements Beyond legislative Minima/In the Absence of Legislative Minima

<table>
<thead>
<tr>
<th>Leave Provision</th>
<th>Legislative Provision exists?</th>
<th>If Yes: Legislated Minimum (Duration)</th>
<th>% Respondents Going Beyond Legislation/Offering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Leave</td>
<td>Y</td>
<td>4 months</td>
<td>14.5%</td>
</tr>
<tr>
<td>Family Responsibility Leave</td>
<td>Y</td>
<td>3 days</td>
<td>25.9%</td>
</tr>
<tr>
<td>Parental/Carers Leave</td>
<td>N</td>
<td>n/a</td>
<td>8.8%</td>
</tr>
<tr>
<td>Paternity Leave.</td>
<td>N*</td>
<td>n/a</td>
<td>43.3%</td>
</tr>
<tr>
<td>Paid time off to attend antenatal or postnatal courses/clinics.</td>
<td>N</td>
<td>n/a</td>
<td>23.3%</td>
</tr>
</tbody>
</table>

* Paternity leave covered in terms of family responsibility leave.
The results show that across the leave provisions analysed in the study, no more than around a quarter (25.9 percent) of the organisations offered the arrangement beyond the minima in terms of duration for the leave provision. In cases where no such legislative provision applied, there were large differences in terms of the extent to which the organisations offered the provision as a voluntary initiative. The majority of organisations offered the legislated minima in terms of duration and pay for maternity leave and family responsibility leave.

This provides support for three findings:

1. Where legislative minima exist regulating leave provisions, most employers do comply with these minima;
2. That employers in the survey are not going beyond legislative minima on leave provisions for the purposes of providing care to any great extent; and
3. That employers in the survey are not adopting arrangements to accommodate employees who need to take leave for care purposes to any great extent in cases where these leave provisions are not a legislative imperative.

This supports Proposition Seven, namely that employers in South Africa will not offer, to any great extent, leave provisions for work-care integration in excess of this leave in statutory provisions.

The recommendations for legislative reform that follow in the next chapter are premised on the evidence above, namely that employers in South Africa are not voluntarily adopting work-care measures to any great extent in the absence of legislation requiring them to do so. This points to the need to legislate to bring about more change, which is discussed further in Chapter 6.

There is minimal comparative data from South African studies on leave arrangements in organisations. Elsey’s (2007) findings from a sample of 31 bargaining council agreements and 361 collective agreements outside of bargaining councils (typically involving a single employer and one or more trade unions) indicate that about 7 percent of the agreements specifically provided for additional maternity leave of ‘about two months’ (Elsley, 2007, p. 89). Less than four percent of agreements
indicated that employers supplemented the UIF maternity payments available to employees on maternity leave. These findings are significantly lower than the findings in this study with 14.5 percent of respondents indicating that their organisations offered maternity leave beyond four months and 75.8 percent indicating that their organisations made some contribution to maternity payments. It was not possible to gauge the different payments towards maternity leave from the data and hence employers were still counted as contributing to maternity pay even if the contribution was minimal.

Elsley’s (2007) survey also found that on average collective agreements provided for “about three and a half days paid paternity leave” (Elsley, 2007, p.90) although the precise breakdown of the percentage of collective agreements and different durations of paternity leave was not available. Elsley’s (2007) survey did however separate the duration of paternity leave from the duration of paid family responsibility leave and the duration of paid compassionate leave. The findings indicated that the average duration of paid family responsibility leave in the agreements was 4.1 days. In this survey the average duration of family responsibility leave was 3.2 days and the average duration of paternity leave was 3.9 days.

Statistics South Africa (StatsSA) has more recently started to include a question on whether or not employees are entitled to maternity leave in the Quarterly Labour Force Surveys. Unfortunately the wording of the question makes the findings unhelpful for comparative purposes in that it requests respondents to indicate whether or not they are entitled to ‘maternity/paternity leave’ and provides no further information apart from the answers to this one question. The results from the first quarter of 2012 and comparative quarters in 2011 are presented below together with indications of employer provisioning of paid annual leave and paid sick leave. The results in Graph 6 below indicate that maternity/paternity leave was the least available of all three leaves of leave and that the proportion of employees indicating that they were entitled to maternity/paternity leave was 55.6 percent in 2012. In the absence of separate questions on these two types of leave, and questions around duration and payment for these leaves, it is difficult to draw any meaningful conclusions from the data.
Graph 6: Percentage of Employees Entitled to Maternity/Paternity Leave (Source: StatsSA, Quarterly Labour Force Survey, Quarter 1, 2012).

The Association between Organisational Characteristics and the Adoption of Work-Care Arrangements

The discussion that follows on the association between organisational characteristics and the adoption of work-care arrangements summarises the findings in relation to the propositions on which organisational characteristics are associated with the adoption of work-care arrangements in South African organisations.

The findings indicate that organisational size (employee numbers) was a significant variable associated with the adoption of overall work-care arrangements and information/supportive arrangements in an organisation and hence the data supports Proposition One. It was also associated with the adoption of flexible working
arrangements at the 10 percent level of significance. The data collected for dependant care arrangements and leave arrangements did not permit conclusive findings to be made for any of the independent variables.

The findings in relation to size as a predictor of the adoption of overall work-care arrangements confirms similar findings in other studies (Goodstein, 1994 Ingram & Simons, 1995; Glass & Fujimoto, 1995; Bardoeel et al., 1999; Den Dulk, 2001; Budd & Mumford, 2006; Davis & Kalleberg, 2006; Whitehouse et al., 2007). Whether size influences the adoption of work-care arrangements for economic or institutional reasons could not be established from this study. There was also no evidence that the effect of size on the adoption of work-care arrangements depended on the work-care category under consideration because in all categories for which statistically significant findings could be made, size had an influence on the adoption of work-care arrangements.

Proposition Two stated that the percentage of trade union membership in the organisation would not increase the likelihood of greater provisioning of work-care arrangements and this was supported by the findings, both in terms of total WCA’s and in relation to the individual work-care categories. Hence there was no support in this study for the findings of Glass and Fujimoto (1995) and Budd and Mumford (2006) relating to the increased presence of trade unions and the increased adoption of work-care arrangements in organisations. It is suggested that this may be a result of the fact that trade unions in South Africa do not seem to have prioritised work-care integration demands as part of the collective bargaining agenda to any significant degree.

Proposition Three stated that the adoption of work-care arrangements was associated with the percentage female representation in trade unions in organisations. Although Proposition Three was not conclusively supported by the findings there was a suggestion from the analysis in relation to leave arrangements (see Table 52) and overall work-care arrangements that female presence in trade unions may be associated with an increase in the provision of leave arrangements in organisations, although not at a statistically significant level.
Proposition Four stated that the adoption of work-care arrangements was associated with a greater proportion of female employees in the organisation. Proposition Four was not supported by the findings. This is contrary to the findings of Poelmans et al. (2003a); Budd & Mumford (2006); Davis & Kalleberg, (2006) and Whitehouse et al. (2007). Despite the finding that female presence in the organisation was not associated with the increased adoption of work-care arrangements, the findings indicated that a greater proportion of female employees in senior managerial positions were associated with the increased adoption of the variable total work-care arrangements and also the adoption of flexible working arrangements, at a ten percent level of significance. This supports Proposition Five. This finding in relation to increased female presence in senior managerial positions is interesting, although not surprising in the South African context. Although this finding is not unique to this study, female presence in senior managerial positions has not always been found to be associated with an increase in the adoption of work-care arrangements (see Morgan & Milliken, 1992). The finding is particularly relevant in South Africa where there has been a concerted effort, through affirmative action measures, to increase female presence in organisations and where there has been a specific focus on measuring female presence in corporate leadership through the annual census carried out by the Businesswomen’s Association of South Africa (BWASA). It would appear that females that are employed in senior managerial levels are instrumental in seeing that work-care concerns are taken seriously by organisations in South Africa.

Proposition Six stated that the adoption of work-care arrangements was associated with the increased presence of foreign ownership in the organisation. This proposition was not supported by the findings. This may be a result of the fact that very few of the countries in which it was indicated that there was foreign ownership have well institutionalised work-care policies and the fact that the adoption of work-care arrangements was tested as a function of ownership rather than the headquarters of the organisation. Ownership may have less to do with the diffusion of work-care practices than the location of head office and hence future studies may be better off testing this variable as a function of head office location rather than ownership. A further and alternative explanation may be that foreign multinational corporations (MNC) seek to adapt to the institutional conditions in their host country where the subsidiary is located in an effort to adapt to the local institutional environment in
order to gain legitimacy (Clark & Lengnick-Hall, 2012). Certainly MNC’s would be expected to comply with the regulatory pressures in the host country.

5.7. Summary

The findings from the study indicate that there is a wide spread in the extent to which organisations offer individual work-care arrangements, but that the overall provisioning of work-care arrangements in South African organisations is low. The results also point to particularly low levels of provisioning of dependant care arrangements for employees in South African organisations.

There is also evidence that in instances where there is increased adoption of individual work-care arrangements, these arrangements are often found in informal work-care provisions and not in formal policy. Although informal work-care provisions are important in assessing the spread of work-care arrangements in organisations, they provide employees with less certainty with regards to access to work-care arrangements and are more likely to be discretionary in application.

Flexible working arrangements were the category of benefits containing the largest proportion of individual work-care arrangements to be found in informal policy rather than formal policy. By contrast, leave provisions were the category of work-care arrangements most likely to be found in formal policy provisions. This may relate to the fact that leave provisions are the one category of work-care arrangement in the study that are regulated to some extent through legislative provisions governing maternity and family responsibility leave, and are the most likely of the work-care arrangements to be collectively bargained and hence result in formal provisions regulating terms and conditions of employment. There are no legislative provisions regulating flexible working arrangements and therefore employers may react by way of discretionary, informal policy rather than a commitment to a formal arrangement that provides employees with a definite right.

The findings also indicate that there are large discrepancies in terms of whether or not these arrangements are available to all employees in the organisation. All of the
individual work-care arrangements contained restrictions in terms of who could access the benefit. Furthermore the findings indicated that in the majority of cases these restrictions meant that less than half of the workforce was able to access the work-care arrangements in the study (see Table 17).

The findings relating to the extent to which organisations go beyond legislative minima in the adoption of work-care arrangements indicate that there is minimal provisioning of extended leave periods beyond the legislative minimum duration governing maternity and family responsibility leave. Furthermore the findings indicate that organisations do not voluntarily provide employees with leave to attend to work-care integration to any great extent in the absence of legislation requiring them to do so. This confirms findings from den Dulk’s (2001, p.201) study that “despite the fact that employers do supplement legislation and initiate facilities in the absence of statutory provisions, they never fully substitute it”. These findings are important in terms of policy implications for the state in South Africa and this is discussed in the chapter that follows.
Chapter Six

Recommendations for Legislative Reform

6.1. Introduction

This study has focused on the adoption of work-care arrangements in South African organisations within the overall scope of the thesis, which examines employer and state involvement in work-care integration in South Africa. The findings from the study indicate that there has not been widespread adoption of work-care arrangements in South African organisations. The findings also highlight which organisational characteristics are associated with the adoption of work-care arrangements and the effect of institutional conditions on the spread of work-care arrangements in South African organisations. The theoretical reflections from the findings in the study are covered in Chapter Seven.

The results on the low level of adoption of work-care arrangements by organisations in South Africa is not surprising given the lack of state involvement in regulating work–care integration in South Africa and the absence of persuasion, through debate and discussion in public forums or through financial incentives, to encourage employers to adopt work-care arrangements.

This chapter discusses the findings from the study in the context of state involvement in work-care integration in South Africa and argues for increased regulation in the area of work-care integration by the state in South Africa. The discussion considers possible rationales to drive state policy in the area of work-care integration. The chapter builds on the arguments for increased regulation by the state in the area of work-care integration in South Africa by detailing specific recommendations for legislative reform in the area of leave for the purposes of work-care integration. Consideration is also given to the adoption of the legislative right to request flexible working arrangements in South African law.
6.2. Policy Implications

The findings from this study on the adoption of work-care arrangements by employers in South Africa have direct policy implications and are particularly well timed given the recently stated resolve by the state to find measures to assist employees with the combination of work and care in the Green Paper on Families (2011). The results of this study and the contextual considerations suggesting a crisis of care in South Africa (see Chapter 2), point towards the need for increased state intervention in work-care integration in South Africa.

Relying on employer goodwill to adopt work-care arrangements fails to acknowledge that workplace cultures do not change easily. Baird (2011) highlights the vital role of the state in influencing work and family issues and, with reference to recent legislative reforms in Australia, notes that state action or inaction in the work-care integration agenda sets the tone for many employers. Where the state views work-family issues as private matters, employers follow suite and do little to assist employees with work-care integration.

There is a strong argument in favour of increasing state intervention in the regulation of work-care integration in South Africa. It is supported by the discussion on the crisis of care in South Africa in Chapter one which points to contributing factors to this crisis such as HIV/AIDS, the increase in female labour force participation and fragmented nature of families in South Africa. It is also supported by evidence that there is little in the way of institutional care facilities provided by the state in South Africa. Furthermore, social welfare measures towards poverty alleviation such as child support grants and subsidies for children attending registered ECD centres are reaching only a small fraction of the population. The argument in favour of increasing state intervention in the regulation of work-care integration in South Africa is also strengthened by the findings from this study on the low level of adoption of work-care arrangements by employers in South Africa.

However, the objectives behind increased regulation of work-care integration by the state need to be clear. In many countries, legislative reform in the area of work-care
integration is implemented in furtherance of the aims and objectives of a national policy on work and families. The advantages of implementing legislative change in furtherance of set policy objectives include the fact that such reforms are not ad-hoc responses to pressure for change but proactive strategies within a broad framework for change, that such changes can be measured against or in combination with other changes envisaged in furtherance of the overall policy objectives and that the work-care policy informing these reforms will be premised on carefully constructed rationale that incorporate the contextual setting in which these changes occur.

An examination of the rationale behind work-care policy in international (mainly European) settings provides examples of how governments frame work-care measures to achieve set objectives. Lewis (2006) notes that the work-care policy agenda in the EU has widened, with work-care policies being perceived in many EU member states as the means of doing something about the challenges of an ageing society (by enabling women to work and thereby improving the dependency ratio), and falling fertility rates (thought to be exacerbated by lack of supports for women workers) and also as the best way of tackling child poverty (in the UK, by encouraging and enabling mothers – especially lone mothers – to work), and children’s educational achievement (in the UK and Germany, by promoting high quality early learning).

Although the Green Paper on Families (2011) makes reference to a number of contextual issues impacting on the structure and strain on families in South Africa, it contains no mention of policy rationales to inform measures for work-care integration, nor are any specific work-care measures envisaged in the Green Paper. On the basis of the research undertaken in this study, it is suggested that the following rationales should drive the recommendations for legislative reform towards work-care integration in South Africa. These rationales also inform the legislative recommendations in the section that follows:

1. The need to support carers in the context of the HIV/AIDS crisis;
2. The need to strengthen families and, in particular, to provide measures to encourage increased participation by men in their role as fathers;
3. Recognition of the gendered dimension of the provision of care; the gendered dimension of unemployment in South Africa and the need to support women in the integration of work and care as they enter the labour force in increasing numbers; and
4. Recognition of the minimal provision of institutional and organisational structures providing childcare and the need to provide parents with time to care and to be involved in early childhood development.

This chapter takes the argument for increased regulation in the area of work-care integration in South Africa a step further, by specifically outlining the recommendations for legislative reform in this area within a comprehensive legislative package. The balance of this chapter discusses these recommendations. The recommendations presented in this chapter have been deliberately canvassed in a framework depicted in Figure 6 below because, it is suggested, it provides a comprehensive package of legislative measures regulating work and care and one to which legislative change in South Africa ought to be directed.

Figure 6: Comprehensive Legislative Package to Address Work-Care integration
There are additional reasons for assessing work-care measures in this framework. It recognises that leave is necessary for different reasons and at different stages to accommodate working carers and those they care for. For example, in some cases the leave is necessary for maternal well being (maternity leave), at others it is necessary for infant well being (maternity leave/emergency care leave) including early childhood development (parental leave). Leave provisions that are ‘muddied’ such as those that permit employees to use personal sick leave to attend to ill family members, or those that incorporate maternity and/or paternity leave into parental leave, fail to give significance to the very different purposes of each of the leave categories unpacked in this framework.

Furthermore the division of leave provisions in this framework recognises that at times there are socially desirable outcomes that may differ with each of the different leave categories. The separation of categories permits better articulation of these objectives and options for attaining these outcomes. For instance, involving fathers in infant care is achieved through a separate paternity leave and ‘fathers only’ parental leave provision rather than a blanket inclusion under family responsibility leave or a general parental leave provision.

Finally, the comprehensive bundle of legislative provisions in this framework provides employees with choices. Not all employees will use all the leave options offered and in may cases affordability may limit use of arrangements when they result in loss of income. Nevertheless, the provision of maximum choice permits employees to tailor the solution to work-care integration to their individual needs, and recognises that there is not a one-size-fits-all solution to individual problems of work-care integration.

6.3. Recommendations for Legislative Reform

Chapter 2 provides information on the current, albeit low level of legislative measures governing leave in the context of work-care integration in South Africa. This section makes reference to these existing legislative provisions and also provides
recommendations for legislative reform towards providing employees with more time to care.

Dancaster and Baird (2008), Cohen and Dancaster (2009a, 2009b) and Dancaster and Cohen (2010) critically examine legislative measures for the combination of work and care in South Africa and argue that legislative measures for the reconciliation of work and care in South Africa are inadequate. They argue that there is a need for increased regulation of work-care integration concerns in South Africa. The discussion in this chapter draws on the findings and recommendations for legislative reform from this body of existing research. It expands on it through suggestions for additional legislative reform in the area of adoption leave, an incorporation of considerations of the broad statutory exclusions from work-care legislative provisions and a consideration, in greater detail, of the regulation of paternity and maternity leave in South African law.

The focus in this section is on considerations for legislative reform in two main areas relating to time off to provide care, namely:
1) Leave entitlements for caregivers and
2) Flexible working arrangements, as longer term measures to accommodate employees who provide ongoing care.

It should be noted prior to discussing recommendations for legislative reform that there are certain workers to whom existing legislation does not apply and who are therefore excluded from all or some of the provisions governing time off to care and/or payment during this period – either because they do not fall into the definition of ‘employee’, or because they do not work the requisite number of hours or have the requisite length of service to qualify. This important area is discussed prior to a discussion on the recommendations for reform for different types of leave provisions.
Statutory Exclusions Impacting on Access to Work-Care Legislative Provisions

• ‘Non-Employees’:

Most workers in the informal sector do not fit neatly into the employer-employee relationship as conventionally understood and, therefore, tend to be excluded from legal and social protection as well as from collective bargaining agreements. This means that for these workers there is no access to paid maternity or family responsibility leave. Nor do they have access to the Employment Equity Act for purposes of unfair discrimination claims.

However, to say that all workers in the informal economy are unprotected from labour and social security legislation is incorrect. The basis of exclusion from the legislation is whether or not workers fall into the definition of ‘employee’. In South Africa most labour statutes define an ‘employee’ as:

“any person, excluding an independent contractor, who works for another person or for the State and who receives, or is entitled to receive, any remuneration; and “any other person who in any manner assists in carrying on or conducting the business of an employer.”

In other words, independent contractors and the self-employed are excluded. This is not the same as the definition of working in the informal sector used by StatsSA (see Yu, 2010; Heintz & Posel, 2008; Gasparini & Tornarolli, 2007) although the similarities have been used to impute the extent of exclusion from legislative provisions based on the size of the informal sector of employment (see the discussion and figures for informal employment in South Africa in Chapter 2).

In order to ensure wider coverage of work-care legislation and to provide for all workers to have access to maternity leave and other leave for the purposes of work-

33 S 213 of the Labour Relations Act 66 of 1995 (LRA); the definition in s 1 of the Basic Conditions of Employment Act 75 of 1997 (BCEA) is identical and that in s 1 of the Employment Equity Act 55 of 1998 (EEA) almost identical.
care integration, the ‘employee’ definitional hurdle needs to be addressed. Smit & Mpedi (2008, p.25) note that “a wider interpretation of the definition of ‘employee’ should be taken by the Labour Courts”. They also argue for more sectoral determinations to be made to include those in the informal sector, although they recognise the piecemeal nature of this approach.

It has been argued that failure to provide coverage to those in the informal sector is indirectly discriminatory given the fact that women are underrepresented in the formal sector where the protections apply (Olivier, 2011, p.256). It has also been submitted that access to social protection is a fundamental right (Smit & Mpedi, 2010, p.14) and that in South Africa the State has a constitutional obligation, subject to the availability of resources, to progressively extend social security, inclusive of social insurance, to those not covered (Smit & Mpedi, 2010, p.24).

Dupper, Olivier and Govindjee (2011) provide a recent and comprehensive analysis of the shortcomings of the current regulations governing unemployment insurance payments in South Africa, including payments for maternity leave. In terms of the exclusion of those working in the informal sector from Unemployment Insurance payments, they (Dupper, Olivier & Govindjee, 2011, p. 444) note that some of the difficulties in extending coverage to those working in the informal sector include the following:

- Many schemes rely on dual payments from the employer and employee, meaning that often only workers in the formal and private sector, or those with a traditional employment contract, can be successfully covered. Workers in the informal sector do not have such a contract and it is also difficult to ascertain whether they have an employer;
- The low level of income and inconsistent revenue streams received by many members of the informal sector make it difficult to encourage them to make monthly payments into an unemployment insurance scheme, and periods of unemployment may be quite common; and
- The difficulty of monitoring members of the informal sector because this sector of employment has low barriers to entry and exit, making it expensive to monitor and administer unemployment contributions and payments.
Dupper et al. (2011, p. 461) nevertheless argue for arrangements to include those working in the informal sector which “could take the form of the development of one or more special schemes” or the accommodation of informal sector workers into the existing scheme on a voluntary basis during the initial phase.

- **Exclusions Based on Duration of Employment**

  i. **Persons Working Less than 24 hours per month**

  Apart from exclusions based on the definition of ‘employee’ there are exclusions from leave provisions governing work and care (and other legislative rights) by virtue of the fact that the employee works for less than 24 hours a month. In relation to work-care legislative provisions these employees would not receive:

  1. Statutory maternity leave;
  2. Statutory family responsibility leave; or
  3. Statutory payments from unemployment insurance during time off for the birth or adoption of a child.

  There are no figures available that give an indication of how many employees in South Africa are affected by this exclusion. The basis on which this exclusion is made appears to be somewhat arbitrary. Dupper et al. (2011) note, in respect of this category of exclusion from unemployment insurance payments that the reason for exclusion was to avoid costly and cumbersome administrative burdens.

  In terms of leave provisions two alternative recommendations are suggested for this category of employees:

  a) Remove the restriction from the legislation; or
  b) Provide these employees with a pro-rata entitlement based on the average number of hours worked per month.

  Both of these alternatives are in keeping with a constitutional undertaking to include those outside the protection of the law.
Furthermore, the recommendation by Dupper et al. (2011, p. 452) to remove this restriction in respect of exclusions from the unemployment insurance provisions is also supported.

\[\textit{ii. Persons Working Less than Four days per week}\]

Family responsibility leave is the one leave provision that has the requirement that it is only available to employees who work at least four days a week. The requirement that an employee must be working four days or more per week to qualify for this leave is, it is argued, in need of review (Dancaster & Baird, 2008). It is suggested that the restriction on hours worked as a qualification for use of FRL is indirectly discriminatory. Research shows that women are more likely than men to work part-time arrangements often in an effort to combine their work and care requirements (Fredman, 2004) and accordingly, it may be argued that this provision is indirectly discriminatory to women. The figures in Table 59 below indicate that women in South Africa are almost twice as likely to work fewer than 15 hours per week then men. The gender differential is significantly greater for shorter working weeks then for working weeks of 40 – 45 hours. Applying these figures to an exclusion of either 24 hours per month (as per the discussion in the section above) or 32 hours per week (based on an eight hour day, four days a week as per the exclusion for FRL), it is clear that women are disadvantaged to a far greater extent than men by these exclusions.

Table 59: Gender Differentials in Working Hours (Adapted from StatsSA Labour Force Survey, July – Sept 2011)

<table>
<thead>
<tr>
<th>Working less than 15 hours per week</th>
<th>Men (Thousand)</th>
<th>Women (Thousand)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working 15-29 hours per week</td>
<td>293</td>
<td>485</td>
</tr>
<tr>
<td>Working 30-39 hours per week</td>
<td>371</td>
<td>586</td>
</tr>
<tr>
<td>Working 40 - 45 hours per week</td>
<td>4157</td>
<td>3232</td>
</tr>
</tbody>
</table>
It is recommended that the qualifying period of at least four days per week should be removed from the clause on family responsibility leave because it is indirectly discriminatory.

iii. Four month minimum period of employment

As noted in Chapter 2, family responsibility leave (FRL) is not available to persons who have not worked for their employer for at least four months. This is in addition to the requirement that the employee must work at least four days per week. No such qualification regarding this length of service (four months) exists in other leave provisions such as sick leave, maternity leave or annual leave. Sick leave has a provision limiting how much of an employee’s overall sick leave entitlement is available in the first six months of employment but this is not the same as a period that disqualifies access to the leave provision altogether. The rationale for these qualifying criteria on FRL is not clear. Moreover the fact that these qualifications do not exist in any other leave provision adds to the anomalous nature of this clause. Women are recognised as spending a greater proportion of time in care giving than men (Budlender, 2008) and are therefore more likely to access this provision when they need time off to care for children. Accordingly it is argued that to apply these restrictions to FRL could be considered indirectly discriminatory.

It is recommended that the qualifying period of at least four months service with an employer should be removed from the clause on family responsibility leave.

Recommendations for Legislative Reform: Leave Provisions

Leave policy is receiving increased attention internationally at present, with most countries increasing the scope of leave entitlements (Moss & O’Brien, 2006). Moss and Kamerman (2009, p.2) regard job protected leave for parents as “a necessary part of the tool kit for running a modern state”.

The five main categories of policy context in which leave policies appear to operate are:
• Maternal and child health
• Wellbeing of pre-school children
• Income security in families with children
• Labour market attachment for mothers, and
• Gender equity within families, and in the labour market (Moss & O’Brien, 2006)

The discussion in this section critically examines the adequacy of legislative leave provisions in South Africa in the area of work-care integration and provides recommendations for change. It also provides suggestions for the introduction of such leave in cases where it does not exist at all in existing legislation but is considered desirable as part of a comprehensive package of leave arrangements to assist employees with work-care integration as described in Figure 4 in Chapter 2.

• Leave available at the time of the birth of a child

“Protective measures for pregnant women and women who have recently given birth include the prevention of exposure to health and safety hazards during and after pregnancy; entitlement to paid maternity leave; entitlement to breastfeeding breaks; protection against discrimination and dismissal; and a guaranteed right to return to the job after maternity leave” (ILO, 2012, p.1).

These considerations around leave at the time of birth are covered in the sections that follow.

i. Maternity and Adoption Leave

Maternity Leave Duration

The debate over the ‘ideal’ period of maternity leave embraces a range of arguments relating to health protection for working mothers, equal employment opportunities for women, access to adequate antenatal and birthing care, maternal recovery, optimal nutrition for infants, and gender equality within families. The results of this study indicate that approximately ten percent of employers in South Africa are not
complying with legislative minima governing the duration of maternity leave (4 months).

The provision of four months maternity leave in South Africa is as good, and if not, better than the majority of countries in the world. An ILO review (ILO, 2012) of the duration of maternity leave by countries in the database (167 member states) found that globally, 51 percent of countries offer maternity leave of at least fourteen weeks, the standard established in Convention 183. South Africa’s four month duration of maternity leave is however not as long as that recommended in ILO recommendation 191 (eighteen weeks). Twenty percent of the countries in the ILO database met, or exceeded the eighteen weeks of leave suggested in Recommendation 191 (ILO, 2012). The World Health Organisation recommendation is sixteen weeks, based on four months needed to establish breast-feeding.

The regional differences in length of maternity leave are illustrated in the Graph 7 below. It is evident from the graph that Africa lags developed economies and EU countries as well as countries in Central and South Eastern Europe. It appears to fare marginally better than countries in Asia and the Pacific and considerably better than countries in the Middle East.
The recommendation regarding the duration of maternity leave, based on the findings of this study, is that there ought to be a greater focus on monitoring and enforcing compliance with minimum statutory maternity leave provisions.

**Adoption Leave**

According to ILO Recommendation No 191, maternity leave provisions should be available for adoptive parents as well to permit the adoptive parents to adapt to the arrival of the child. In so far as the duration of leave for adoption purposes is concerned, it has already been noted in Chapter 2 that there is, surprisingly, no
provision for adoption leave in the Basic Conditions of Employment. It is not covered in the section on maternity leave nor is leave granted for adoptive parents in terms of family responsibility leave. Nevertheless, adoptive parents who adopt a child under the age of two years are able to claim unemployment insurance benefits in terms of the UIA for time off during this period. Given this anomaly, it would appear that the exclusion of a provision regulating the duration of adoption leave in the BCEA is an oversight.

It is recommended that leave for the purposes of adoption should be included in the Basic Conditions of Employment Act. This is particularly relevant in the context of increasing adoptions as a result of HIV/AIDS.

This would correct the anomaly between the provision of adoption payments in the Unemployment Insurance Act and the absence of adoption leave in the Basic Conditions of Employment. It would also correct the anomaly that exists between granting employees time off on the death of an adoptive parent (under family responsibility leave) but not providing the adoptive parent with time off when a child is adopted.

The following considerations are relevant in legislating for adoption leave:

Including adoption leave with maternity leave is not uncommon in countries and the period of adoption leave will either correspond to that of maternity leave e.g. Senegal, UK, or the leave entitlement for adoptive parents will be shorter than for biological parents because the prenatal leave often available for natural mothers is eliminated e.g. Tajikistan, Mongolia, Uzbekistan (ILO, 2012, p.56).

It is recommended however that adoption leave be separated from maternity leave in order to distinguish the purposes of the different types of leave and to ensure that men also have access to adoption leave in order to encourage male participation in parenting. Recommendation No 191 provides that adoption leave should be available for both parents. Maternity leave is a leave that is obviously only available to mothers and hence including adoption leave in it excludes fathers from utilising this leave. This could be overcome if paternity leave was extended to fathers in the case of adoption, and if mothers could access maternity leave in the case of adoption. In the
absence of a separate statutory entitlement to paternity leave, it is recommended that a separate section on adoption leave is included in the BCEAct. Not only does it overcome the gender difficulties mentioned above where adoption leave is included in maternity leave, but it also allows the purpose of adoption leave to be distinguished from other work-care leave provisions. The purpose of maternity leave is to contribute to the health and well being of mothers and their babies (ILO, 2012, p.1). Adoption leave may be concerned with the well being of babies provided that the child being adopted is very young, but the concerns for maternal health and wellbeing are obviously not present for adoptive mothers.

The EU Directive on parental leave provides for an individual right for men and women workers to parental leave and adoption leave for at least three months. “Adoptive fathers often qualify when the adoption leave is provided within parental leave schemes” (ILO, 2012, p.57). In some cases the adoption leave is an independent non-transferable right (e.g. Iceland) and in other cases the period of adoption leave can be taken by one parent or split between them. It is recommended that, in an effort to encourage men to become more involved in the care of their children, an independent non-transferable right to adoption leave should be considered for male and female employees in South Africa.

The current provisions regarding access to unemployment insurance stipulate that the adopted child should be less than 2 years of age. In some countries the duration of the leave varies according to the age of the child with shorter periods being available when the adopted child is older.

The recommendations above are summarised as follows:

1. The gap in the law regarding the right to take adoption leave needs to be addressed. It is recommended that a separate and new provision on adoption leave is introduced into the BCEAct. For the reasons provided above, it is recommended that it is not be combined with the current maternity leave provision;

2. It is recommended that this leave be drafted in a manner that encourages fathers to use the provision by making it available to both parents as an individual, non-transferable right;
3. Consideration should be given to permitting adoption leave to be taken in the case of children over the age of 2, with differing leave entitlements according to the age of the adopted child.

**Maternity Payments**

“Maternity is a time of extraordinary expenditure where such a benefit is entirely appropriate” (Olivier, Dupper & Govindjee, 2011, p.406). Issues regarding payment during maternity leave include who finances it, for how long and at what rate. Essentially it falls to three potential bodies to finance maternity payments either individually or in combination with one another, namely employers, taxpayers or employees. Employers, particularly small employers, argue that forcing them to finance paid maternity leave will act as a disincentive to hire young women and will erode narrow profit margins. In terms of the burden falling on the state, there are those taxpayers who argue that the decision to have children is an individual one that should not require others to shoulder the financial burden. Arguments against requiring the individual employee to shoulder the burden point to the social desirability of providing state support to assist carers at the time of birth with trade off’s for society as a whole.

ILO Conventions No 3 and No 103 note that employers should not be individually liable for paying maternity benefits and that benefits should be provided through social insurance and other funds. Research indicates that over the period 1994-2009 there has been a shift towards mixed systems in which employers and social security systems share responsibility for benefits and the number of countries in which employers are fully responsible for paying maternity benefits has declined slightly over this period (ILO, 2012, p.32).

Over half of the countries in the ILO database (53% of 167 countries) provide cash benefits through national social security schemes. In 26 percent of the countries, maternity benefits are paid solely by the employer (ILO, 2012, p.25). Graph 8 below depicts who pays for maternity benefits in the different regions. There are marked differences between developed countries and countries in the EU who predominantly
pay maternity benefits through social security schemes and countries in Africa, Asia and the Middle East which rely more heavily on employer liability.


Although South Africa would comply with ILO requirements in terms of the duration of maternity leave and the fact that maternity pay is financed through social security financed from contributions by both employers and employees, it falls short of ILO standards in terms of the amount of maternity pay that employees receive (Olivier et al., 2011). In order to comply with Convention No. 183, the cash benefit paid during maternity leave should be at least two-thirds of a woman’s previous earnings. The payments from the UIF in South Africa range from 31 percent to 59 percent depending on income but even at the top end, the payment falls short of the two thirds required in the ILO Convention. By comparison, 42 percent of the 152 countries with
this information in the ILO database provide cash benefits of at least two-thirds of earnings for at least 14 weeks (ILO, 2012).

Article 7 provides for countries with ‘insufficiently developed’ economies and social security systems and recommends that they should pay cash benefits at a rate no lower than the rate payable for sickness or temporary disability in national laws and regulations. It is debatable whether or not South Africa, a middle-income country\(^34\) with a fairly comprehensive social security system, would fall under the Article 7 ‘exceptions’. Nevertheless the Basic Conditions of Employment Act\(^35\) provides for fully paid sick leave for a period equal to the number of days an employee works in a six-week period over a 36-month cycle. Accordingly, it is argued that Article 7 would provide no foundation for arguing that South Africa could comply with this convention as it stands.

Furthermore, employees in South Africa who have not contributed to the Unemployment Insurance Fund for a sufficiently long period of time, would not be entitled to receive the full period of maternity leave as paid (albeit partially) leave. This is because benefits from the fund accrue at one days benefit per six days worked and accordingly to access the full entitlement of 17.32 weeks (121 days) an employee would need to have built up credits by working for approximately two years.

In addition the credits accumulated for payout will be reduced if an employee has claimed unemployment insurance benefits for another reason (e.g. illness or unemployment)\(^36\). Accordingly the right to the full entitlement of maternity pay in South Africa is conditional on having sufficient ‘credit’ built up through payments into the unemployment insurance fund, and not having reduced this ‘credit’ through the use of unemployment insurance payments for one of the benefit categories recognised in the Unemployment Insurance Act.

In 2004, the ILO Committee of Experts noted that in many countries the provision of cash maternity benefits is subject to a minimum qualifying period or coverage by the

\(^{34}\) South Africa is classified by the World Bank as an upper middle-income country.

\(^{35}\) Act 75 of 1997.

\(^{36}\) The only instance in which the benefits are not reduced is where they have been paid out for maternity leave.
insurance system. The Committee accepted these restrictions, provided that the qualifying periods are set at a reasonable level and that women who do not meet the condition are provided (subject to certain means-related conditions) with benefits financed through social assistance funds (ILO, 2010). It is doubtful as to whether 2 years is a reasonable qualifying period in order to access the full period of maternity pay. Furthermore, in South Africa there is no alternative benefit financed through social assistance to fund mothers who have not accumulated sufficient funds in UIF to provide them with payment during maternity leave. It is acknowledged that there are social grants for child support but these are means-tested and not intended as a substitute for the lack of maternity pay, but rather as a measure for poverty alleviation. Consideration should be given to measures to assist employees who are unable, through length of service, to receive full maternity payments from UIF.

It is also recommended that the level of maternity payments should be increased. Olivier et al. (2011) recommend that maternity benefits should be no less than two-thirds of the woman’s previous earnings to align maternity payments with international standards and to facilitate the ratification of ILO Maternity Protection Convention (183 of 2000). It has also been argued that the low rate of income replacement granted to women in South Africa during maternity leave forces many mothers to return to work before exhausting their leave entitlement (Dupper, Malherbe, Shipman & Bolani, 2000; Dupper, 2001). Although the results from this study indicate that employers may be topping up maternity payments received from the unemployment insurance fund, only 29.7 percent of employers indicated that they offered maternity leave at full pay which means that most employees in South Africa are not receiving fully paid maternity leave and that their statutory entitlement falls (in some cases substantially) below the ILO recommendation of two thirds of a woman’s previous earnings.

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37 Child support grants are provided to primary caregivers over the age of 16 in the amount of R270 per month (from October 2011) if they care for a child under the age of 18 years and if they pass a means test. According to the means test the caregiver’s monthly income must not exceed R31 200 or, if married, their joint income must not exceed R62 400 per month. These grants have been criticised for being cumbersome in terms of application procedures, limited in their application and inadequate in terms of monetary payment and duration (Mpedi, 2008; Lund, 2009).
This debate on level of payments during maternity leave should include considerations on whether or not the current system of contributory social insurance is adequate for the purposes of maternity pay. In summary, some of the concerns emerging from the current system include the fact that:

- Many people in the informal economy and self-employed women are excluded from the benefits because they cannot contribute to the fund;
- Benefits are dependent on the length of contribution and in the case of maternity benefits it takes two years to accumulate the 17.32 week full entitlement; and
- Maternity benefits ‘compete’ with other benefits that can be accessed from the fund which means that if previous benefits have been accessed it may take more than two years to be able to access the full 17.32 week entitlement.

There are alternatives within the current system to increase both the coverage and benefits for maternity pay. Coverage may be increased through a system of voluntary participation (Mpedi, 2008) and the level of benefits could be increased through increasing the employer and/or employee contribution to the fund or through increased contributions from the state into the fund (Olivier et al. 2011). Employers could be required by law to ‘top up’ the amount received by employees from UIF with the caution that, depending on the level of ‘top up’, this may however work against promoting gender equality in the workplace. A further suggestion for consideration is for social assistance packages to support employees who do not fall within the ambit of UIF benefits for maternity leave either because they fall outside the legislation or because they have not accumulated enough ‘credits’ or have exhausted their credit. India has a system of providing this type of social support to marginalized sectors of employment whereby a tax is levied on the production, sale or export of specified goods to cater for the needs of those in the informal sector (Mpedi, 2008).

There is also merit in the argument (see Olivier et al., 2011) that maternity payments should be removed altogether from the unemployment insurance scheme in its current form and be dealt with in a separate legislative provision. This would separate it from unemployment benefits, which have different considerations given that they apply in
circumstances relating to a complete loss of employment and not a temporary absence.

These (and other) alternatives need to be debated with a view to improving the current deficiencies that exist in South Africa regarding maternity pay.

ii. *Paternity Leave*

The importance of the presence of fathers at and after the birth of their children has been recognised, not only in terms of the bonding between father and child, but also for the support fathers can give to mothers after childbirth. Leave for fathers over the time of the birth of a child is provided to a very minimal extent in South Africa. As already outlined in Chapter 2, there is no separate entitlement to paternity leave in South Africa. It forms part of the three days (five days for domestic workers) that can be taken by an employee as paid leave for sickness of a child; birth of a child and/or death of a spouse or life partner, parent or adoptive parent, grandparent, child or adopted child, grandchild and/or sibling.

The findings from this study indicate that 43.3 percent of employers appear to have voluntarily introduced separate paid paternity leave for male employees in formal policy provisions (90.5 percent). The majority of respondents indicated that the duration of this leave was three days (71.1 percent) and paternity leave was fully paid leave in 95.6 percent of cases.

The introduction of separate paid paternity leave is recommended in South African law for the following reasons:

1. The findings from this study indicate that the majority of employers have not voluntarily adopted any separate paid paternity leave provisions for male employees;
2. There are a number of problems with the combination of paternity leave with legislated family responsibility leave in its current form:
   - It is only available to employees who work four or more days per week;
   - It is only available to employees who have worked for longer than four months;
• It is not targeted at male employees – it is available to all employees and hence from a gender equality perspective it does not target men as fathers and the protection and encouragement of this role;
• The duration is too short. It is limited to three days per annum, which is reduced if it has already utilised for the other purposes for which it can be used (death, sickness etc).

3. The need to get men involved in fatherhood and care duties in general in South Africa has been highlighted (Morrell & Jewkes, 2011; Green Paper on Families, 2011). Morrell and Richter (2006) note that most South African men do not seem especially interested in their children. “They seldom attend the births of their own, they don’t always acknowledge that their children are their own, and they frequently fail to participate in their children’s lives” (Morrell & Richter, 2006, p.2). Some reasons for this include the migrant labour system which has disrupted family life; the fact that many men cannot afford to get married or pay ‘lobola’ for their marriage partner; the fact that in African families children often live in the extended family and that during periods of unrest under apartheid many children were sent to urban areas for schooling, away from the family (Richter, Chikovore & Makushe, 2010). Nevertheless it has been acknowledged that “fathers can make a major contribution to the health of South African society by caring for children and producing a new generation of South Africans for whom fathers will be significant by their presence rather than their absence” (Richter & Morrell, 2006, p.6).

Smit’s (2002) study of South African men has found that those who make use of paternity leave will not only be more involved in domestic task responsibilities and the rearing and care-taking of children, but will also be inclined to perform emotion work in the marriage leading to increased marital satisfaction.

The trend internationally is towards separate legislated paid paternity leave. From the ILO database it was observed that:

“Overall, paternity leave provisions are becoming increasingly common, which may be an indicator of the growing importance attached to the presence of the father around the time of childbirth” (ILO, 2010).
A number of countries in Africa (Algeria, Djibouti, Kenya, Rwanda, Tanzania, Tunisia and Uganda) offer paid paternity leave ranging from one day (Tunisia) to two weeks (Kenya).

It is recommended that paternity leave be removed from the provision regulating FRL and that a separate paternity leave provision should be introduced in the BCEA. The duration of this leave should be considered in the context of other provisions (such as a parental leave provision were this to be introduced) that provide leave for fathers to attend to childcare. It is recommended that paternity leave be fully paid. The research from other countries indicates that men do not tend to take up their right to paternity leave to any great extent if the provision is unpaid or paid at low rates (Moss & O’Brien, 2006; Whitehouse, Diamond & Baird, 2007). The source of payment should mirror considerations regarding the funding of maternity pay and this has been highlighted for debate in the previous section.

• **Leave available to care for a young child/other (Parental/Carers leave)**

“While maternity leave aims to protect working women during their pregnancy and recovery from childbirth, parental leave refers to a relatively long-term leave available to either parent, allowing them to take care of an infant or young child over a period of time usually following the maternity or paternity leave period.” (ILO, 2010).

Parental leave is encouraged in ILO Recommendations and in EU Directives.

Parental/Carers leave is virtually unheard of in South Africa. There is no legislative entitlement to it and fewer than ten percent (8.8 percent) of respondents in this study indicated that they offered ‘special leave/carers leave/parental leave (apart from family responsibility leave or maternity/paternity leave) for employees to care for young children, sick adults, including those with HIV/AIDS, and/or elderly relatives’.

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38 Recommendation No. 191 (accompanying Convention No. 183 on maternity protection) and Recommendation No. 165 (accompanying the Workers with Family Responsibilities Convention, 1981 (No. 156)) contain provisions on parental leave and the EU Directive on Parental Leave provides for no less than three months parental leave.
Employees who wish to continue to care for their children for any period of time after maternity leave will have to resign from employment or use their annual leave unless they are able to get consent from their employer (Dancaster & Baird, 2008).

The trend is towards the provision of parental leave in the European Union and other industrialised economies, and Central and Southern Europe (non-EU) and CIS countries, where almost all countries have some kind of parental or childcare leave provisions, but it is rather rare in developing countries and in less industrialised parts of the world (ILO, 2010). Two countries from Africa appear to offer parental leave - in Burkina Faso, male or female employees can request up to six months of unpaid leave to care for their children and in the case of illness, the leave period can be extended to one year. In Guinea, after the expiration of the 14-week maternity leave period, women may take an additional nine months of unpaid leave. In some countries there is scope for flexibility on how and when to take this leave – in some cases it can be taken on a part-time basis, whether as a continuous period after maternity/paternity leave or is split over a period when the child is young.

In many countries parental leave is a shared entitlement between men and women although studies show that women are more likely than men to take it up (Whitehouse et al, 2008; Moss, 2011), hence the introduction of a period of ‘fathers only’ parental leave in Norway which is lost if it is not used by the male parent. Studies also indicate that take-up rates by both parents can be low where parental leave is unpaid (Moss, 2011).

With regard to payment during this period, Dupper et al. (2011, p.447) argue for a ‘carers benefit’ to be financed through a social insurance scheme providing also for maternity and adoption benefits and separated from the current unemployment insurance scheme. A ‘carers benefit’ would provide payments to employees who “resign or suspend their employment for any compelling family reason”. This would include the purposes of taking care of children or to care for a terminally ill family member. Presumably this could also cater for some level of pay during parental leave.

It is recommended that a separate provision regulating parental leave be introduced into the BCEAct. There are a number of reasons for recommending the introduction
1. Parental leave encourages early childhood development by those shown to be most effective in providing this – namely, parents. This is particularly the case in a country like South Africa where state supported childcare services are very limited;
2. The absence of any leave after maternity and/or paternity leave to care for young children may have the effect of women leaving the workplace to attend to this function. Kingdon & Knight (2004) note that that women in South Africa are more than twice as likely to resign from employment than men.

“Working women may quit voluntarily\(^{39}\) for child-bearing and -rearing and, being usually the secondary income earners in the family, are also more likely than men to give up their work in case of family emergencies or migration of spouse” (Kingdon & Knight, 2003, p.203)

3. If fatherhood it to be encouraged and equal sharing of care is to be promoted then parental leave that is available as a shared entitlement, is one legislative measure to encourage this; and
4. True equality of opportunity in employment, as defined by the ILO Discrimination (Employment and Occupation) Convention requires a work/family schema that permits workers to undertake their care responsibilities without loss of contact with the workforce (Dancaster & Baird, 2008). In circumstances where the bulk of care work is undertaken by women, failure to institute a scheme which permits job-protected time off from work to care for children is arguably at odds with commitments under this Convention (Murray, 2004, p.20).

Questions regarding the duration and payment for this leave need to be debated at a national level.

- **Leave for care emergencies**

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\(^{39}\) As Dancaster and Baird note (2007) the classification of quitting work ‘voluntarily’ in circumstances where an employee quits work to attend to family responsibilities may be questionable.
Workers with care responsibilities may need to take time off to attend to unexpected care emergencies such as sudden illness of a child or dependant family member or the last minute unavailability of a substitute caregiver. This is different from anticipated and ongoing care such as the care of young children or those with special needs, elderly parents or someone infected with HIV/AIDS.

The findings in this study showed that only around a quarter (25.9 percent) of respondents indicated that their employer offered more than 3 days family responsibility leave.

The need to consider revising the current legislated provision on family responsibility leave in terms of the removing the clause providing for FRL in the case of the birth of a child and the introduction of a separate provision regulating paternity leave has already been discussed above. In addition, it is recommended that in the context of care for leave emergencies the family responsibility leave provision is in need of revision. The reasons are as follows (Dancaster & Baird, 2008):

1. Family responsibility leave in its current form is only for the birth or illness of a child. Accordingly this leave is not available to attend to a sick adult dependant. Ironically, if the absence is to attend to the death of an individual then the scope of persons for whom it may be utilised is far wider: spouse or life partner, or their parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling (Dancaster & Baird, 2008). There is a need to examine whether or not family responsibility leave to attend to sick children should not be extended to include a broader range of dependants given the high prevalence of HIV/AIDS and the need for care for sick adult dependants\(^{40}\) (Dancaster & Baird, 2008, p.32).

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\(^{40}\) According to the Employment Equity Act 'family responsibility' is defined as “the responsibility of employees in relation to their spouse or partner, their dependant children or other members of their immediate family who need their care or support”. This definition is drawn from the ILO Workers with Family Responsibilities Convention (156)( see COWA and others v Petroleum Oil and Gas Co-Operative of South Africa, Pillay, J C437/2003). The appropriateness of this definition for South Africa is questionable given the acceptance of the concept of the extended family in African society, but a full discussion on this aspect is beyond the scope of this paper.
2. Family responsibility leave is limited to time off to attend to birth, sickness and death only. In addition to the use of this leave for sickness and death, it is recommended that the provision be widened to include the utilisation of this leave for unexpected disruptions in care such as the failure of the substitute caregiver to arrive for work or unexpected incidents at school that require attendance by a caregiver. The study findings indicate that 39.4 percent of respondents indicated that their employer permitted family responsibility leave to be “utilised for situations other than those permitted in the legislation (e.g. for sickness of an adult family member or to attend to a child because of the failure of the substitute caregiver to arrive for work)”. However, the majority of respondents did not broaden the scope of utilisation of family responsibility leave. Given the widespread use of domestic workers as carers and the difficulties these employees face in terms of getting to and from work using the (sometimes unreliable) forms of public transport in South Africa, the widening of this provision to cover unexpected disruptions of this nature would be useful. Furthermore, the increase in strikes by teachers in primary and secondary schools would have increased the need for parents to make emergency arrangements for children in these circumstances.

Recommendations for Legislative Reform: The Right to Request Flexible Working Arrangements

Flexible working arrangements can assist employees combine paid work and caregiving by allowing them to remain employed whilst making changes to their hours and/or place of work. There has been increasing recognition by governments towards the fact that specific legislation is required that grants employees the right to request flexible working arrangements from their employers. Hegewisch and Gornick (2008) reviewed statutory laws aimed at increasing workers ability to change working hours and arrangements in twenty high-income countries and notes that a large majority of these countries had introduced flexible working statutes. The UK, Australia and New Zealand are examples of three such countries that have introduced this legislation in the last ten years as part of a number of measures to assist employees as caregivers.
The connection between flexible working arrangements in the context of assisting employees to combine work and care is evident in the recognition given to it in the Convention on Part-time Work. The Convention on Part-time Work requires that ‘laws and regulations that may prevent or discourage recourse to or acceptance of part-time work’ be reviewed to ‘facilitate access to productive and freely chosen part-time work which meets the needs of both employers and workers’ (Article 9). “The needs of workers with family responsibilities are explicitly recognised in the section requiring ‘special attention, in employment policies’ to specific groups including ‘workers with family responsibilities’ (Article 2(c)). The Convention further requires that ‘where appropriate, measures shall be taken to ensure that the transfer from full-time to part-time work or vice versa is voluntary, in accordance with national law and practice’ (Article 10)” (Murray, 2004, p.21).

There are a number of reasons advanced for the adoption of this legislative right in these countries:

1. Existing anti-discrimination legislation in these countries has not been sufficient to assist employees advance this right and to place an obligation on employers to seriously consider employee requests to work flexibly (Smith, 2006). As noted by Smith & Riley (2004, p.204) “any system of regulation that relies on traditionally disempowered individuals being able to navigate the legal system to enforce rights is inherently limited”;

2. A positive law such as this one, not only places an obligation on employers to seriously consider employee requests to work flexibly, but also provides a (usually fairly simple) procedure for employees to claim it from their employer (Murray, 2005);

3. Employee requested flexibility provides employees with care responsibilities with a choice regarding that nature of their work arrangements, in some cases with a trade off in income, and is increasingly being seen as part of a composite body of legislative measures to assist employees as caregivers.

Cohen and Dancaster (2009a, 2009b) argue for a specific right to request flexible working arrangements in South African law. In doing so they consider the legislative framework that prohibits family responsibility discrimination in South Africa, namely
the Employment Equity Act, and note that although it is to be applauded in many areas, the South African experience has revealed that the legislative provision governing family responsibility discrimination remains grossly underutilised and ineffective. Not a single family-responsibility discrimination case involving a request for flexible working has been brought in the last ten years since the enactment of the Act (Cohen & Dancaster, 2009a).

They posit that this may be the result of the high costs of litigation and the difficulty in obtaining legal aid. They note that employees are reluctant to engage in a ‘naming, blaming and claiming’ (Charlesworth, 2005) process with difficult evidentiary requirements in showing discriminatory treatment and identifying an appropriate comparator. They also note that high unemployment rates in South Africa, that make any job better than no job, discourages employees from jeopardising existing employment relationships with requests that involve a reorganisation of standardised working hours. In addition they point out the long entrenched societal practices and cultural norms around the ‘ideal worker’ and note the subtle gender assumptions and stereotyping of members of the judiciary.

Apart from the failings of anti-discrimination legislation to protect and advance this right in South Africa, there are additional arguments in favour of the introduction of this right:

1. Research on the characteristics of carers of PLWHA’s shows that some of the financial impact of caring is as a result of giving up work to care (Akintola, 2004; Rajaraman et al, 2006). This break in employment, particularly in a country with high unemployment may be catastrophic in terms of trying to reenter the labour force when the care demand ends. In such instances a reduction in working hours through flexible working arrangements, even though it results in lower income, may be preferable in terms of the fact that some income is maintained and so is labour force attachment;

2. Evidence from employer and employee surveys carried out after the introduction of this legislation in the UK point to its positive impact on employees and also indicate that employers fears that they would be inundated with requests to work flexibly were invalid (Holt & Granger, 2005; Hayward, Fong & Thornton, 2007);
3. Research from this study point to the fact that employers are not implementing flexible working arrangements to assist employees as caregivers in formal policy provisions to any great extent. Almost half of the employers (49.6 percent) in the survey offered only two or less of the flexible working arrangements from a total of seven that were surveyed.

A brief consideration of this right in other countries is useful in considering its possible introduction in South African law. The policy motivations behind the right to request flexible working varies – in Germany the introduction of the general right to work part-time was motivated by considerations of job creation and affirmative action rather than work-care concerns (Jacobs & Schmidt, 2001). In the UK, New Zealand and Australia the introduction of the right to request flexible working arrangements reflected government’s commitment to supporting working families (Croucher & Kelliher, 2005). Not surprising therefore, the target groups have varied with the German right being available to all employees irrespective of the reason for their request and the UK right being available to parents of children and more recently also to adults in need of care.

There are also inter-country differences in terms of qualifications for use, both in terms of the size of the employer and employee duration of employment (Hegewisch & Gornick, 2008). For instance there are differences in terms of how often an employee may make such a request, the type of flexible working arrangements that may be requested, the procedure for the requests and basis on which employers can refuse such a request (Hegewisch & Gornick, 2008). In the Netherlands employers are subject to the strongest test in denying a request and may only do so if there are ‘serious countervailing reasons’ and in Germany the refusal can be based on ‘business or organisational reasons’ but these need not be ‘serious’. United Kingdom employers have the greatest leeway: the burden of additional costs; detrimental effect on the ability to re-organise work among existing staff or to recruit additional staff, insufficiency of work during the period when the employee proposes to return to work; and planned structural change. The UK experience also points to the importance of extensive consultation and information campaigns in the introduction of this legislative right. In all cases changes result in a permanent alteration of the employment contract.
This discussion and recommendations for legislative reform in the area of work-care integration in South Africa is supported by the results of the survey indicating low levels of adoption of work-care arrangements by employers in South Africa, contextual factors impacting on the care crisis in South Africa and the relative absence of statutory provisions that exist in current legislation regulating the combination of work and care in South Africa. These recommendations are made in the context of the recent recognition by the state of the need for employers to become more involved in work-care measures in South Africa and in the context of a trend internationally towards increased regulation of leave for the purposes of work-care integration and a move towards legislating the right for employees to request flexible working arrangements.

6.4. Summary of Recommendations

The Chapter has highlighted the results of this study indicating that employers in South Africa are offering very little in the way of improvements to current legislative offerings. It has also pointed to the fact that the state in South Africa has abstained from regulating work-care integration to any great extent, leaving it to market forces to provide outcomes for employees, which have been at best, only marginal in terms of providing employees with assistance with work-care integration. This chapter has also highlighted the fact that in the process of recognising that employees need assistance in combining work and care in South Africa, the state needs to open debate, articulate policy objectives and give serious consideration to legislative changes towards the ultimate goal of supporting working caregivers in a care-needy society.

A summary of the legislative recommendations in This chapter include:
1. The introduction into the BCEAct of a separate provision regulating leave for adoptive parents;
2. The introduction into the BCEAct of a separate provision regulating paternity leave and the removal of leave to attend to the birth of a child from the provisions regulating FRL;
3. Broadening the scope of the reasons for use of FRL to include leave to attend to sick adult relatives and leave to attend to the unexpected failure of a substitute caregiver;

4. The removal of qualifications for use of FRL and, in particular, the period of four months duration and four or more days per week;

5. The introduction of a separate provision in the BCEAct regulating the right to take parental leave;

6. Considerations around legislative reform in the area of maternity pay and in particular considerations around increasing the level of pay and making accommodation for those excluded from maternity payments by virtue of non-contribution or insufficient contributions; and

7. Consideration of a separate legislative right for employees to request flexible working arrangements in the context of work-care integration.

The rationale that drives this legislative reform in South Africa is discussed in this chapter and includes considerations relating to the need to increase male participation in caregiving, the need to assist employed caregivers in the context of HIV/AIDS and the need to assist working caregivers with childcare, eldercare and the care of sick dependants in the absence of any significant level of state supported facilities for care. The suggestions for legislative reform are presented in a framework that provides a comprehensive bundle of legislative measures for work-care integration including a range of leave provisions and the right to request flexible working arrangements.
Chapter Seven

Thesis Conclusion and Considerations for Future Research

7.1. Introduction

This thesis has investigated what the state and employers in South Africa are doing to assist employees with work-care integration. In exploring this topic, the focus on employer involvement in work-care integration in this study has examined the nature and spread of work-care arrangements in employer organisations and the extent to which organisations are going beyond legislative minima regulating work-care integration, the organisational characteristics that act as predictors of the adoption of work-care arrangements and the influence of institutional conditions on the adoption of work-care arrangements in South African organisations.

The focus on state involvement in work-care integration has considered the current legislative measures in South Africa that assist employees with work-care integration; international obligations impacting on work-care integration in South Africa; state policy on work-care integration and recommendations for legislative reform in the area of work-care integration in South Africa. The analysis of both actors has taken place with reference to the contextual considerations that influence the provision of care in South Africa and has highlighted the fact that some of these factors are different from the traditional settings in which the bulk of the research on work-care integration has taken place.

The research has used a theoretical framework that draws on both neo-institutional theory and economic perspectives and has developed a conceptual model using this theory to predict the influence of organisational characteristics and institutional conditions on the adoption of work-care arrangements in South African organisations. The findings from the study have been used to address the research questions in relation to employer involvement in work-care integration, outlined in Chapter 1, namely:

*What work-care arrangements are employers in South Africa adopting to assist employees with the combination of work and care?*
Are these measures going beyond legislative minima regulating work-care integration?

What predicts their existence in South African organisations?

This chapter summarises the findings from the study in relation to these questions. It also contains reflections on the theoretical framework used in the study. A discussion on the limitations of the study and considerations for future research in the area of work-care integration are covered in this chapter before a final overview at the end of the chapter, containing the general conclusions of the thesis.

7.2. Findings in Relation to the Research Questions

The Green Paper on Families (2011) in South Africa makes specific mention of the fact that employers are expected to become more involved in finding measures to assist employees with work-care integration. There is however, limited evidence on whether or not employers are currently involved in the adoption of work-care practices in South Africa. The findings from this study address this. The main research question for this study sought to find out what employers were doing to assist employees with work-care integration in South Africa. The study posed research questions related to this overarching enquiry into employer involvement in work-care integration in South Africa (as outlined in Chapter 1), and the study findings in relation to these questions are discussed below.

What work-care arrangements are employers in South Africa adopting to assist employees with the combination of work and care?

The work-care arrangements selected for testing in this study were based on existing international studies on the adoption of work-care arrangements and were designed to achieve a number of objectives as outlined in Chapter 4. In particular they needed to fit the South African context and focus on employee needs for assistance with work-care integration. They also needed to reflect the extent to which they were available in practice and not only in formal policy provisions and to establish the extent to which
the work-care arrangements were available to the whole, or only a part, of the organisation.

The findings in relation to this question indicate that all four categories of work-care arrangements, namely flexible working arrangements; leave provisions; dependant care facilities and information and supportive arrangements are offered to a varying, but overall very low extent, in South African organisations.

The findings indicate that flexible working arrangements are adopted to a greater extent than the other three categories of work-care arrangements and that dependant care arrangements is the category of work-care arrangements with the least number of work-care arrangements adopted by South African organisations. The level of adoption in the dependant care category was significantly lower (less than three percent overall adoption in organisations) than in any of the other three categories of work-care arrangements. The findings indicate that employers in South Africa have not adopted measures to assist employees with childcare or eldercare in the form of on-site facilities or subsidies for attendance at off-site premises, despite some evidence in the South African context of a relationship between decreased absenteeism and on-site childcare facilities (Anderson, 2009).

The particularly low provision of dependant care facilities in South African organisations may be the result of the higher cost of many of the arrangements in this category. Childcare facilities and subsidies for childcare are recognised as the more costly work-care arrangements for organisations (Ingram & Simons, 1995, den Dulk, 2001). The significance of this findings in relation to the provision of care facilities by employers is especially relevant in the South African context where there is very little state support for dependant care facilities. In the context of HIV/AIDS care it is recognised that most of the care will take place in homes and not in state facilities (Akintola, 2001). In the case of child care, there are child support grants and subsidies for attendance at recognised ECD facilities but these poverty alleviation measures reach a very small percentage of the population and appear to have taken the focus off the provision of facilities for childcare by the state (Lund, 2009). There appears to be an assumption that employees are able to afford childcare and/or eldercare through the hiring of domestic workers and/or payment to attend private childcare and/or
eldercare facilities. For those who cannot afford to do so there is an acceptance that family member or friends will assist in providing this care when parents are at work. The adequacy of this assumption is challenged in the discussion on the crisis of care in South Africa in Chapter 2.

*Are these measures going beyond legislative minima regulating work-care integration?*

In South Africa current legislative provisions regulating the integration of work and care are not extensive. In particular there are no legislative provisions regulating parental leave, a separate entitlement for men to take paid paternity leave or the right to take leave for when adopting a child. There is also no statutory right to request flexible working arrangements (Dancaster & Baird, 2008). As den Dulk (2001, p.201) notes: “If the level of public provisions is low, employees become dependent on support offered by their employer”. This may come in the form of extensions beyond legislative minima or through the offering of arrangements that are not regulated by legislation at all.

Both of these circumstances, namely the extension of existing provisions and the adoption of arrangements for leave for work-care integration in circumstances where the legislation is silent, are covered by the findings from this study in relation to the research question examining the extent to which South African organisations go beyond legislative provisions in the area of leave for the purposes of work-care integration.

In relation to employer offerings in circumstances where there was no separate legislated leave provision, namely parental leave and paid paternity leave, the results indicate that the majority of employers did not offer these two types of leave to employees. The findings showed that fewer than ten percent (8.8 percent) of employers in the survey offered parental leave to employees. Although the findings indicated that in all cases this leave was offered in formal policy, the findings also showed that in almost all cases (87.5 percent of organisations) it was not available to everyone in the organisation.
The findings in relation to the adoption of a separate period of leave for fathers for the birth of their child (paternity leave) under half (43.3 percent) of organisations had adopted paternity leave. In the vast majority of organisations (88.6 percent) where this paternity leave was offered, it was not available to everyone in the organisation.

In terms of employer offerings in excess of the duration of leave offered in existing legislative provisions governing leave for work-care integration in South Africa, namely maternity leave and family responsibility leave, the findings indicated that the majority of employers in South Africa do not offer leave in excess of statutory minima (14.5 percent in the case of maternity leave and 25.9 percent in the case of family responsibility leave of employers).

In sum therefore, the findings are that the vast majority of South African employers are not offering leave for work-care integration to employees in excess of statutory minima.

*What predicts the adoption of work-care arrangements in South African organisations?*

The predictors selected to explain the adoption of the spread of work-care arrangements in South African organisations were based on a conceptual model incorporating neo-institutional and economic considerations. The organisational characteristics tested for association with the spread of work-care arrangements in South African organisations were: the size of the organisation; the increased presence of females in the organisation; the increased presence of females in trade unions; the increased presence of females in senior managerial positions in an organisation and the presence of more than fifty percent foreign ownership in the organisation. Two of these organisational characteristics, namely the size of the organisation and the increased presence of females in senior managerial levels in the organisation were associated with the greater adoption of the overall number of work-care arrangements. There were indications that female presence in trade unions may also be associated with some of the categories of work-care arrangements but these could not be statistically confirmed due to small sample sizes for this variable.
Increased foreign ownership was not found to be associated with the adoption of work-care arrangements. However, foreign ownership may have less to do with the spread of work-care arrangements than the location of the head office of the organisation as the head office is likely to be the source of policy decisions.

Female presence in the organisation may only be associated with the greater adoption of work-care arrangements in organisations that are dependent on women. This study did not incorporate this additional factor and hence this may account for the finding that there was no association between female presence in the organisation and the adoption of work-care arrangements. Trade union presence was predicted not to be associated with the increased adoption of work-care arrangements in the South African context and this was confirmed in the findings.

The findings with regard to predictors of work-care arrangements in South African organisations point to contextual considerations such as the low level of public policy provisions and the low level of institutionalisation of work-care concerns through the absence of social expectations as influencing the adoption of work-care arrangements. They are indicative of the absence of pressure towards the adoption of work-care arrangements in organisations and this is discussed further in relation to the theoretical reflections in the section that follows. The findings also point to the fact that employers in South Africa, in the absence of institutional pressures, are taking a cost-benefit approach to decisions on whether or not to adopt work-care arrangements. This approach in the dismal economic climate in which organisations are operating presently in South Africa is likely to result in little movement towards the adoption of work-care arrangements by a large number of organisations. The expectation is that there will be large variations in the spread of work-care arrangements with a relatively larger adoption of those ‘cheaper’ benefits such as information/supportive facilities. This expectation is confirmed in the results, which point to large differences in the spread of work-care arrangements in organisations and the adoption of information/supportive accounting for a large overall share of all the work-care arrangements.
7.3. Theoretical Reflections

The theoretical approach in this thesis incorporated a neo-institutional and economic perspective to study the adoption of work-care arrangements in South African organisations. Neo-institutional theory focuses on the different types of isomorphic pressures (normative, mimetic and coercive) that lead to the adoption of innovations in organisations. Institutional theorists posit that organisations adopt new practices because of coercion from powerful institutional forces; because they follow the behaviour of leading organisations in times of uncertainty or because they take on new practices as they become recognised as the new norm for organisational behaviour. As scholars (Suchman & Edelman, 1996, p.908) in the law and society branch of scholarship note: “formal doctrine helps to constitute informal norms”.

Within a neo-institutional perspective, organisational change to fit in with cultural norms will occur even if it is not an efficient, economically rational response on the part of the organisation. This assumption that organisations are passive actors and do not apply an economic, rational-choice approach to decision making resulted in early institutional theorists being criticised (Oliver, 1991). As a result researchers have focused on the behaviour of organisations and individual decision-makers in organisations using frameworks with labels such as ‘strategic responsiveness’ (Oliver, 1991) and ‘strategic issue interpretation (Milliken et al., 1998). As part of this enquiry, researchers have sought to uncover factors that impact on the strategic responsiveness of organisations. For example Oliver (1991) focused on the strength of institutional pressures and the perceived effects on the technical outcomes of organisations in conforming to these pressures in order to predict different strategies of organisations. Tolbert & Zucker (1996) focused on the adoption period and whether or not innovative practices were new or had become institutionalised over time in predicting organisational responsiveness. However, early studies in the work-family domain (Goodstein, 1994; Ingram and Simons, 1995) that have used models of strategic choice have found it difficult to measure the different strategies of organisations.
An additive theoretical approach was used to explain and test organisational characteristics and institutional conditions predicted to impact on the adoption of work-care arrangements in South African organisations. The discussion that follows presents a reflection on the conceptual model used in this study and the theoretical framework incorporated in it, in the light of the findings from the study on employer involvement in work-care integration in South Africa.

The findings from the study support the use of a multi-theoretical approach in studies on the adoption of work-care arrangements in South African organisations. Coercive isomorphic pressures, economic considerations, social policy and the institutionalisation of work-care considerations in South Africa all appear to have some influence the adoption of work-care arrangements in South African organisations.

The expectation using institutional theory that employers adapt to their environment is evident from the findings on a low spread of work-care arrangements in South African organisations and a high degree of variation in the adoption of different types of work-care arrangements. An analysis of the results from a neo-institutional perspective suggests that mimetic and normative pressures have little influence on the adoption of work-care arrangements in South African organisations at this point in time. This would be expected given that there is little in the way of state policy or national dialogue that impacts on the organisations in terms of their normative behaviour. In terms of a focus on mimetic institutional pressures, neo-institutional theorists posit that if rules are ambiguous or complex, organisations look to one another or to the professions to structure their operations. Applied to work-care integration in South Africa it could be argued that the weak rules regulating work-care integration may cause organisations to mimic others similar organisations in the environment as they search for successful models to base their actions on. However, given the lack of public attention given to work-care integration, either through professional associations or ‘best practice’ awards for South African organisations, it is unlikely that this mimetic isomorphic pressure is at work to influence the adoption of work-care arrangements in organisations.
There is some evidence from the findings to suggest that coercive pressures do apply to the adoption of work-care arrangements in South African organisations, mainly through the results of the study showing a high degree of compliance by organisations with those minimal regulatory measures that exist on work-care integration in South Africa and the coercive effect of isolated constituents, in particular the increased adoption of work-care arrangements in large organisations and in organisations with an increased presence of females in senior managerial positions. These organisational characteristics could equally however, be evidence of economic rather than institutional considerations through the adoption of work-care practices in an effort to recruit and retain females in senior managerial positions and the adoption of work-care arrangements in those larger organisations with the means to afford them.

In South Africa, where work-care practices are not institutionalised, it would be expected that economic considerations would play a greater role than institutional considerations in predicting the adoption of work-care considerations. The incorporation of economic considerations in the conceptual model and the findings in relation to this, were useful in explaining the adoption of work-care arrangements in South African organisations. Apart from the findings relating to organisational characteristics that could be associated with economic considerations affecting the adoption of work-care arrangements, namely organisational size and female presence in senior managerial positions, there are other indicators suggestive of an economic approach by organisations in their decision-making on the adoption of work-care arrangements. Respondents indicated that a business case rationale was, together with considerations of corporate social responsibility, the dominant rationale behind the adoption of work-care arrangements in their organisations. The results on the low level of work-care arrangements are indicative of a cost-benefit approach by South African organisations to the adoption of work-care arrangements in that organisations in South Africa (and globally) in tight economic conditions are likely to view the adoption of work-care arrangements as an ‘economic luxury’, particularly in the absence of institutional pressures to do adopt these arrangements.

Overall, the findings highlight the effect of institutional and economic conditions on the adoption of work-care arrangements in South African organisations. The low overall levels of work-care arrangements, the high variability in the spread of work-
care arrangements and the organisational characteristics associated with the adoption of work-care arrangements in South African organisations are consistent with a country with a low level of institutional pressures for organisations to adopt work-care arrangements, a lack of institutionalisation of work-care policy and a focus on economic considerations that, in a difficult economic climate, are unlikely to provide much in the way of additional benefits to employees.

7.4. Limitations of the Study

Although a unique study in itself, there are a few limitations to this study. One of the limitations relates to the size and composition of the sample selected for the study. The composition of the sample was almost exclusively that of privately owned organisations. A very small number of companies listed on the JSE are publically owned. This prevented findings being made on this organisational characteristic (private vs. public sector ownership) as a predictor of the adoption of work-care arrangements and hence the results of this study should be applied to public organisations with caution. With hindsight there may have been merit, and this sample had no barriers to assessing the organisations in terms of their proximity to the public sphere as per the discussion in Chapter 3, and this may be a useful point for further studies in this area that make use of this sample.

The size of the sample, although not small by comparison with other similar studies, prevented findings being made regarding organisational characteristics as predictors of the adoption of work-care arrangements in respect of some categories in which there were very few responses. This did not however prevent an analysis of the spread of work-care arrangements in these categories.

A further possible limitation was the fact that data on the independent and dependent variables was obtained from the same source with the potential for common method variance. Poelmans et al (2003a, p.143) found that there may be striking contradictions between what work-care policies human resource managers claim to exist and what policies employees perceive to exist and suggests that this is a “clear invitation to collect multi-source data in future studies”. A further limitation relating
to the source of the data was the potential for inaccuracies in self-reports and the fact that line managers may be better placed than human resource managers to comment on informal work-care arrangements, which were included in the study.

A limitation in the design of the questionnaire was the omission of a question relating to employers’ willingness to grant employees leave for adoption purposes. This would have been an interesting finding in light of the legislative gap in this regard, referred to in the recommendations for reform in Chapter 6.

A further limitation relates to the measurement of organisational responsiveness in the adoption of work-care arrangements. The measure used in this study was a simple calculation of the number of work-care practices with equal weight attached to all of the 23 individual work-care practices included in the study. Although considerations that affect the quality and spread of work-care arrangements, such as qualifying criteria for use of the benefit or whether or not the provision was implemented for the employers’, rather than the employees’, benefit, were included in the study, these considerations did not alter the actual measurement of greater or lesser work-care provisioning. Nor were considerations of the cost of the benefit to the employer included in the ‘value’ attached to the different work-care arrangements. A thorough review of the literature revealed that there is no universally accepted existing scale that measures the relative ‘value’ of work-care arrangements. This is a particularly difficult concept to measure given that there are a number of considerations in assessing the worth of one work-care arrangement vis-à-vis another which is further complicated by whether an assessment is made from the employer or the employee’s perspective. It has already been recognised (Poelmans et al, 2003a) that future research would benefit from research into the measurement of organisational responsiveness in the adoption of work-care measures. However, as Whitehouse et al (2007: ) note:

“while the ‘family-friendliness’ of workplaces can only be fully assessed by examining the ways in which work-family policies and practices are implemented and documenting the experiences of employees who access them, the range of family-friendly provisions available at the workplace is an important basic indicator of the capacity to support employees with family responsibilities”.
7.5. Recommendations for Future Research

As noted at the beginning of this thesis, research into work-care integration is in its infancy in South Africa. Suggestions for future research that would extend the scope of this study and address some of the critical questions around work-care integration in South Africa follow.

There is a need for more quantitative studies in South Africa, using large samples of nationally representative employers, to provide further information on the nature and extent of work-care arrangements offered by employers. In particular, some questions for future research that arise from this study and that could be usefully explored in these studies include:

- Are employers offering adoption leave even though they are not required to do so by law?
- Are male employees using the legislative provision on family responsibility leave to care for sick children?
- To what extent do employees in South Africa utilise leave provisions for care purposes where they are unpaid? and
- What is the nature and spread of maternity payments in excess of statutory minima?

These questions lend themselves to large-scale quantitative studies across different industry sectors and in organisations of different sizes.

Future studies in the South African context could also focus on barriers to implementation of work-care arrangements including a focus on organisational climate, attitudes of line managers, work design and employee knowledge of the availability of work-care arrangements.

Furthermore, broadening this research to include other actors in South Africa such as trade unions and employees would be useful. There is little research on either of these actors to date apart from that which focuses on role conflict for employees and negative spillover in the work/home interface (de Villiers & Kotze, 2003; Whitehead
Future studies that focus on trade union involvement in work-care integration in South Africa would benefit from a focus on exploring further the evidence from this study on the lack of association between trade union support at the workplace and the adoption of work-care arrangements. It would be useful to explore whether or not this is a function of the fact that trade unions in South Africa are not placing work-care integration demands on the bargaining table or whether they are in fact placing these demands on the bargaining agenda but are unsuccessful in negotiating them to the point of adoption into organisational policy. In addition, case studies that focus on and examine attitudes within trade union leadership structures towards work-care issues on the bargaining agenda and perceptions from trade unions towards a legislative right to request flexible working arrangements would be useful.

Research in South Africa into employee utilisation of work-care measures, particularly qualitative studies that focus on employee perceptions of barriers to the utilisation of work-care policies and employee views on a legislative right to request flexible working arrangements, would extend the research in this area.

There has been a significant amount of research examining the nature of care in the context of HIV/AIDS with a focus on the psychological, physical and financial effects of caring on the caregiver. However, further research in this area could benefit by extending the focus of these studies to explore the extent to which these carers would utilise work-care measures, such as flexible working arrangements, in circumstances where they are struggling to combine their employment with their care work. The studies on carers for PLWHA’s have to date not considered measures towards work-care integration to any great extent.

Further research examining legislative options for work-care integration in South Africa is needed, particularly in the areas identified for legislative reform in Chapter 6. These studies could also expand the existing research that looks at legislative arrangements governing maternity leave in SADC countries (Smit, 2011) to other African states and incorporate a wider range of leave provisions for work-care integration in such studies. A comparative study of work-care legislative measures in those countries comprising the BRICS nations (Brazil, Russia, India, China and South
Africa) would also be useful given the diverse contextual differences in these regions and their identification as the new emerging economies (Goldman Sachs Report, 2003).

Although there is some research that has examined the characteristics of domestic work in South Africa (Smit & Mpedi, 2011), notably in terms of the characteristics of domestic workers, the legal regulation of domestic work and the size of this sector of employment, further research could benefit from qualitative studies examining the work-care integration concerns of this sector of employment given that it is overwhelmingly female and in many cases involves working and living away from home. Qualitative studies exploring how domestic workers arrange for the care of their own dependants would be useful and may be framed within an analysis of ‘circuits of care’. ‘Circuits of care’ refer to care arrangements whereby “poor workers of colour give care to the white rich at the cost of caring for their own families who may miss out on adequate care as a result” (Kittay et al 2005, p 459 cited Pocock, 2006). Pocock (2006, p. 18) notes that “at the end of this chain are the cognitive, emotional and social deficits of children who will not recover, in their lifetimes, what their poor care denies them”. This analysis is particularly relevant to carers who are employed as domestic workers in South Africa.

An additional enquiry for future research in South Africa, and one that intersects with an enquiry into domestic workers is an analysis of ‘global care chains’ (Hochschild, 2000) in relation to the increasing employment of migrant labour from other countries in Africa as domestic workers in South Africa (Fourie & Smit, 2011). The concept of ‘global care chains’ with its focus on the role of transnational migrant workers and the provision of care in households, has been broadened to include migrant care workers and “helps to illustrate the variegated nature, and unequal operation, of citizenship regimes” (Fudge, 2012:66). Case studies would be particularly useful in exploring the inequality; social divisions and push-pull factors associated with migrant labour employment as domestic workers in South Africa within a framework of analysis using the concept of global care chains.

From a theoretical perspective it has been noted that “studies of regulatory regimes are only in the infancy in institutional theory and many substantial gaps remain”
(Suchman & Edelman 1996, p.927). Future work-care studies, both in South Africa and elsewhere would benefit from a more detailed examination of the different mechanisms by which law influences organisational behaviour. By moving away from a deterministic, coercive notion of the law on organisations, future studies would benefit from interrogating the process by which laws shape organisations. Kelly and Dobbin (1999) in their study on maternity laws in the US and the affect of these laws on organisational behaviour found that the legal sanction effect that exerts coercive pressure was not present and that employers responded “not to the objective risk of being sued but to press coverage that makes them aware of new legal standards” (Kelly & Dobbin, 1999, p.482). They also find that legal ambiguity can lead to a strong corporate response because employers, “uncertain of what is required of them, create elaborate compliance measures” (Kelly & Dobbin, 1999, p.485). These compliance measures may be more a function of normative and mimetic isomorphism than the result of coercive pressure to conform.

Kelly and Dobbin (1999) are not alone in examining the influence of law outside a perspective the focuses on coercive pressure. Suchman and Edelman (1996, p929) note that:

“Institutional accounts often depict the law as distinctively explicit, authoritative, and coercive. We argue, however, that organisational scholars might profitably consider the Law and Society movement's alternative image of law as highly ambiguous, political, and constitutive”.

They note that compliance is influenced more by cultural norms and by what other organisations are doing then by the imminent threat of legal sanctions (Suchman & Edelman, 1996). “Given ambiguity and complexity in the law, environment level dynamics such as mimetic and normative isomorphism play a central role in transforming vague legal strictures into concrete organisational practices” (Suchman & Edelman, 1996, p.922). Future studies in the area of work-care integration, in particular in-depth case studies, could interrogate these alternative processes by which law may influence organisational behaviour.
7.6. Conclusion

This thesis, with its focus on state and employer involvement in work-care integration in South Africa, has provided new evidence and broadened the contextual setting of work-care research. The study shows that the state has ignored the problems of work-care integration for employees working in the formal sector of employment in South Africa. This is evidenced in the thesis by the discussion on the limited legislative provisions regulating work-care integration in South Africa, the lack of commitment to international standards as indicated by the particularly low level of adoption of ILO standards relating to work-care integration (in particular the key standard in this regard, the Workers with Family Responsibilities’ Convention41) and the lack of social dialogue towards finding solutions to assist employees with work-care integration. The recommendations in Chapter 6 on legislative measures for work-care integration in South Africa show that the current legislative provisions are inadequate, both in terms of the scope of application and in terms of much of the content. A number of legislative provisions that have become increasingly recognised as important in assisting employees with work-care integration remain off the statute books in South Africa, namely adoption leave, parental leave, a separate entitlement to paid paternity leave and the right to request flexible working arrangements.

It appears that the assumption on the part of the state is that those who can afford to pay for care will buy it from the readily available and relatively inexpensive pool of domestic workers in South Africa and those who can’t will draw on the resources of unemployed family members. The state appears to have turned a blind eye to the fact that the quality of this care is not always optimal nor has it taken seriously the needs or desires of employees to provide this care themselves. This approach by the state in South Africa ignores the literature that points to the importance of the provision of good quality care for children in terms of early childhood development and the reduction of stress on parents. It also ignores the fact that state-supported, good quality facilities for the provision of care whether it is childcare, elderly care or care for persons with HIV/AIDS, are virtually non-existent in South Africa.

41 (No 156), 1981.
The state in South Africa has turned an equally blind eye to the fact that employers are doing little to assist employees. The findings from this study show that in the absence of state support for working carers, employers in South Africa have not stepped in to fill the gap. This is evidenced in the findings from this study that the adoption of work-care arrangements by employers in South Africa is minimal, particularly in the case of the provision of dependant care facilities. There is some evidence from this study that employers may be applying an economic approach to decisions around the adoption of work-care arrangements. The study indicates that large organisations and those with females in senior managerial positions are more likely to adopt work-care arrangements in South Africa, possibly because they can afford to do so and also because they are using these benefits to attract and retain scarce skills. However, this approach, which is sensitive to economic fluctuations, is likely to vary over time and result in the continuation of low level provisioning in all but a handful of organisations. There is also evidence from this study that trade unions in South Africa are having little affect on the adoption of work-care arrangements in South African organisations. In the absence of pressure from the state or from trade unions, the likelihood of employers adopting work-care arrangements to any great extent in South African organisations remains slim.

However, social and demographic conditions discussed in Chapter 2, such as the increase in female labour force participation, the fragmented nature of families and the ‘care crisis’ from the HIV/AIDS pandemic means that the state and employers in South Africa should be taking work-care integration more seriously. South Africa presents far greater concerns and challenges relating to care than many of those countries currently addressing work-family integration in national policy (Dancaster & Baird, 2008). There needs to be a realisation on the part of the state that assistance with work-care integration goes beyond poverty alleviation measures such as child support grants and subsidies for early childhood development facilities, useful as these measures are. Leaving it for other actors such as employers and trade unions to advance work-care integration for employees’ means that burden of care remains essentially on females in households in South Africa. Research in the context of HIV/AIDS care discussed in Chapter 2, highlights the enormous physical and psychological burden this care imposes on these carers.
This thesis has provided concrete recommendations for legislative reform in the area of work-care integration. Without underestimating the importance of legislative measures in advancing work-care integration for employees in South Africa, it should be noted that legal regulation is not the only way in which the state can become more proactive. There is a need for dialogue on work-care integration in South Africa. As Budlender (2011) details in her study for the ILO on gender equality and social dialogue, there are established structures for social dialogue in South Africa such as the National Economic Development and Labour Council (NEDLAC). Baird (2011) illustrates with reference to recent legislative changes in the area of work-care integration in Australia, how an increase in debate and dialogue at a national level can impact on employer decision-making through a heightened awareness of work-care integration concerns. Another way in which the state could act is to require employers to report the level and utilisation of work-care arrangements as part of their measures towards gender equality through the reporting mechanisms of the Employment Equity Act. This is a measure used in Norway and Sweden to encourage employer involvement in work-care integration (den Dulk, 2001). These and other suggestions need to be researched and debated by all the actors who play a role in assisting employees with work-care integration in South Africa.

Finally, this study supports the findings from Hegewisch and Gornick (2008) that relying on employer goodwill to adopt work-care arrangements fails to acknowledge the fact that workplace cultures do not change easily. Unless there is political will on the part of government towards assisting employees with work-care integration and a commitment by employers to improving the way in which employees combine work and care, and unless the actors come together to discuss and debate issues affecting work-care integration in South Africa, the burden of combining work and care will continue to remain on those, primarily female, individual members in households.
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Quarterly, 32(4), 493-511.


Appendix One: Questionnaire

Survey on work-family arrangements

This questionnaire requests information on work-family arrangements in your organisation. All information received will remain confidential and all data will be coded when entered. There are four sections in this questionnaire. The first section requests specific information on your organisation. The second section is divided into four parts, each one dealing with a different type of work-family arrangement. The third section requests information on motivations for adopting work-family arrangements in your organisation. The fourth section requests details of the person completing the questionnaire. Your participation in this study is sincerely appreciated and as a participant, you will receive a summary of the results. This will provide information on the nature and extent of work-family arrangements in the South African organisations selected for this study.

Section 1: About your organisation

1: Name of Organisation
This is simply to ensure that you do not receive multiple requests to complete the questionnaire. The identity of your organisation will remain anonymous in the survey as all data will be coded when entered.

2: Which statement best represents the description of ownership of your organisation?
Please choose only one of the following:
- It is wholly South African owned → go to 3
- It has less than 50% foreign ownership → go to 3
- It has more than 50% foreign ownership
- No answer

2.1: Please state the name of the country that has majority ownership in the organisation.

3: Where is the head office of your organisation based?
Please choose only one of the following:
- Eastern Cape
- Freestate
- Gauteng
- KwaZulu-Natal
- Limpopo
- Mpumulanga
- Northern Cape
- North West
- Western Cape
- Other

Please state name of city and country if outside South Africa.
- No answer

4: Please complete the information requested on employee numbers.

Employees are those people employed by the organisation who receive payment in salaries, wages, commission, piece rates or payments in kind as at January 2008 including independent contractors.

4.1: What is the approximate number of permanent full-time male and female employees in all operations throughout South Africa (as at January 2008)?

<table>
<thead>
<tr>
<th>Males</th>
<th>0</th>
<th>1-50</th>
<th>51-100</th>
<th>101-200</th>
<th>201-500</th>
<th>Over 500</th>
<th>No answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Full-time employees are those employees who usually work the agreed hours for a full-time employee in a specific occupation. If the agreed hours do not apply, employees are regarded as full-time employees if they work 35 hours or more per week.

4.2: What is the approximate number of male and female permanent part-time employees in all operations throughout South Africa (as at January 2008)?

<table>
<thead>
<tr>
<th>Males</th>
<th>0</th>
<th>1-50</th>
<th>51-100</th>
<th>101-200</th>
<th>201-500</th>
<th>Over 500</th>
<th>No answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Part-time employees are those employees who are not full-time employees as defined above, or who normally work less than 35 hours per week.

5: What percentage of your organisation’s female employees (both full-time and part-time) are involved in senior managerial positions?

Please choose only one of the following:
- 0 percent
- 1-10 percent
- 11-20 percent
- 21-30 percent
- 31-40 percent
- 41-50 percent
- More than 50 percent
- No answer

In this question senior managerial employee means an employee who has the authority to hire, discipline and dismiss employees and to represent the employer internally and externally.
6: What percentage of your organization’s employees have authorized the payment of trade union subscription deductions (trade union dues) from their salaries?

Please choose only one of the following:
- 0 percent → go to 7
- 1-10 percent
- 11-20 percent
- 21-30 percent
- 31-40 percent
- 41-50 percent
- More than 50 percent
- No answer

6.1: Of those employees who have signed authorized deductions for trade union subscriptions, what percentage of them are female?

Please choose only one of the following:
- 0 percent
- 1-10 percent
- 11-20 percent
- 21-30 percent
- 31-40 percent
- 41-50 percent
- More than 50 percent
- No answer

7: Does your organisation operate in the public or in the private sector?

Please choose only one of the following:
- Private sector
- Public sector
- No answer

8: In which of the following industry sectors does your organization operate?

Please choose only one of the following:
- Automobiles and parts
- Banks
- Basic Resources
- Chemicals
- Construction and materials
- Financial services
- Food and beverages
- Health care
- Industrial goods and services
- Insurance
- Media
- Oil and Gas
- Personal and household goods
- Retail
- Technology
- Telecommunications
- Travel and leisure
- Utilities
- Other
- No answer

Section 2: Work-family arrangements
The sections that follow are designed to obtain data on work-family arrangements in your organization in the following categories:
A: Flexible Working Arrangements
B: Care Facilities
C: Supportive Arrangements
D: Leave Arrangements

A: Flexible Working Arrangements

9: Does your organization permit employees, at their request, to move from full-time employment to part-time employment on a permanent basis while remaining in the same position or level in order to combine their work and care responsibilities?

Please choose only one of the following:
- Yes
- No → go to 10
- No answer

9.1: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees?
- Formal policy – unilaterally established by the company?
- An informal arrangement not contained in formal company policy?
- No answer

9.2: May all employees utilise this arrangement?

Please choose only one of the following:
- Yes → go to 10
- No
- No answer

9.3: Which employees may utilize this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organization may utilize this arrangement
- Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
- Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
- Other:

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer</td>
</tr>
</tbody>
</table>

10: Does your organization permit employees, at their request, to move from full-time employment to part-time employment on a temporary basis while remaining in the same position or level in order to combine their work and care responsibilities?

Please choose only one of the following:
- Yes
- No → go to 11
- No answer
10.1: Is this contained in:

Please choose only one of the following:

☑ Formal policy – collectively bargained with a trade union or other collective body of employees?
☑ Formal policy – unilaterally established by the company?
☑ An informal arrangement not contained in formal company policy?
☐ No answer

10.2: May all employees utilise this arrangement?

Please choose only one of the following:

☐ Yes → go to 11
☐ No
☐ No answer

10.3: Which employees may utilise this arrangement?

Please choose all that apply:

☐ Only employees above a certain level in the organization may utilize this arrangement
☐ Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
☐ Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
☐ No answer

11: Does your organization permit employees, at their request, to regularly work flexible starting and finishing times in order to combine their work and care responsibilities?

Please choose only one of the following:

☐ Yes
☐ No → go to 12
☐ No answer

11.1: Is this contained in:

Please choose only one of the following:

☐ Formal policy – collectively bargained with a trade union or other collective body of employees?
☐ Formal policy – unilaterally established by the company?
☐ An informal arrangement not contained in formal company policy?
☐ No answer

11.2: May all employees utilise this arrangement?

Please choose only one of the following:

☐ Yes → go to 12
☐ No
☐ No answer

11.3: Which employees may utilize this arrangement?

Please choose all that apply:

☐ Only employees above a certain level in the organization may utilize this arrangement
☐ It is only available to full-time employees
☐ Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
☐ Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
☐ Other:

☐ No answer

12: Does your organization permit employees, at their request, to occasionally work flexible starting and finishing times in order to combine their work and care responsibilities?

Please choose only one of the following:

☐ Yes
☐ No → go to 13
☐ No answer

12.1: Is this contained in:

Please choose only one of the following:

☐ Formal policy – collectively bargained with a trade union or other collective body of employees?
☐ Formal policy – unilaterally established by the company?
☐ An informal arrangement not contained in formal company policy?
☐ No answer

12.2: May all employees utilise this arrangement?

Please choose only one of the following:

☐ Yes → go to 13
☐ No
☐ No answer

12.3: Which employees may utilize this arrangement?

Please choose all that apply:

☐ Only employees above a certain level in the organization may utilize this arrangement
☐ It is only available to full-time employees
☐ Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
☐ Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
☐ Other:

☐ No answer
13: Does your organization permit employees, at their request, to work additional hours on some days to compensate for shorter hours worked on other days (compressed work week) for at least part of the year in order to combine their work and care responsibilities?

Please choose only one of the following:
- Yes
- No → go to 14
- No answer

13.1: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees?
- Formal policy – unilaterally established by the company?
- An informal arrangement not contained in formal company policy?
- No answer

13.2: May all employees utilise this arrangement?

Please choose only one of the following:
- Yes → go to 14
- No
- No answer

13.3: Which employees may utilize this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organization may utilize this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
- Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
- Other:

- No answer

14: Does your organization permit employees, at their request, to work at home on a regular basis in order to combine their work and care responsibilities?

Please choose only one of the following:
- Yes
- No → go to 15
- No answer

14.1: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees?
- Formal policy – unilaterally established by the company?
- An informal arrangement not contained in formal company policy?
- No answer

14.2: May all employees utilise this arrangement?

Please choose only one of the following:
- Yes → go to 15
- No
- No answer

14.3: Which employees may utilize this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organization may utilize this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
- Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
- Other:

- No answer

15: Does your organization permit employees, at their request, to work at home on an occasional basis in order to combine their work and care responsibilities?

Please choose only one of the following:
- Yes
- No → go to 16
- No answer

15.1: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees?
- Formal policy – unilaterally established by the company?
- An informal arrangement not contained in formal company policy?
- No answer

15.2: May all employees utilise this arrangement?

Please choose only one of the following:
- Yes → go to 16
- No
- No answer
15.3: Which employees may utilize this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organization may utilize this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
- Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
- Other:

☐ No answer

16: Does your organization provide any additional flexible working arrangements to permit employees to combine their employment with caregiving?

Please choose only one of the following:
- Yes
- No → go to 17
- No answer

16.1: Please specify what these additional flexible working arrangements are:

☐ No answer

B: Care Facilities

17: Does your organization currently provide a day-care facility for employees’ children, either on-site or elsewhere?

Please choose only one of the following:
- Yes
- No → go to 18
- No answer

17.1: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees?
- Formal policy – unilaterally established by the company?
- An informal arrangement not contained in formal company policy?
- No answer

17.2: May all employees use this arrangement?

Please choose only one of the following:
- Yes → go to 18
- No
- No answer

17.3: Which employees may utilize this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organization may utilize this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
- Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
- Other:

☐ No answer

18: Does your organization provide its employees with payment for child care through vouchers or other subsidies that have direct costs to company?

Please choose only one of the following:
- Yes
- No → go to 19
- No answer

18.1: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees?
- Formal policy – unilaterally established by the company?
- An informal arrangement not contained in formal company policy?
- No answer

18.2: May all employees use this arrangement?

Please choose only one of the following:
- Yes → go to 19
- No
- No answer

18.3: Which employees may utilise this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organization may utilize this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
- Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
- Other:

☐ No answer
19: Does your organization provide its employees with payment for dependent adult care (elderly or sick adult relatives) through vouchers or subsidies that have direct costs to company?

Please choose only one of the following:
- Yes
- No → go to 20
- No answer

19.1: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees?
- Formal policy – unilaterally established by the company?
- An informal arrangement not contained in formal company policy?
- No answer

19.2: May all employees use this arrangement?

Please choose only one of the following:
- Yes → go to 20
- No
- No answer

19.3: Which employees may utilize this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organization may utilize this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
- Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
- Other:

- No answer

20: Does your organization reimburse employees for child care costs when employees are asked to work beyond normal working hours or travel for business reasons?

Please choose only one of the following:
- Yes
- No → go to 21
- No answer

20.1: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees?
- Formal policy – unilaterally established by the company?
- An informal arrangement not contained in formal company policy?
- No answer

20.2: May all employees use this arrangement?

Please choose only one of the following:
- Yes → go to 21
- No
- No answer

20.3: Which employees may utilize this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organization may utilize this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
- Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
- Other:

- No answer

21: Does your organization provide its employees with child care for school-age children who are on vacation?

Please choose only one of the following:
- Yes
- No → go to 22
- No answer

21.1: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees?
- Formal policy – unilaterally established by the company?
- An informal arrangement not contained in formal company policy?
- No answer

21.2: May all employees use this arrangement?

Please choose only one of the following:
- Yes → go to 22
- No
- No answer

21.3: Which employees may utilize this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organization may utilize this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organization for longer than a stipulated period of time may utilize this arrangement
- Only employees with good work performance and/or worth retaining in the organization may utilize this arrangement
- Other:

- No answer
22: Does your organization provide any additional care facilities?
   Please choose only one of the following:
   ☐ Yes
   ☐ No — go to 23
   ☐ No answer
22.1: Please specify what these additional care facilities are:

C. Supportive Arrangements

23: Does your organization offer information to its employees on HIV/AIDS care facilities in the community?
   Please choose only one of the following:
   ☐ Yes
   ☐ No
   ☐ No answer

24: Does your organization offer information to its employees on care facilities for the elderly in the community?
   Please choose only one of the following:
   ☐ Yes
   ☐ No
   ☐ No answer

25: Does your organization offer information to its employees on child care facilities in the community?
   Please choose only one of the following:
   ☐ Yes
   ☐ No
   ☐ No answer

26: Does your organization offer its employees training, workshops or seminars on parenting, child development, care of the elderly or ill or work-family problems?
   Please choose only one of the following:
   ☐ Yes
   ☐ No
   ☐ No answer

27: Does your organization offer an employee assistance program designed to help employees deal with problems that may affect their work and personal life?
   Please choose only one of the following:
   ☐ Yes
   ☐ No
   ☐ No answer

28: Does your organisation permit employees to take breaks specifically for the purpose of breastfeeding or to express milk during the first 6 months of the child's life?
   Please choose only one of the following:
   ☐ Yes
   ☐ No
   ☐ No answer

29: Does your organization provide any additional supportive arrangements to employees who are caregivers (excluding leave for employees to attend to care requirements)?
   Please choose only one of the following:
   ☐ Yes — go to 31
   ☐ No
   ☐ No answer

29.1: Please specify:

D. Leave arrangements

30: Which of the following maternity leave provisions does your organisation offer?
   Please choose only one of the following:
   ☐ Less than four months unpaid maternity leave (with no employer contribution only Unemployment Insurance Fund payments) — go to 31
   ☐ Four or more months unpaid maternity leave (with no employer contribution only Unemployment Insurance payments)
   ☐ Four or more months maternity leave either fully paid or partly paid by the employer (ignore UIF payments)
   ☐ No answer

30.1: What is the total duration of the maternity leave offered by your organization (in months)?
   Please choose only one of the following:
   ☐ 4 months
   ☐ 5 months
   ☐ 6 months
   ☐ Other
   ☐ No answer

30.1.1: Is it fully paid for the whole duration?
   If you answered no, go to 30.2.
   Please choose only one of the following:
   ☐ Yes — go to 30.2
   ☐ No
   ☐ No answer

30.1.2: Please state what the provision for payment is.
30.2: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees
- Formal policy – unilaterally established by the company
- An informal arrangement not contained in formal company policy
- No answer

30.3: May all employees utilise this arrangement?

Please choose only one of the following:
- Yes → go to 31
- No
- No answer

30.3.1: Which employees may utilise this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organisation may utilise this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organisation for longer than a stipulated period of time may utilise this arrangement
- Only employees with good work performance and/or worth retaining in the organisation may utilise this arrangement
- Other. Please state
- No answer

31: How many days leave, per 12 month cycle, does your organisation offer its employees to attend to the birth or sickness of their child and/or in the event of the death of their life partner, parent, adoptive parent, grandparent, child, adopted child or brother/sister (otherwise known as 'family responsibility leave')?

Please choose only one of the following:
- Less than 3 days → go to 32
- 3 days → go to 32
- More than 3 days
- No answer

31.1: What is the total duration, per 12 month cycle, of the family responsibility leave offered by your organisation?

Please choose only one of the following:
- 4 days
- 5 days
- 6 days
- Other
- No answer

31.2: Is this leave fully paid?

Please choose only one of the following:
- Yes → go to 31.3
- No
- No answer

31.2.1: Please state what the provision for payment is.

31.3: Is this contained in:

Please choose only one of the following:
- Formal policy – collectively bargained with a trade union or other collective body of employees
- Formal policy – unilaterally established by the company
- An informal arrangement not contained in formal company policy
- No answer

31.4: May all employees utilise this arrangement?

Please choose only one of the following:
- Yes → go to 32
- No
- No answer

31.4.1: Which employees may utilise this arrangement?

Please choose all that apply:
- Only employees above a certain level in the organisation may utilise this arrangement
- It is only available to full-time employees
- Only employees who have worked for the organisation for longer than a stipulated period of time may utilise this arrangement
- Only employees with good work performance and/or worth retaining in the organisation may utilise this arrangement
- Other. Please state
- No answer

32: Does your organization permit family responsibility leave to be utilized for situations other than those permitted in the legislation (e.g. for sickness of an adult family member or to attend to a child because of the failure of the substitute caregiver to arrive for work or unexpected incidents at school that require attendance by a caregiver)?

Please choose only one of the following:
- Yes
- No
- No answer

33: Does your organization offer paternity leave (as distinct and in addition to Family Responsibility Leave) for any of its male employees?

Please choose only one of the following:
- Yes
- No → go to 34
- No answer
33.1: What is the total duration of this paternity leave per 12 month period?

33.2: Is this paternity leave fully paid?
   Please choose only one of the following:
   ☐ Yes → go to 33.3
   ☐ No
   ☐ No answer

33.2.1: What is the provision for payment (if any) for this leave?

33.3: Is this contained in:
   Please choose only one of the following:
   ☐ Formal policy – collectively bargained with a trade union
     or other collective body of employees
   ☐ Formal policy – unilaterally established by the company
   ☐ An informal arrangement not contained in formal company policy
   ☐ No answer

33.4: May all employees utilise this arrangement?
   Please choose only one of the following:
   ☐ Yes → go to 34
   ☐ No
   ☐ No answer

33.4.1: Which employees may utilise this arrangement?
   Please choose all that apply:
   ☐ Only employees above a certain level in the organisation
     may utilise this arrangement
   ☐ It is only available to full-time employees
   ☐ Only employees who have worked for the organisation
     for longer than a stipulated period of time may utilise this
     arrangement
   ☐ Only employees with good work performance and/or
     worth retaining in the organisation may utilise this
     arrangement
   ☐ Other. Please state
   ☐ No answer

34: Does your organization offer any additional special leave/carers leave/parental leave (apart
   from family responsibility leave or maternity/paternity leave) for employees to care
   for young children, sick adults, including those with HIV/AIDS, and/or elderly relatives?
   Please choose only one of the following:
   ☐ Yes
   ☐ No → go to 35
   ☐ No answer

34.1: What is the total duration per 12 month cycle of this carers leave (in days)?

34.2: Is this leave fully paid?
   Please choose only one of the following:
   ☐ Yes → go to 34.3
   ☐ No
   ☐ No answer

34.2.1: Please state what the provision for payment is (if any).

34.3: Is this contained in:
   Please choose only one of the following:
   ☐ Formal policy – collectively bargained with a trade union
     or other collective body of employees
   ☐ Formal policy – unilaterally established by the company
   ☐ An informal arrangement not contained in formal company policy
   ☐ No answer

34.4: May all employees utilise this leave?
   Please choose only one of the following:
   ☐ Yes → go to 35
   ☐ No
   ☐ No answer

34.4.1: Which employees may utilise this arrangement?
   Please choose all that apply:
   ☐ Only employees above a certain level in the organisation
     may utilise this arrangement
   ☐ It is only available to full-time employees
   ☐ Only employees who have worked for the organisation
     for longer than a stipulated period of time may utilise this
     arrangement
   ☐ Only employees with good work performance and/or
     worth retaining in the organisation may utilise this
     arrangement
   ☐ Other. Please state
   ☐ No answer

35: Does your organisation permit employees to attend antenatal or postnatal courses/clinics
during working hours?
   Please choose only one of the following:
   ☐ Yes
   ☐ No → go to 36
   ☐ No answer

35.1: Is this offered as additional paid leave over and above other leave provisions?
   Please choose only one of the following:
   ☐ Yes
   ☐ No
   ☐ No answer
36: Does your organization offer any additional leave arrangements that permit employees to provide care to dependents?  
Please choose only one of the following:  
☐ Yes  
☐ No — go to 37  
☐ No answer

36.1: Please specify the nature of these leave arrangements

37: Has your organization surveyed its employees in the last 12 months to establish the nature and/or extent of their care obligations?  
Please choose only one of the following:  
☐ Yes  
☐ No  
☐ No answer

38: To what extent do you think the following care obligations affect your organization's employees?

<table>
<thead>
<tr>
<th>Child care</th>
<th></th>
<th></th>
<th></th>
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</tr>
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<tbody>
<tr>
<td>not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a very little</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to a fair degree</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>quite a lot</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>significantly to a large extent</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>no answer</td>
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</tr>
</tbody>
</table>

<table>
<thead>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a very little</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>to a fair degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>quite a lot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>significantly to a large extent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>no answer</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care for sick relatives (including care for those with HIV/AIDS)</th>
<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a very little</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to a fair degree</td>
<td></td>
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<tr>
<td>quite a lot</td>
<td></td>
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<tr>
<td>significantly to a large extent</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>no answer</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Section 3: Reasons for Implementing ‘family-friendly’ Measures

39: Please indicate using the scale below, to what extent your organization has been motivated to introduce work-family provisions for the reasons provided.

We are convinced of the business case arguments that indicate that we, as the employer, will benefit from doing this

<table>
<thead>
<tr>
<th>not at all</th>
<th>a very little</th>
<th>to a fair degree</th>
<th>quite a lot</th>
<th>significantly to a large extent</th>
<th>no answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

We feel inclined to do so for reasons of corporate social responsibility

<table>
<thead>
<tr>
<th>not at all</th>
<th>a very little</th>
<th>to a fair degree</th>
<th>quite a lot</th>
<th>significantly to a large extent</th>
<th>no answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

We feel obliged to do so by the threat of legal sanction if we do not implement these arrangements

<table>
<thead>
<tr>
<th>not at all</th>
<th>a very little</th>
<th>to a fair degree</th>
<th>quite a lot</th>
<th>significantly to a large extent</th>
<th>no answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

We feel obliged to do so by the pressure exerted from stakeholders such as trade unions, female employees etc

<table>
<thead>
<tr>
<th>not at all</th>
<th>a very little</th>
<th>to a fair degree</th>
<th>quite a lot</th>
<th>significantly to a large extent</th>
<th>no answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

We have been persuaded to do so by the actions of leading organizations

<table>
<thead>
<tr>
<th>not at all</th>
<th>a very little</th>
<th>to a fair degree</th>
<th>quite a lot</th>
<th>significantly to a large extent</th>
<th>no answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Section 4: Participant Details

40: What is your position in the organisation?  
Please choose only one of the following:  
☐ Chief Executive Director  
☐ Company Secretary  
☐ Human Resource Director  
☐ Other

☐ No answer

41: What age category do you fall into?  
Please choose only one of the following:  
☐ Below 25 years old  
☐ 25 - 35 years old  
☐ 36 - 45 years old  
☐ 46 - 55 years old  
☐ Over the age of 55  
☐ No answer
42: How many dependant children under the age of 18 do you have?

43: What is your gender?
   Please choose only one of the following:
   □ Male
   □ Female
   □ No answer

44: Please provide your email address if you would like to receive a summary of the results of this survey.

Submit your response

Thank you for your participation in this research.
Please return your completed survey using the enclosed pre-paid envelope.
Appendix Two: Participant Information Statement

PARTICIPANT INFORMATION STATEMENT
Research Project
Organisational Determinants of Work-Care Arrangements in South African Organisations.

(1) What is the study about?
This study aims to determine the nature and extent of work-care arrangements in South African organisations and to test for selected organisational characteristics as determinants of work-care arrangements in organisations.

(2) Who is carrying out the study?
The study is being conducted by Lisa Dancaster (Senior Researcher, Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZuluNatal) and will form the basis for the degree of PhD at The University of Sydney under the supervision of Professor Marian Baird.

(3) What does the study involve?
Human resource managers in organisations, or those with knowledge of work-care practices in the organisation will be requested to answer a questionnaire about their organisational characteristics (size, female composition, trade union membership etc) and about any work-care arrangements that they may or may not have in their organisation.

(4) How much time will the study take?
It is envisaged that completion of the questionnaire should take in the region of 40 - 60 minutes.

(5) Can I withdraw from the study?
Participating in this study is completely voluntary and you are not under any obligation from the researchers to consent. You may withdraw your participation at any time. If you have already completed and returned your questionnaire and you wish to withdraw from the study you may do so by notifying Lisa Dancaster at the email address or the telephone number given in point 9 below.

(6) Will anyone else know the results?
All aspects of the study, including results, will be strictly confidential and only the researchers will have access to information on participants. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.
(7) Will the study benefit me?
Yes. Participants in the study will receive a summary of results on organisational involvement in work-care arrangements in South Africa. This will provide some indication of the nature and extent of work-care arrangements in organisations in different sizes, sectors and locations in South Africa.

(8) Can I tell other people about the study?
Yes. This is encouraged.

(9) What if I require further information?
Should you require further information please contact Lisa Dancaster, Senior Researcher, HEARD, University of KwaZuluNatal. Email, p.dancaste@ukzn.ac.za or telephone 031-2603089.

(10) What if I have a complaint or concerns?

Any person with concerns or complaints about the conduct of a research study can contact, p.
The Senior Ethics Officer, Ethics Administration, University of Sydney on (02) 9351 4811
(Telephone); (02) 9351 6706 (Facsimile) or gbriody@mail.usyd.edu.au (Email).

This information sheet is for you to keep
Appendix Three: Reminder Email

USYD WORK-CARE ARRANGEMENTS SURVEY 2009

Dear

Reminder Email: Work-Care Arrangements Survey, 2009.

At this stage you will already have been introduced to the Work-Care Arrangements Survey, 2009. There are only a few more weeks to obtain information on your organisation, so please do not delay any longer!

Full details of the survey are outlined in the Participant Information Statement, which is attached. Please note that it is possible to start, stop and resume the survey if you do not have the time to complete it in one sitting.

If you consent to participate in this study please click on the link below to start the survey:

-----------------------------------------------

Should you have any queries relating to the project or should you encounter any difficulties when completing the survey, please contact me on the mobile or landline numbers below.

Thank you very much for your participation in this significant research project.

Yours truly

Lisa Dancaster.
B.Com (Hons) LLM (cum laude).
Senior Researcher
Health Economics and HIV/AIDS Research Division
University of KwaZulu Natal
Landline: 031 2603089
Mobile: 0795260335
Facsimile: 031 2602587
www.heard.org.za
Appendix Four: Thank You Email

**USYD WORK-CARE ARRANGEMENTS SURVEY 2009:**

**THANK YOU**

The University of Sydney
Australia

Dear


Our records reflect that you have successfully submitted the Work-Care Arrangements Questionnaire for your organisation. Thank you for taking the time to complete this survey. Your participation in this important project is sincerely appreciated. A summary of the results will be emailed to you.

Yours truly

Lisa Dancaster.
B.Com (Hons) LLM (cum laude).
Senior Researcher
*Health Economics and HIV/AIDS Research Division*
University of KwaZulu Natal
Landline: 031 2603089
Mobile: 0795260335
Facsimile: 031 2602587
www.heard.org.za
Appendix Five: Follow Up Telephone Interview Script

Hello
Please may I speak to ………………………../someone senior in you HR Dept

Hello, my name is……………………and I am a Research Assistant for Lisa Dancaster, a Senior Researcher at the University of KwaZulu Natal. Lisa is doing a survey on work-care arrangements in South African organisations, looking at things like maternity and paternity leave, working from home, job sharing etc. I was phoning to find out if you had heard about this research and had received the email inviting you to participate in it, with a link to the online questionnaire?

**No –** I do apologise for that – your input into this survey is extremely important to us. Would you mind if I just checked the email address I have for you - (If correct) – would you mind if we resend you the online survey – if you complete it you will receive a summary of the results which will contain important and interesting information from the study?
(If Yes make a note to resend and thank sincerely. End off by requesting them to please complete it in the next 48 hours as the time for the survey is running out).
(If No go to) ****

**Yes I have** We are just following up on non-responses and would really like to appeal to you to please complete the survey for us. If you complete it we undertake to provide you with a summary of the results with information on work-care arrangements in South African organisations. Would you like us to resend you the link to the survey? (If yes make a note to resend and thank sincerely and end off by requesting them to please complete it in the next 48 hours as the time for the survey is running out.
If No check if its because they already have it (in which case thank sincerely and end off by requesting them to please complete it in the next 48 hours as the time for the survey is running out) or because they aren’t willing to complete it – in which case go to ****).

**No and I’m not interested –****Is there any other person in your organisation who I might be able to contact to complete the questionnaire as the information from your organisation is really important to the survey (get name and email of the person and preferably also their position in the organisation). If no then thank them for their time and end the call.
Appendix Six: Model Selection for Data Analysis (Total WCA)

Poisson Regression makes a strong assumption that the variance and the mean of the dependent variable are the same. This assumption therefore needs to be tested before this method of regression analysis is used. The results for the model selection for Total WCA are presented below.

<table>
<thead>
<tr>
<th>N</th>
<th>Range</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>113</td>
<td>15.00</td>
<td>.00</td>
<td>15.00</td>
<td>5.9823</td>
<td>3.64736</td>
<td>13.303</td>
</tr>
</tbody>
</table>

The results in the Table above show that this variable has a variance of 13.303, almost three times larger than the mean of 5.9823. Thus, the assumption of an equal mean and variance may not be met for this variable. When the variance is greater than the mean it is referred to as over dispersion.

There are two ways in which to deal with the problem of over dispersion. The first way could be to fit a Quasi-Poisson Regression model to the data, where the variance is assumed to be a linear function of the mean (not just equal to the mean). The Quasi-Poisson model is defined by two parameters (unlike the Poisson model which is defined by only one parameter, its mean), the mean and dispersion parameter. This dispersion parameter is assumed to be equal to one in the standard Poisson model. A Quasi-Poisson model allows an estimation of this dispersion parameter according to the over dispersed data. Both models give the same coefficient estimates, but the inference is adjusted for over dispersion and the standard errors are more appropriate in the Quasi-Poisson Regression model.

Another way of dealing with over dispersion is to fit a Negative Binomial Regression model to the data, where the variance is assumed to be a quadratic function of the mean. This model is also defined by two parameters, the mean and shape/ancillary...
parameter which, when equal to zero, reduces the Negative Binomial Regression model to a Poisson Regression model.

Model selection criteria will be used to choose between the Quasi-Poisson Regression model and the Negative Binomial Regression model. All the independent variables of interest will be included in the model to decide which is the most appropriate model for use in analysing the data.

The log likelihood value will be used to decide which model to use for the analysis. These appear for each of the Models in the Tables below. The Quasi-Poisson model has an adjusted log likelihood of -135.936 (adjusted for the estimate of the dispersion parameter), which is greater than the log likelihood of the Negative Binomial model of -277.430. Thus, we can conclude that the better model to fit for Total WCA is the Quasi-Poisson model. (The larger the log likelihood, the better).

Output for Quasi-Poisson Regression Model

<table>
<thead>
<tr>
<th>Goodness of Fit&lt;sup&gt;d&lt;/sup&gt;</th>
<th>Value</th>
<th>df</th>
<th>Value/df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deviance</td>
<td>204.722</td>
<td>90</td>
<td>2.275</td>
</tr>
<tr>
<td>Scaled Deviance</td>
<td>96.760</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Pearson Chi-Square</td>
<td>190.420</td>
<td>90</td>
<td>2.116</td>
</tr>
<tr>
<td>Scaled Pearson Chi-Square</td>
<td>90.000</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Log Likelihood&lt;sup&gt;a,b&lt;/sup&gt;</td>
<td>-287.611</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted Log Likelihood&lt;sup&gt;c&lt;/sup&gt;</td>
<td>-135.936</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Akaike’s Information Criterion (AIC)</td>
<td>613.221</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finite Sample Corrected AIC (AICC)</td>
<td>621.761</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bayesian Information Criterion (BIC)</td>
<td>664.357</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistent AIC (CAIC)</td>
<td>683.357</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dependent Variable: Total Work-Care Arrangements
Model: (Intercept), UnionPresence, FemalesSeniorManagement, FemalePresence, ForeignOwnershipPercent, FemTUMembers, Employnumbers

a. The full log likelihood function is displayed and used in computing information criteria.
b. The log likelihood is based on a scale parameter fixed at 1.
c. The adjusted log likelihood is based on an estimated scale parameter and is used in the model fitting omnibus test.
d. Information criteria are in small-is-better form.
Output for negative Binomial Regression Model

<table>
<thead>
<tr>
<th>Goodness of Fit^b</th>
<th>Value</th>
<th>df</th>
<th>Value/df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deviance</td>
<td>121.068</td>
<td>89</td>
<td>1.360</td>
</tr>
<tr>
<td>Scaled Deviance</td>
<td>121.068</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>Pearson Chi-Square</td>
<td>106.293</td>
<td>89</td>
<td>1.194</td>
</tr>
<tr>
<td>Scaled Pearson Chi-Square</td>
<td>106.293</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>Log Likelihood^a</td>
<td>-277.430</td>
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<td></td>
</tr>
<tr>
<td>Akaike's Information Criterion (AIC)</td>
<td>594.860</td>
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<tr>
<td>Finite Sample Corrected AIC (AICC)</td>
<td>604.405</td>
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</tr>
<tr>
<td>Bayesian Information Criterion (BIC)</td>
<td>648.687</td>
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</tr>
<tr>
<td>Consistent AIC (CAIC)</td>
<td>668.687</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dependent Variable: Total Work-Care Arrangements
Model: (Intercept), UnionPresence, FemalesSeniorManagement, FemalePresence, ForeignOwnershipPercent, FemTUMembers, Employnumbers

a. The full log likelihood function is displayed and used in computing information criteria.
b. Information criteria are in small-is-better form.
### Appendix Seven: Pairwise Comparison of Means For Female Presence in the Trade Union

<table>
<thead>
<tr>
<th></th>
<th>Mean Difference (i-J)</th>
<th>Std. Error</th>
<th>df</th>
<th>Bonferroni Slg.</th>
<th>95% Wald Confidence Interval for Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Don't Know</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>No Union Members</td>
<td>1.43</td>
<td>1.401</td>
<td>1</td>
<td>1.000</td>
<td>-3.05, 6.91</td>
</tr>
<tr>
<td>0 percent</td>
<td>.34</td>
<td>2.071</td>
<td>1</td>
<td>1.000</td>
<td>-6.28, 6.96</td>
</tr>
<tr>
<td>1-10 percent</td>
<td>.54</td>
<td>1.414</td>
<td>1</td>
<td>1.000</td>
<td>-3.98, 5.07</td>
</tr>
<tr>
<td>11-20 percent</td>
<td>1.34</td>
<td>1.730</td>
<td>1</td>
<td>1.000</td>
<td>-4.20, 6.87</td>
</tr>
<tr>
<td>21-30 percent</td>
<td>-93.3</td>
<td>1.999</td>
<td>1</td>
<td>1.000</td>
<td>-7.32, 5.46</td>
</tr>
<tr>
<td>31-40 percent</td>
<td>.10</td>
<td>2.490</td>
<td>1</td>
<td>1.000</td>
<td>-7.86, 8.06</td>
</tr>
<tr>
<td>41-50 percent</td>
<td>.26</td>
<td>1.855</td>
<td>1</td>
<td>1.000</td>
<td>-5.67, 6.19</td>
</tr>
<tr>
<td>More than 50 percent</td>
<td>-1.04</td>
<td>1.895</td>
<td>1</td>
<td>1.000</td>
<td>-7.10, 5.02</td>
</tr>
<tr>
<td><strong>No Union Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>-1.43</td>
<td>1.401</td>
<td>1</td>
<td>1.000</td>
<td>-5.91, 3.05</td>
</tr>
<tr>
<td>0 percent</td>
<td>-1.09</td>
<td>1.748</td>
<td>1</td>
<td>1.000</td>
<td>-6.68, 4.50</td>
</tr>
<tr>
<td>1-10 percent</td>
<td>-0.89</td>
<td>.984</td>
<td>1</td>
<td>1.000</td>
<td>-4.03, 2.26</td>
</tr>
<tr>
<td>11-20 percent</td>
<td>-1.10</td>
<td>1.571</td>
<td>1</td>
<td>1.000</td>
<td>-5.12, 4.93</td>
</tr>
<tr>
<td>21-30 percent</td>
<td>-2.36</td>
<td>1.836</td>
<td>1</td>
<td>1.000</td>
<td>-8.23, 3.51</td>
</tr>
<tr>
<td>31-40 percent</td>
<td>-1.33</td>
<td>2.326</td>
<td>1</td>
<td>1.000</td>
<td>-8.77, 6.10</td>
</tr>
<tr>
<td>41-50 percent</td>
<td>-1.18</td>
<td>1.671</td>
<td>1</td>
<td>1.000</td>
<td>-6.52, 4.17</td>
</tr>
<tr>
<td>More than 50 percent</td>
<td>-2.47</td>
<td>1.701</td>
<td>1</td>
<td>1.000</td>
<td>-7.91, 2.96</td>
</tr>
<tr>
<td><strong>0 percent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>-34</td>
<td>2.071</td>
<td>1</td>
<td>1.000</td>
<td>-6.96, 6.28</td>
</tr>
<tr>
<td>No Union Members</td>
<td>1.09</td>
<td>1.748</td>
<td>1</td>
<td>1.000</td>
<td>-4.50, 6.68</td>
</tr>
<tr>
<td>1-10 percent</td>
<td>.20</td>
<td>1.753</td>
<td>1</td>
<td>1.000</td>
<td>-5.40, 5.81</td>
</tr>
<tr>
<td>11-20 percent</td>
<td>1.00</td>
<td>2.176</td>
<td>1</td>
<td>1.000</td>
<td>-5.96, 7.95</td>
</tr>
<tr>
<td>21-30 percent</td>
<td>-1.27</td>
<td>2.327</td>
<td>1</td>
<td>1.000</td>
<td>-8.71, 6.17</td>
</tr>
<tr>
<td>31-40 percent</td>
<td>-2.24</td>
<td>2.671</td>
<td>1</td>
<td>1.000</td>
<td>-8.78, 8.30</td>
</tr>
<tr>
<td>41-50 percent</td>
<td>.08</td>
<td>2.239</td>
<td>1</td>
<td>1.000</td>
<td>-7.24, 7.08</td>
</tr>
<tr>
<td>More than 50 percent</td>
<td>-1.38</td>
<td>2.289</td>
<td>1</td>
<td>1.000</td>
<td>-8.70, 5.94</td>
</tr>
<tr>
<td><strong>1-10 percent</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>-54.0</td>
<td>1.414</td>
<td>1</td>
<td>1.000</td>
<td>-5.07, 3.98</td>
</tr>
<tr>
<td>No Union Members</td>
<td>1.89</td>
<td>.984</td>
<td>1</td>
<td>1.000</td>
<td>-2.26, 4.03</td>
</tr>
<tr>
<td>0 percent</td>
<td>-20.0</td>
<td>1.753</td>
<td>1</td>
<td>1.000</td>
<td>-5.81, 5.40</td>
</tr>
<tr>
<td>11-20 percent</td>
<td>.79</td>
<td>1.530</td>
<td>1</td>
<td>1.000</td>
<td>-4.10, 5.68</td>
</tr>
<tr>
<td>21-30 percent</td>
<td>-1.47</td>
<td>1.794</td>
<td>1</td>
<td>1.000</td>
<td>-7.21, 4.26</td>
</tr>
<tr>
<td>31-40 percent</td>
<td>-2.45</td>
<td>2.247</td>
<td>1</td>
<td>1.000</td>
<td>-7.63, 6.74</td>
</tr>
<tr>
<td>41-50 percent</td>
<td>-2.9</td>
<td>1.693</td>
<td>1</td>
<td>1.000</td>
<td>-5.70, 5.13</td>
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Appendix Eight: Choice of Model for FWA’s Analysis

Test for the full Quasi-Poisson Regression Model for FWA’s

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Dependent Variable: Total Flexible Working Arrangements
Model: (Intercept), SizeOfOrganisation, UnionPresence, FemalesSeniorManagement, FemalePresence, Employnumbers, ForeignOwnership, FemTUMembers