

SECOND CARNEGIE INQUIRY INTO POVERTY
AND DEVELOPMENT IN SOUTHERN AFRICA

Workplace health services and
employment in manufacturing
industry in Greater Cape Town

by

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WORKPLACE HEALTH SERVICES AND EMPLOYMENT IN MANUFACTURING
INDUSTRY IN GREATER CAPE TOWN

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This survey was undertaken in order to establish what health services are provided at the workplace in greater Cape Town. Workers have limited access to general health services and for this reason workplace health services are potentially significant in terms of easier access and greater coverage. The survey set out to establish the profile of employment in manufacturing industry in greater Cape Town as the base for an analysis of the provision of workplace health services. The first section of this paper contains a profile of employment and the second an analysis of health services.

The survey serves to illustrate in broad terms the range of health services and related benefits currently provided. It establishes certain patterns in the distribution of services by manufacturing sector, by company size and by sexual breakdown of the workforce (with reference to the provision of contraceptive services). The survey did not examine the content of the services in detail, nor does it address the question of the purposes which such services serve. It is intended to follow this survey at a later stage by more detailed evaluation of the content and the function of workplace health services.

METHOD

The original intention was to survey workplace health services throughout manufacturing industry in greater Cape Town, using the manufacturing census as the source for a complete listing of all companies. However, as the latest census data available at the time the survey was undertaken was from the 1976 census, it was considered likely to be out of date. It was decided to use the

Cape Chamber of Industries membership (1982 list) as the survey group. (As some 79 companies were either untraceable by post or telephone, or had merged/ceased operation since 1982, it was clear that use of the census, which dated back to 1976, would have exacerbated such problems.) This list was augmented by the addition of the industrial members of the Afrikaanse Handelsinstituut. It proved impracticable to restrict the scope of the survey to services provided in manufacturing industry, as many CCI member companies were not in manufacturing industry. The survey thus covers health services in employment, more broadly than in manufacturing industry. Non-manufacturing companies were included in the analysis for comparative purposes. Manufacturing industry has been analysed in detail, both overall and by sector, on the basis of the manufacturing census categories.

According to data now available from the 1980 census*, total employment in manufacturing in the Cape Peninsula was 157 060. This survey covers a total of 86 652 employed in manufacturing in this area, 55,2% of the 1980 total. As the final response rate for the survey was 49,7% and one may assume some increase in absolute numbers employed over the period 1980 to 1983, it appears that our sample is valid for purposes of generalisation. (*Source: The population of the Cape Peninsula: A statistical survey. Lionel October and Gordon Young Carnegie Conference Paper)

The survey took the form of a postal questionnaire, which was accompanied by a letter addressed to the company personnel manager, explaining the research project and assuring confidentiality. An addressed envelope was included for the response. This was unstamped.

Pilot study

The questionnaire was first tested in a pilot study in March 1983, sent to every twentieth company in the survey group. All non-responders were telephoned, asked for company size (number of employees) and sent second copies of questionnaires if they employed more than 50 employees.

Table 1. Pilot study response rate

questionnaires sent	56
returned	21
response rate:	37,5%
second copies sent	9
returned	2
response rate:	22,2%
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overall response rate:	41,1%

On examination of the responses to the pilot survey, the form of the questionnaire was modified slightly, but the content of the questions was unchanged. The pilot returns were included in the final analysis.

Survey

The modified questionnaire was then sent to the rest of the survey group in July 1983. As a follow-up all companies which had not responded were telephoned. The analysis of the pilot survey had shown a large number of companies with fewer than fifty employees, and it seemed likely that this would be the general pattern. Consequently it was decided to include small companies in the analysis and not to use 50 as a cutoff point. In the telephone follow-up, therefore, companies were asked their size, whether the questionnaire had been received and whether they would like a second copy. The question on company size served to give some indication of company size of non-responders for later analysis and comparison.

Of the non-responding companies, 47 were not traceable by telephone. A further 62 were not sent second copies of the questionnaire as 37 said they were not interested and 25 said they were too small for the questionnaire to be relevant. All others, with the exception of those which said they had received the first copy and would return it, were sent second copies of the questionnaire.

Table 2. Survey response rate

questionnaires sent	1 066
returned	350
response rate:	32,8%
second copies sent	430
returned	145
response rate:	33,7%
overall response rate:	46,4%
Final responders:	
pilot	21
pilot follow-up	2
survey	350
survey follow-up	145
total:	518
Total group:	1 122
Untraceable	70
Out of business/merged	9
Total effective group	1 043
Final response rate:	49,7%.

RESULTS AND DISCUSSION

SECTION 1

Profile of company size

Besides the information provided by the completed questionnaire, the survey also yielded basic information about company size on companies which did not return questionnaires, but gave employment figures when telephoned.

Table 3. Responders and non-responders by company size

Size	<10	-20	-30	-40	-50	-100	-250	-500	-750	-1000	1000+
Resp	11,2	11,0	8,7	6,8	6,0	18,3	17,4	11,6	3,3	2,1	3,7%
Non	12,0	10,8	6,9	6,9	5,8	17,0	19,7	10,0	5,8	3,1	1,9%

The distribution patterns for responders and non-responders are not significantly different. There was a great concentration of small companies among the responders, 43,7% with fewer than 50 employees. 42,4% of non-responding companies fell into the <50 category. The similarity of patterns is useful in establishing the validity of results.

Table 4. Patterns of company size by sector

sector*	% of companies in sector in each size group						
	-50	-100	-250	-500	-750	-1000	1000+
food	22,6	9,7	9,7	38,7	12,9	3,2	3,2
beverages	37,5	25,0	-	12,5	12,5	-	12,5
textiles	-	40,0	12,0	16,0	8,0	8,0	16,0
clothing	12,0	21,2	37,9	16,7	1,5	6,1	4,5
footwear	25,0	-	25,0	25,0	12,5	12,5	-
wood	33,0	11,1	44,4	11,1	-	-	-
furniture	62,9	17,1	5,7	11,4	2,9	-	-
printing	42,2	10,5	21,1	10,5	5,3	5,3	5,3
chemicals	53,1	6,1	16,3	14,3	4,1	-	6,1
non-met mins	22,7	27,3	27,3	18,2	-	-	4,5
non-fer mets	90,0	10,0	-	-	-	-	-
metals	46,6	20,0	20,0	6,7	2,7	2,7	1,3
machinery	67,8	21,4	7,1	-	3,6	-	-
equipment	100,0	-	-	-	-	-	-
other manuf	51,3	23,3	14,0	11,6	-	-	-
combination	76,5	11,8	11,8	-	-	-	-
non-manuf	60,3	17,5	11,1	3,2	1,6	-	6,3
unknown	-	75,0	25,0	-	-	-	-
all sectors:	43,7	18,3	17,4	11,6	3,3	2,1	3,7

*Note: The sectors (Table 4) follow the categories of the manufacturing census, and are abbreviated throughout the paper. For a full listing, see Appendix.

Different sectors show very different patterns of company size. All equipment companies, almost all companies in non-ferrous metals and more than half of all chemical companies have <50 employees. Two thirds of all metal companies fall into the <100 group. There is a considerable range of size in clothing companies, with an equivalent number of companies in the <50 and the >500 groups. The textile sector has the greatest concentration of large companies, 24% with more than 750 employees, though the largest number of companies falls into the 50-100 group.

Table 5. Employment figures

	Waged	Salaried	Total	% total workforce	% manuf only
'coloured' women	25 439	4 597	30 036	28,3	33,4
'coloured' men	23 161	7 159	30 320	28,6	31,9
white women	166	11 341	11 507	10,9	5,4
white men	1 923	13 780	15 703	14,8	12,5
African women	1 136	1 436	2 572	2,4	1,8
African men	10 570	4 196	14 766	13,9	14,1
Asian women	276	160	436	0,4	0,4
Asian men	220	439	659	0,6	0,5
TOTAL:	62 891 59,3%	43 108 40,7%	105 999*		

*note: 7 companies did not provide a detailed breakdown of their employees but only aggregate figures. The total number of employees covered by the survey was: 116 471

Table 6. Breakdown by race

	all sectors		manufacturing only	
'coloureds'	60 356	56,9%	56 541	65,3%
whites	27 210	25,7%	15 492	17,9%
Africans	17 338	16,4%	13 870	15,9%
Asians	1 095	1,0%	839	1,0%
Total:	105 999		86 652	

Table 7. Breakdown by race and sex

	all sectors:		manufacturing only:	
	women	men	women	men
'coloureds'	49,8%	50,2%	51,1%	48,9%
whites	42,3%	57,7%	30,2%	69,8%
Africans	14,8%	85,2%	11,3%	88,7%
Asians	39,8%	60,2%	43,7%	56,3%
All:	42,0%	58,0%	41,0%	59,0%
	(44 551)	(61 448)	(35 508)	(51 144)

Removal of 'non-manufacturing' from the total figures results in changes both between race groups, and between the sexes within race groups. The proportion of whites in the workforce drops markedly, from 25,7% overall to 17,9% of manufacturing. The removal of white women contributes largely to this drop, as is seen in their drop from 10,9% to 5,4% of the workforce, and the altered white female/male ratio in manufacturing.

Interestingly, the removal of 'non-manufacturing' alters the female/male ratio in the opposite direction for 'coloureds'. More 'coloured' women than men are employed in manufacturing. This is significantly different from the other groups. High unemployment among 'coloured' men may in part explain this, added to the importance in this area of industries with a high concentration of women.

The breakdown into waged and salaried employees was originally included to provide indirect material on skill levels, in relation to the provision of services. However, it emerged that a number of companies now pay all employees monthly. This data has therefore not been used for thorough analysis, but merely as a rough index of skill.

It is notable that only 1,4% of white women are weekly paid, compared with 12,2% of white men, presumably artisans. If non-manufacturing companies are removed from the figures, the figure for white waged men goes up to 17%. 63,3% of Asian women and only 33,4% of Asian men are weekly paid. Only 15,3% of all 'coloured' women are monthly paid, compared with 23,6% of 'coloured' men. Curiously, a much larger percentage of African women (55,8%) than men (28,4%) are monthly paid. However, very few African women are employed in this area, and they are concentrated in 'non-manufacturing'.

The 'coloured' labour preference policy must account, at least in part, for the very low percentage of Africans in the labour force in the Western Cape. This policy and the influx control measures in force in this area are also indicated in the very low proportion of African women employed, so markedly different from both the numbers and the female/male ratio in the 'coloured' group.

Table 8. Distribution of companies and employees by sector

Sector	no. of cos.	% of all cos.	no. of emps	% of all emps	% of women in sector	% of all women
clothing	66	12,7	23 896	20,5	84,6	7,5
non manuf	63	12,2	22 053	18,9	46,7	1,0
textiles	25	4,8	13 827	11,4	50,8	15,8
chemicals	49	9,5	10 805	9,3	22,5	34,3
food	31	6,0	10 376	8,9	32,3	3,1
metals	75	14,5	10 187	8,7	12,9	0,3
printing	19	3,7	4 718	4,1	24,2	1,8
non-met mins	22	4,2	4 340	3,7	10,9	2,6
other manuf	43	8,3	3 699	3,2	34,0	5,2
furniture	35	6,8	3 471	3,0	23,6	1,1
footwear	8	1,5	2 529	2,2	54,8	0,1
beverages	8	1,5	2 261	1,9	19,5	2,4
machinery	28	5,4	1 759	1,5	24,0	0,9
wood	9	1,7	1 092	0,9	11,2	0,1
combination	17	3,3	560	0,5	38,9	2,8
unknown	4	0,8	434	0,4	27,0	0,5
non ferr mets	10	1,9	327	0,3	7,6	20,3
equipment	6	1,2	137	0,1	36,5	0,3
total:	518		116 471			

In terms of numbers employed, the largest sectors were:

- clothing, with 23 896 (20,5%)
- textiles, with 13 827 (11,4%)
- chemicals, with 10 085 (9,3%)

In terms of numbers of companies, the largest sectors were:

- metals, with 75 companies (14,5%)
- clothing, with 66 companies (12,7%)
- chemicals, with 49 companies (9,5%)

Note: 'non-manufacturing' has not been considered as a sector for the purposes of ranking, as it includes many different categories (shops, offices, banks etc).

Table 9. Group breakdown by sector

Group	% in sector	Group	% in sector
'Coloured' women		'Coloured' men	
clothing	47,9%	metals	15,7%
textiles	15,2%	textiles	15,0%
food	10,8%	chemicals	11,2%
		non-manufacturing	8,9%
		printing	7,8%
all other sectors:	26,1%	all other sectors:	41,4%
White women		White men	
non-manufacturing	59,4%	non-manufacturing	31,1%
textiles	12,5%	chemicals	16,7%
chemicals	6,6%	food	8,8%
		metals	8,5%
		textiles	8,4%
all other sectors:	21,5%	all other sectors:	26,5%
African women		African men	
non-manufacturing	39,3%	food	22,0%
textiles	39,1%	non-manufacturing	17,2%
clothing	7,4%	non-metallic mins	14,7%
		chemicals	12,8%
		metals	8,1%
all other sectors:	14,2%	all other sectors:	25,2%
Asian women		Asian men	
clothing	59,4%	non-manufacturing	28,4%
non-manufacturing	15,8%	clothing	15,8%
textiles	5,0%	chemicals	13,1%
		food	9,1%
		machinery	6,8%
all other sectors:	19,8%	all other sectors:	26,8%

Table 10. Employment by race/sex group ranked in descending order of employment totals

sector	WOMEN				MEN			
	100% =	col + whi	+afr	+asi	+col + whi	+ afr	+ asi	
clothing	71,4	2,4	1,1	9,7	11,5	2,5	0,8	0,6
non-manuf	0,4	35,3	5,2	5,8	13,9	25,2	13,2	1,0
textiles	30,2	10,4	7,3	3,0	32,9	9,5	6,6	0,2
chemicals	10,1	7,4	0,1	4,9	33,0	25,4	18,3	0,8
food	20,2	3,5	0,1	8,5	22,5	13,3	31,3	0,6
metals	-	2,9	0,1	9,9	56,7	15,9	14,2	0,3
printing	10,1	10,7	0,1	3,2	50,3	21,4	3,8	0,3
non-met mins	-	2,9	3,2	4,8	27,5	11,2	50,0	0,5
other manuf	2 -	6,0	0,1	7,9	43,8	15,7	6,4	0,2
furniture	20,4	1,7	0,1	1,4	52,5	5,5	17,5	1,0
footwear	40,1	1,2	5,4	8,2	36,7	3,2	5,1	0,2
beverages	0,1	6,9	0,1	9,5	34,2	14,7	33,7	0,8
machinery	10,7	9,6	1,2	2,5	30,3	30,2	12,9	2,6
wood	-	3,8	1,8	5,6	57,0	9,3	22,4	0,1
combination	31,4	4,8	0,5	2,1	33,9	13,9	11,8	1,4
unknown	10,9	10,0	-	6,1	34,3	30,4	6,5	1,8
non-fer mets	-	4,0	-	3,7	42,5	32,4	16,9	0,6
equipment	22,2	7,3	-	7,0	33,6	25,5	2,2	2,2
all sectors:	28,3	10,9	2,4	0,4	28,6	14,8	13,9	0,6
manuf only:	33,4	5,4	1,8	0,4	31,9	12,5	14,1	0,6

Men are generally distributed more evenly over all sectors than are women, although there is a greater concentration of white and Asian men in 'non-manufacturing'. If this sector is removed, all men are more evenly distributed.

'Coloured' men are the largest group in 12 out of the 18 sectors/categories, and are spread much more evenly over all sectors than any other group, though they are outnumbered in manufacturing as a whole by 'coloured' women, the largest single group employed.

'Coloured' women form the largest group in 3 sectors: textiles (33,0% of the workforce), clothing (79,7%) and footwear (48,2%). Almost half (47,9%) of all coloured women are employed in the clothing sector, with a further 10,8% in food, another industry seen as traditionally 'female', although figures from this survey show that African men are the largest single group in the food industry (31,3% of workforce). This may indicate some shift towards the employment of African men at even lower rates than 'coloured' women, in an industry already characterised by low pay rates.

African men also form the largest group in non-metallic minerals, where they make up 50% of the workforce. 22% of all African men are employed in the food industry.

White women are the largest percentage in one group, 'non-manufacturing'. 59,4% of white women are employed in this sector, making up 35,3% of the workforce.

In one sector, machinery, the figure for white men is virtually identical to that for 'coloured' men (30,2% white - 30,3% 'coloured'). This figure would presumably include a large number of artisans. The largest single concentration of white men is in 'non-manufacturing' (31,1% of all white men), followed by chemicals (16,7%).

African women are predominantly in 'non-manufacturing' (39,3%) and in textiles (39,1%), with very little presence in other manufacturing sectors.

Asian women, of whom there are only 436 in the survey group, are even more highly concentrated, with 59,4% in the clothing sector alone.

28,4% of the 659 Asian men covered by the survey are in 'non-manufacturing'. A small number work in clothing and chemicals, but otherwise there are very few in the manufacturing sector.

SECTION 2

Health services

After the section on employment figures, the questionnaire covered the health services offered on the premises, and the health personnel employed. Companies were classified as providing a service only if they employed health personnel for a general health service at the workplace. First-aiders have not been classified as health personnel for this purpose. The provision of contraception only has not been classified as provision of a health service.

12.9% of companies (67) offered a health service on their premises. The distribution of these health services by company size and by sector is illustrated in Tables 11 and 12.

Table 11. Distribution of health services by company size

<50	-100	-250	-500	-750	-1000	1000+	company size
2	7	9	22	8	4	15	no of services
0.9	7.4	10.0	36.7	47.1	36.4	78.9%	% of companies
							with services

The percentage of companies with health services rose as the size of company increased. Only 0.9% of companies with fewer than 50 employees had health services, compared with 78.9% of those with more than 1 000 employees. The percentage rises progressively, with the exception of the 750-1000 group. 42.6% of companies (20) employing more than 500 people, provided no workplace health service. 9 of these were in the 500-750 group, 7 in the 750-1000 group and 4 in the 1 000+ group. Of these, two in the 1 000+ group and one in the 500-750 group without services were non-manufacturing companies.

Table 12. Distribution of health services by sector

Sector	no of cos	av size of cos	% with health servs	% with contra- ception
textiles	25	553	40,0%	76,0%
clothing	66	362	12,1%	80,3%
non-manuf	63	350	6,3%	7,9%
food	31	335	25,8%	38,7%
beverages	8	333	25,0%	12,5%
footwear	8	316	25,0%	50,0%
printing	19	248	21,1%	26,3%
chemicals	49	221	16,3%	32,7%
non-metallic minerals	22	197	18,2%	22,7%
metals	75	136	10,7%	12,0%
wood	9	121	0%	11,1%
unknown	4	109	0%	25,0%
furniture	35	99	5,7%	20,0%
other manufacturing	43	86	14,0%	25,6%
machinery	28	63	3,6%	7,1%
combination	17	33	0%	5,9%
non-ferrous metals	10	33	0%	0%
equipment	6	23	0%	16,7%
All companies:	518	225	12,9%	29,5%

Table 11 showed the overall pattern for all sectors. This table shows a similar pattern by sector, with the percentage of each sector providing health services rising progressively with average company size, with some notable exceptions. Non-manufacturing companies provide very few services. This may be explained by two factors: fewer workplace injuries, and greater coverage of salaried employees by medical aid schemes, providing them with easy and affordable access to private medicine. Few companies in the clothing sector provide health services, though the vast majority provide contraception.

5 sectors (wood, non-ferrous metals, equipment, combination and unknown) with a total of 46 companies and 2 550 employees, provide no health services at all, though four of them provide contraception. It is notable throughout (with the exception of 'beverages'), that significantly larger numbers of companies provide contraception than general services. This will be enlarged on in a later section. The exception of beverages is not significant, 8 companies in the sector are covered in this survey, 2 providing services, and only 1 providing contraception.

Health personnel

Table 13. Distribution of companies employing health personnel by sector

sector	% of companies employing health personnel			
	fullsrs % of cos	partsr % of cos	nurses % of cos	doctors % of cos
textiles	36,0	-	16,0	40,0
food	22,6	9,7	-	19,4
beverages	25,0	-	-	12,5
footwear	12,5	-	-	12,5
printing	10,5	-	10,5	26,3
non-met mins	9,1	9,1	4,5	13,6
chemicals	8,2	10,2	4,1	16,3
machinery	7,1	3,6	3,6	-
other manuf	7,0	4,7	2,3	11,6
metals	6,7	-	2,7	12,0
clothing	6,1	4,5	-	7,6
non-manuf	3,2	3,2	-	3,2
furniture	2,9	2,9	2,9	8,6
combination	-	-	-	5,9
non-fer mets	-	-	-	-
equipment	-	-	-	-
wood	-	-	-	-
unknown	-	-	-	-
all sectors:	8,5	3,7	2,7	11,4

(fullsr = full time sister partsr = part- time sister)

There is a predominance of health personnel in 3 sectors: textiles, food and beverages. This is probably due in the case of textiles to its size. It is the second largest in terms of total employment and largest in terms of average company size. In food and beverages it may be due to the fact that workplace illness may pose a danger to consumers.

Table 14. Distribution of health personnel by company size

	-50	-100	-250	-500	-750	-1000	1000+	total
fullsr % cos	0,4	2,1	5,6	20,0	41,2	27,3	73,7	8,5
partsr % cos	0,9	4,2	5,6	8,3	5,9		10,5	3,7
nurse % cos	0,4	-	-	5,0	17,6	9,1	31,6	2,7
doctor % cos	3,1	7,4	12,2	26,7	29,4	36,4	47,4	11,4

The percentage of companies employing health personnel rises progressively with company size, with the exception of dips in the case of full-time sisters and nurses in the 750-1 000 group, and part-time sisters in 500-750 group

Sisters

Table 15. Distribution of full-time sisters by sector

sector	no of fullers	% of all fullers	% of total workforce	no of emps to each sr
machinery	2	3,6	1,5	880
beverages	2	3,6	1,9	1 131
other manuf	3	5,4	3,2	1 233
food	8	14,3	8,9	1 297
chemicals	8	14,3	9,3	1 351
metals	7	12,5	8,7	1 455
textiles	9	16,1	11,4	1 536
non-met mins	2	3,6	3,7	2 170
printing	2	3,6	4,1	2 359
footwear	1	1,8	2,2	2 529
clothing	9	16,1	20,5	2 655
furniture	1	1,8	3,0	3 471
non-manuf	2	3,6	18,9	11 027
wood	-	-	0,9	no sisters
non-fer mets	-	-	0,3	no sisters
equipment	-	-	0,1	no sisters
combination	-	-	0,5	no sisters
unknown	-	-	0,4	no sisters
all sectors:	56			2 080

The employment of a full-time sister is probably the best index of workplace-based health care, as without full-time staff there is unlikely to be real access to health care. Only 8,5% of all companies (44) employed full-time sisters. Of these, 39 employed one sister, 3 employed two, 2 employed three and 1 employed five sisters. In all, 56 sisters were employed. Other than one company in the 100-250 group, which employed two sisters, only companies with more than 1 000 employees employed more than one full-time sister.

The ratio of employees to full-time sisters, on a sectoral basis (see Table 15), was very high: ranging in the manufacturing sectors from a low of 880 (machinery) to a high of 3 471 (furniture). However, as only one of the 28 companies in machinery has a service, employing two sisters, most workers in this sector have no health service. Clothing, the largest sector, has 2 655 to each of the 9 sisters employed. These sisters were employed by only 4 of the 66 companies in this sector, one of the companies employing 5 sisters.

'Non-manufacturing' has the worst ratio of all: 11 027 employees to each full-time sister. This has been commented on earlier, in the section on services.

3,7% of companies (19) employed part-time sisters. Of these 16 employed one sister, and 3 employed two sisters. A total of 22 part-time sisters were employed. The distribution of the part-time sisters was rather different from the distribution of full-time sisters. One company in the <50 category and another in the 100-250 category each employed two sisters.

Nurses

2,7% of companies (14) employed nurses. Of these 13 employed one nurse, and 1 employed two nurses. A total of 15 nurses were employed. No companies with fewer than 250 employees employed nurses.

1,5% of companies (8) employed 'other' health personnel. Generally, this would refer to a doctor who visited regularly, where there was no sister. In a few cases companies specified that although they did not employ medical personnel per se, they employed trained sisters in non-medical positions who were available for medical advice and assistance if necessary. First-aiders were not classified as health personnel.

Doctors

11,4% of companies (59) employed doctors, who made regular visits to the premises. 47,4% of companies with more than 1 000 employees employed a doctor, as compared with 3,1% of companies with fewer than 50 employees. The percentage of companies employing doctors (11,4%) is interestingly high, in comparison with the percentage employing sisters (8,3%). However, the frequency of doctors' visits varied from once weekly to daily (in a plant which functioned 7 days a week). The commonest visiting patterns were once (29%), twice (24%) and five times (29%) a week.

The textile sector employs most doctors: 10 for 25 companies, with 13 827 employees. Three sectors, wood, non-ferrous metals and equipment, employ neither full-time sisters nor doctors. These are all small sectors, made up largely of small companies (25 companies with 1 556 employees).

47,1% of companies (244) provided access to a doctor off premises, in case of illness or accident during working hours. There is not sufficient detail to know how this is arranged, and under what circumstances employees have access to these doctors.

Accidents

Companies were asked where employees were sent in the case of an accident at work.

Table 16. Procedure in case of accident

employee sent to:	% of cos
a doctor (other than company dr) who regularly handles WCA cases	21.7%
hospital	17.9%
employee's private doctor	10.3%
medical scheme panel doctor	5.0%
management doctor	4.8%
other	0.6%
combination of the above	39.6%

The last and commonest category in Table 16 contains those companies which use different procedures depending on the severity of the injury, and companies which have no fixed policy on procedure in the case of accidents at work.

TB screenings

Only 22,2% of companies (115) had regular X-ray screenings of their employees. 62,6% (72) of these had screenings annually, 10,4% (12) bi-annually, 3,5% (4) at longer intervals, and 23,5% (27) failed to give details of frequency. Only 60,9% (70) of the companies with X-ray screenings specified the health authority which provided the screening: City Council 58,6% (41) and Divisional Council 41,4% (29).

Table 17. X-ray screening by sector

sector	% cos with X-rays
non-metallic minerals	72,7%
food	41,9%
beverages	37,5%
printing	36,8%
chemicals	28,6%
machinery	28,6%
footwear	25,0%
other manufacturing	23,3%
wood	22,2%
non-ferrous minerals	20,0%
metals	16,0%
textiles	16,0%
non-manufacturing	14,3%
clothing	13,6%
furniture	11,4%
equipment	no screenings
all companies:	22,2%

It is notable that X-ray screenings are most commonly found in non-metallic minerals, a sector where there is danger to workers' health, and in food and beverages, sectors where there is danger to consumers' health.

A number of companies commented that, although in the past they had had regular screenings, these had now been phased out on instruction from the health authorities which had previously provided the service.

This phasing out of TB screenings is reflected in the low use of mobile units. Only 16,5% (19) of the 115 companies had screenings on their premises, using a mobile unit. Out of 9 companies with more than 750 employees which had regular X-ray screenings, only 1 had these done by a mobile unit. The low use of mobile units is significant as the cost, logistical problems and disruption to production involved in transporting an entire workforce to a clinic for screening must have a disincentive effect, particularly for large companies.

Contraception

29,5% of companies (153) provided contraception on the premises. Contraception is most commonly provided in the sectors with the largest concentrations of women workers: 80,3% of companies in the clothing sector (84,6% women), 76,0% of companies in the textile sector (50,8% women) and 50,0% of companies in the footwear sector (54,8% women). Clearly, contraception focuses on control of female fertility. (See table 12 for comparison of distribution of health services and of contraception.)

19,7% of companies (102) provided contraception only. It is notable that this does not only occur where the workforce is small. Altogether 15 companies with more than 250 women workers provided no general health service, two of these having 500-750 women, and another one having more than 750 women employed. In the clothing sector, the largest employer of women in the area, 68,2% of companies (45 out of 66) provided only contraception and no workplace health service.

Table 18. Personnel providing contraception

Personnel	% of companies
visiting sisters	75,8% (116)
company medical personnel	17,0% (26)
both	6,5% (10)*

(*One company did not specify who provided contraception.)

Table 19. Distribution of contraception by sector

sector	% with contra.	av no of women in co
non-ferrous metals	0%	3
combination	5,9%	13
machinery	7,1%	15
non-manufacturing	7,9%	150
wood	11,1%	14
metals	12,0%	15
beverages	12,5%	55
equipment	16,7%	8
furniture	20,0%	23
non-metallic mins	22,7%	22
unknown	25,0%	29
other manuf	25,6%	29
printing	26,3%	60
chemicals	32,7%	48
food	38,7%	108
footwear	50,0%	173
textiles	76,0%	281
clothing	80,3%	235
all companies:	29,5%	86

The one anomaly in this Table 19 is that so few companies in 'non-manufacturing', with an average 150 women per company, provide contraception services. This is probably explained by the fact that 75,6% of all women in this group are white, salaried and with access to private health care through medical aid schemes.

Interestingly, there is a heavy reliance on outside health services to provide contraception. While 67 companies provided a health service of some sort, in only 38,8% (26) of these was contraception provided by the company medical personnel without outside help.

Contraceptive services and supplies are provided free to the company, which must serve as an extra incentive to provide such services.

When sectors with a low percentage of women workers are removed from the analysis, the provision of contraception is even more marked. The following sectors were removed:

sector	%women in sector
non-ferrous metals	(7,6%)
non-metallic minerals	(10,9%)
wood	(11,2%)
metals	(12,9%)

Once these sectors had been removed, the percentage of companies providing contraception rose to 34,3% overall (138 out of 402 companies). 23,6% (95 out of 402) provided contraception only.

Sick leave

There were two options in the administration of sick leave/pay:

- according to the regulations of the Basic Conditions of Employment Act: two weeks a year, on full pay, paid from the first day of absence, and requiring a doctor's certificate only for sicknesses lasting three days or longer.

- through a sick fund (Such funds have varying conditions, but are required by law to be 'not less favourable' than the provisions of the Basic Conditions of Employment Act.)

Table 20. Provision of sick pay

Form of provision	% of companies
Sick Fund	54,8% (284)
BCOE Act	35,9% (189)
Not specified	9,3% (45)

Table 21. Administration of sick funds

Administration	% of companies
industrial council	73.6% (209)
trade union	9,5% (27)
company	8.8% (25)
company/trade union	3.5% (10)
other	3.2% (9)
unspecified	1,4% (4)

Most companies paid sick pay through sick leave funds, the overwhelming majority administered through Industrial Councils.

Considerable confusion was evident in the responses to questions on sick pay. Many respondents gave contradictory information in response to different questions. This is significant in terms of the difficulties commonly experienced by workers in getting the sick leave and pay due them. If personnel management (or whoever in management was delegated to answer the questionnaire) is unclear as to how sick pay is administered, it is likely that such confusion will be reflected in difficulty for workers in obtaining the sick leave and sick pay due to them.

Medical aid/benefit schemes

75,1% of companies (389) provided a scheme to cover medical costs for salaried employees, but only 51% (264) for waged employees. (Some companies pay all employees monthly, and apply the same benefits to all. In such cases, for the purposes of comparison, the benefits have been calculated as applicable to both salaried and waged employees.)

There was a considerable degree of confusion in the answering of the questions on whether such schemes were compulsory or optional, and on whether the schemes covered dependants. Many respondents either failed to answer these questions, or gave contradictory answers. Most also failed to give the names of the schemes, from which membership conditions and benefits might have been ascertained.

There is a significant difference between membership of a medical aid scheme, which covers dependants and offers a far greater range of benefits, and membership of a medical benefit scheme, with limited benefits and no coverage of dependants. Unfortunately it was impossible to gain clear answers on these questions, but it is known that waged employees are generally covered by medical benefit schemes, if at all, while salaried employees are more commonly covered by medical aid schemes.

Table 22. Other benefits

Benefit	salaried	waged	both	total
Pension	24,7% (128)	7,5% (39)	48,8% (253)	81,1% (420)
Provident	6,2% (32)	24,5% (127)	17,8% (92)	48,5% (251)
Housing	5,0% (26)	2,3% (12)	7,1% (37)	14,5% (75)
Other	5,0% (26)	4,4% (23)	15,4% (80)	24,9% (129)

It emerged that the content of the housing benefit was very different for different groups: for African employees accommodation in company hostels, for other employees, to varying extents, a subsidy to assist in buying a house. Other benefits ranged from life assurance to sporting facilities to bursaries.

CONCLUSION

This survey has concentrated on the distribution of health services and contraceptive provision. Little is known about their content and functions, which need closer analysis, and will be the focus of detailed studies in the future.

The employment figures in this survey show interesting patterns in racial and sexual distribution of employment both between and within sectors. There is a marked concentration of 'coloureds' in manufacturing, with women outnumbering men, which may indicate higher unemployment among 'coloured' men. Whites and Asian men are concentrated in non-manufacturing. There are marginally more African women in non-manufacturing than in the manufacturing sector where they are most concentrated, textiles. The actual number of African women employed in the companies covered in this survey is very low, as is the ratio of African women to men (1:6). This must be due, at least in part, to the 'coloured' labour preference policy and associated influx control measures in greater Cape Town. Women are 42% of the workforce overall, and 'coloured' women make up 51% of the workforce in manufacturing, in jobs for which African women might otherwise compete. Women are more concentrated within particular sectors, while men are more evenly spread between sectors.

Generally speaking, increasing company size has a clear effect on the provision of health services, with some exceptions: non-manufacturing companies, where employees are largely covered by private medicine and there are fewer serious workplace dangers, and clothing. It may be that clothing companies rely on the medical scheme coverage provided through the industrial council for the health care of their employees, though these schemes provide more limited benefits than medical aid schemes. Interestingly, however, clothing companies do not rely on medical schemes in the same way for the provision of contraception. While only 12% of clothing companies provide a health service on their premises, 80% provide contraception.

The pattern of greater provision of contraception than any health service emerges strikingly throughout the sectors.

Table 23. Provision of health services and contraception

	contra yes	contra no	total
service yes	51 (10%)	16 (3%)	67 (13%)
service no	102 (20%)	349 (67%)	451 (87%)
total	153 (30%)	365 (70%)	518

The most striking point about this table is that two thirds of companies provide no services at all. The importance of workplace contraception is clearly illustrated, by its provision in 30% of all companies, compared with the provision of more general health services in only 13% of companies.

X-ray screening for tuberculosis is most common in companies with most dangers, to workers (as in non-metallic minerals, where various dusts pose dangers of lung disease) and to consumers (as in food and beverages).

The phasing out of regular screenings for TB apparent from this survey is particularly disturbing in the light of recent reports from the Medical Officers of Health for the City and Divisional Councils which document a sharp increase in the incidence of the disease over the past three years in Cape Town. They predict a further increase in incidence for 1984. (Argus 16 January 1984) In such a situation the rational policy would appear to be an increase in screening, rather than the reverse, particularly for discrete, accessible populations like industrial workforces.

In the companies surveyed, sick pay and medical benefits were provided primarily through the industrial council system, though on a very uneven basis. The confusion evidenced in answers to questions about these schemes reflects a situation of general lack of information and knowledge about the conditions of these schemes, on which workers are dependent for both pay and medical treatment in times of sickness. The schemes clearly need thorough analysis in terms of their relative costs and benefits to both employers and employees.

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Quoting (in context) from these preliminary papers with due acknowledgement is of course allowed, but for permission to reprint any material, or for further information about the Inquiry, please write to:

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