



**BUSINESS SOCIAL RESPONSIBILITY (BSR) IN  
COMBATING HIV/AIDS: AN EXPLORATORY STUDY OF  
SMME PRACTICES IN CAPE TOWN, SOUTH AFRICA**

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## DECLARATION

I, Tendai Makwara Student Number, #####, declare that the thesis entitled "Business social responsibility (BSR) in combating HIV/AIDS: Case of SMME practices in Cape Town," hereby submitted for the degree PhD Management Sciences: (Business Management) has not previously been submitted for a degree at this or any other university. I further declare that this is my own independent work in design and execution and that all materials contained herein have been duly acknowledged. I cede the copyright of this thesis in favour of the Central University of Technology, Free State.

17/08/2023

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DATE

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I thank God for the grace and favour that shone throughout this PhD journey.

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## **DEDICATION**

To my late mother Florence and my late stepmother Gaudiosa.

## **ABSTRACT**

This exploratory study investigated the business social responsibility (BSR) activities of SMMEs in Cape Town in combatting HIV/AIDS. The main objective was to determine the nature and level of commitment to addressing HIV/AIDS challenges by SMMEs. The secondary objectives were to determine SMME motivations for engaging in BSR activities, their strategic practices and main challenges, and identify HIV/AIDS BSR influential stakeholder groups.

The study adopted a quantitative survey methodological approach and collected data from a sample of 300 SMMEs located in Cape Town using a 7-point Likert scale questionnaire. One hundred eighty-five (185) of these were returned, resulting in a 62 per cent response rate. SPSS version 27 statistical tool was used to analyse the data collected to extract descriptive, correlational, and inferential results reported in the study.

Descriptive and ANOVA, and correlation tests were performed. Results indicated that SMMEs performed informal HIV/AIDS activities with employees and customers and were less likely to focus on community stakeholders. The community stakeholder group is not of much concern to SMMEs. Nonetheless, consistent with literature analysis results, SMMEs employed local people and provided health and safety education to employees. However, it was found that a significant proportion of SMMEs had no budget and did not know how much they spent on HIV/AIDS BSR activities. Through correlation statistics, it was found that a positive and statistically significant relationship between BSR understanding and BSR motivations. Moreover, it was also found that there is a strong correlation between BSR budget resources and stakeholder-oriented HIV/AIDS BSR activities. T-tests revealed a statistically insignificant difference between males and females regarding propensity for BSR action and a statistically significant difference in BSR practices between formally

registered and informal businesses. Moreover, the literature review analysis revealed that financial challenges, a lack of institutional and government support, and business size factors impacted BSR execution capabilities. As a result, the study found that few SMMEs applied the concept as part of everyday business strategy.

This study has various limitations. Firstly, typical of survey research, this study did not register a 100% response rate since some respondents chose not to cooperate during the survey. Secondly, the study was concentrated in Cape Town, limiting the findings' generalisability to other excluded areas. Thirdly, resource limitations limited the researcher to having only two assistants, which delayed the data collection process. Lastly, the research overlapped with the coronavirus period, disrupting the research environment.

This study asks whether it is practicable to legitimise SMMEs as vehicles that can solve all social problems, as often claimed in the literature, considering their limited contributions to combatting HIV/AIDS in Cape Town. Specifically, the study highlights gaps between SMMEs, the level of commitment to HIV/AIDS BSR, and the needs of society.



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## **CHAPTER 1: INTRODUCTION TO THE STUDY**

### **1.1 INTRODUCTION TO THE STUDY**

Amidst poverty, inequality, diseases, and the myriad other rising social problems that are causing havoc to people's lives worldwide, the role of businesses as social partners in local communities has increased. In fact, unlike as is the case in previous generations when businesses were seen as institutions of power and solely appreciated for providing goods and services, companies in the 21st century have become subject to an ethos about doing what is right for society, while pursuing their business interests. Consequently, they have started looking beyond their profiting objectives and considering the needs of society and other stakeholders, such as employees, through programs commonly known as business social responsibility (BSR) activities.

While BSR remains a broad concept, its importance is underlined by its recognition as a way of obtaining a license to operate for all types of businesses, regardless of size (Dzansi & Pretorius, 2009). In practice, BSR promotes the notion that enterprises cannot focus solely on their interests without acknowledging the interests of other community stakeholders that can be linked to their operations. Thus, some scholars (van Cranenburgh & Arenas, 2014) believe BSR is a way through which firms reconcile their profit-oriented objectives with emerging community issues. Hence Margolis and Walsh (2003:268) concluded that through BSR, “companies are increasingly asked to provide innovative solutions to deep-seated social problems, even as economic theory instructs managers to focus on maximising their shareholders' wealth”.

One of those deep-seated social problems confronting society, globally and in South Africa, requiring business attention is the HIV/AIDS epidemic. Besides being a health

issue, HIV/AIDS imposes social and economic consequences on business and society that warrants it to be a serious BSR issue for all firms. An apparent reason for all types of businesses to be active in HIV/AIDS-related BSR is that it lets them secure a healthy workforce, which is essential for business operations (Dzansi & Pretorius, 2009). Furthermore, BSR aimed at communities and consumers helps businesses sustain the size of their markets if people do not die in significant numbers due to the firm's interventions. Given that the country is home to between 7 million and 8.2 million people living with HIV/AIDS in workplaces and society (Global AIDS Response Progress Report, 2015; Statistics South Africa, 2021; South African Business Coalition on HIV/AIDS, 2015), it is plausible to think that many South African businesses are under pressure to engage in epidemic-related BSR activities. It is from such a background that this study, among other aims, intends to gain insight into how SMMEs have acceded to this pressure by engaging in HIV/AIDS-related BSR activities.

Ordinarily, expectations that SMMEs must also address HIV/AIDS issues go along with emerging discourse that they must play more meaningful roles in society (Dzansi & Pretorius, 2009). In literature, there is a popular connection between SMMEs and fighting issues of unemployment and poverty, with scholars such as Amra, Hlatshwayo and McMillan (2013) calling for their placement at the forefront of social and economic development in South Africa. Others see SMMEs as economic growth engines and social change agents (Abor & Quartey, 2010), implying that SMMEs play a critical role in supporting the attainment of broader sustainable development goals such as economic development, social justice, and human well-being. Within the BSR ambit, Spence (2004), as cited by Visser (2012), also claimed that “if you talk about the content of a socially responsible business – integrity, reputation, caring for employees, building relationships, community engagement – that is often simply an everyday part of SMME life’. This claim adversely pontificates that being socially responsible is core to SMME's operational ethic and business strategy. This overall understanding of the

role of SMMEs, inspired this study to examine how SMMEs have taken up HIV/AIDS social responsibility to fulfil social and welfare development needs in society.

Literature suggests that engaging in HIV/AIDS-related BSR activities serves a business purpose for SMMEs, besides enriching society. Some scholars (Chao, Szreik, Leite, Ramlagan & Peltzer, 2017) believe such BSR activities enable SMMEs to protect their markets, maintain meaningful social and personal relationships with communities, and safeguard employee welfare. In short, the argument is that there is much to be gained by businesses from engaging in HIV/AIDS-related BSR, including blending BSR into their overall business strategies. However, despite this proposition, in the literature, there is a lack of exhaustive accounts about BSR as a business strategy for small businesses, which justifies the need for further research such as the present study.

## **1.2 PROBLEM STATEMENT**

This exploratory study recognises the HIV/AIDS prevalence in sub-Saharan Africa, with South Africa as the epicentre (AVERT, 2019; National Health Department, 2013) and the growing realisation of the critical role of smaller businesses in addressing social malaise, including HIV/AIDS (Blowfield & Frynas, 2005) as well as the apparent absence of HIV/AIDS epidemic specific BSR innovation in the SMME sector. It, therefore, assesses how small businesses (SMMEs) in the South African context respond to the apparent tension between owner interests' maximisation and business involvement in the broader social life – that is, through their social responsibility activities. Specifically, this study examines how the SMMEs in Cape Town, one of the major cities in South Africa, reconcile HIV/AIDS-related social responsibility initiatives with seemingly inhospitable economic logic (Margolis & Walsh, 2003) in their overall business agenda. Examining this tension is critical considering its potential to undermine the sector's impetus to combat the epidemic.

## **1.3 RESEARCH AIMS, QUESTIONS AND OBJECTIVES**

### **1.3.1 Research aims**

This study contributes to the SMME BSR discourse by examining activities to combat HIV/AIDS in a South African context. In so doing, the study investigates how social problems such as HIV/AIDS stimulate SMMEs' appetite to fulfil social responsibilities and exploit strategic opportunities linked to social responsibility engagements. At a policy level, the study aims to influence local policy direction towards better utilisation of SMMEs in addressing social malaise such as HIV/AIDS in local communities, given that these entities have a high degree of social responsibility due to their natural embeddedness in local communities. Finally, the study aims to broaden SMME BSR studies to include community-specific challenges such as HIV/AIDS to understand SMMEs' BSR practices better. Overall, these aims are important considering the breadth and depth of SMMEs' impact on society and the need to understand how the South African government can harness the contributions of business agencies towards attaining millennium and sustainable development goals, specifically MDG 6: Combat HIV/AIDS, malaria, and other diseases (tuberculosis). Therefore, this study also seeks to find further evidence in support of assertions by scholars, politicians, and general society, that SMMEs are critical to achieving developmental goals in South Africa.

### **1.3.2 Main and subsidiary research questions**

Stemming from the above problem statement and aims, the apparent general question that arises is: *what is the nature of SMME BSR practices in South Africa in response to HIV/AIDS?* This question arises against evidence that while SMMEs in South Africa engage in BSR practices that benefit employees and communities (Dzansi & Pretorius, 2009) among other stakeholders, few studies have examined if and how SMMEs contribute towards solving the problem of HIV/AIDS. Therefore, this study fills

this gap and contributes to discourse concerning SMME BSR practices and strategy and the role of SMMEs towards promoting national socioeconomic development.

Therefore, informed by the above problem context, this study sought to answer the following main research question: *What is the nature of SMME BSR practices in South Africa in response to HIV/AIDS?*

The above main research question raised the following subsidiary ones.

1. To what extent are the SMMEs surveyed socially responsible?
2. What are the main BSR activities that the surveyed SMMEs engage in?
3. What motives drive the surveyed SMMEs to invest in BSR?
4. Why do the SMMEs engage in their preferred BSR activities?
5. To what extent does HIV/AIDS feature as BSR activity for the SMMEs?
6. What percentage of the BSR budget do the SMMEs surveyed allocate to HIV/AIDS-related activities?
7. To whom are these HIV/AIDS-related activities directed (employees or the local community)?
8. How have SMMEs integrated BSR practices in their operations in response to HIV/AIDS?
9. Who are the key actors in the SMME's HIV/AIDSs-related BSR activities?
10. What are the major challenges in the SMME's HIV/AIDSs-related BSR activities?
11. Based on this study's findings, can one conclude that South African SMMEs actively undertake HIV/AIDS-related BSR activities?

### **1.3.3 Research Objectives**

#### ***1.3.3.1 Primary research objective***

The primary objective of this study was to determine BSR trends emerging in the SMME sector in Cape Town as a response to the HIV/AIDS epidemic.

#### ***1.3.3.2 Secondary objectives***

1. To interrogate the BSR practices within SMMEs in Cape Town in response to the challenges of HIV/AIDS.
2. To explore the motivations/ reasons of the SMMEs in Cape Town for either engaging in or not engaging in HIV/AIDS-related BSR practices.
3. To identify the challenges faced by SMMEs of Cape Town in executing HIV/AIDS-related BSR activities.
4. To determine the targets of HIV/AIDS-related BSR activities by SMMEs in Cape Town.
5. To establish the share of the BSR budget allocated to HIV-related BSR activities in the surveyed SMMEs.
6. To arrive at a conclusion on whether or not South African SMMEs actively undertake HIV/AIDS-related BSR activities.
7. To make suggestions to national policy makers in respect of how to promote the general notion of BSR in South African SMMEs, and how to integrate HIV/AIDS into this agenda.

### **1.4 SUMMARY OF THE THEORETICAL FRAMEWORK**

This study applied the stakeholder theory as an investigative lens, ideally because it suited the study design and is one of the core theories of BSR often used by

researchers in SMME contexts (Moeti, Dillova, 2017; Chazireni, 2017). According to Freeman (1984), stakeholder theory is a theory of organisational management and business ethics that addresses morals and values in managing an organisation.

The theory asserts that business gives in to societal pressure to include their interest alongside those of shareholders in the overall business management arena. In this regard, it accepts that a mutual relationship exists between a company and different stakeholder groups directly and indirectly connected to the firm's activities. Hörisch, Freeman and Schaltegger (2014) emphasised that such groups ideally believe they have a stake in business affairs, making it mandatory for managers to consider their interests simultaneously as they aim to achieve the primary objectives of a business - to make a profit. From this standpoint, the stakeholder perspective provides a sound basis for exploring how SMMEs fulfil the expectations of primary stakeholder groups such as employees, community, environment, and customers.

Primary stakeholders are special groups directly linked with the business (Moeti, 2016), while secondary stakeholder groups are indirectly connected with the company and are not essential to its survival. Accordingly, the stakeholder theory puts into perspective that SMMEs have a moral and business obligation to coordinate and satisfy the interests of primary stakeholders before they can consider other secondary stakeholders, such as the media or national interest groups.

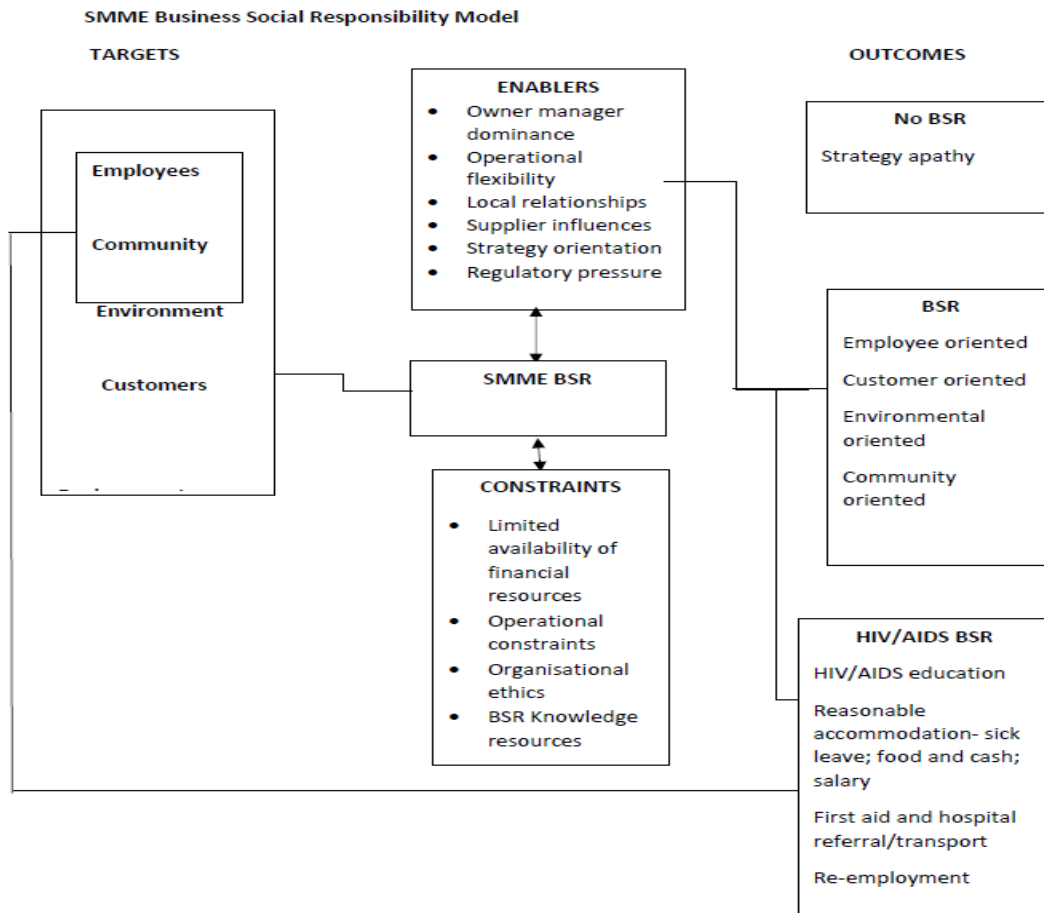
## **1.5 SUMMARY OF THE CONCEPTUAL FRAMEWORK**

Based on the adopted theoretical lens -the stakeholder theory and consistent with Dzansi and Pretorius (2009), this study's conceptual framework views the employees, community, environment, and customers as the primary targets of SMME BSR activities. It is also theorised that whether the business can meet its BSR obligations, as seen in Figure 1.1 depends on the trade-off between SMMEs' enabling strengths

(their resources) and competing constraints (their perceived costs). Regarding BSR resources, as is widely reported in the literature, factors such as the owner managers' desire to be viewed as socially responsible, stakeholder pressures, the firm's goals social and economic goals (Hamidu, Haron, & Amran, 2016), and desires to fulfil statutory obligations motivates SMME BSR practices. In short, these factors act as resources that stimulate the desire for and determine SMMEs' capacity to engage in BSR.

On the other hand, literature in South Africa supports the notion that SMMEs face various challenges that make survival beyond the first three early years uncommon (Adisa, Abdulraheem & Mordi, 2014). In line with these assertions, Rambe and Ndofirepi (2016) state that SMMEs face significant financial and operational difficulties that threaten their viability and undermine their ability to consider social issues outside the battle for survival. Kechiche and Soparnot (2012) maintain that many SMMEs owner managers lack knowledge about the benefits of undertaking BSR, which suggests that they hardly find motivation and justification for spending resources and time trying to fulfil their social responsibility obligations.

The above discussion links to a conceptual understanding that SMMEs with relatively stronger enabling resources were likely to incorporate activities to combat HIV/AIDS into general BSR activities. On the other hand, SMMEs facing stronger and more acute constraints in their operations were likely to take no action to combat the epidemic. An outline of the conceptual framework is illustrated in Figure 1.1.



**Figure 1.1 Conceptual framework for SMMEs' business social responsibility**

In developing this proposed conceptual frame, a review of existing related models developed from South African SMME studies, was conducted, notably the Dzansi and Pretorius (2009) model and its adapted version in Okyere (2013). These models are, by nature, operational versions of the stakeholder theory. However, for this study, a different conceptual frame needed to be proposed. Two main reasons necessitated this. First, this research focuses on HIV-related BSR and is not a wholesale study of BSR in SMMEs. Therefore, its limits are precise and constrained. Secondly, there is no consensus in SMME literature on whether SMMEs approach their BSR practices strategically (Ladzani & Seeletse, 2012; Duarte & Houlihan, 2010; Okyere, 2013).

Therefore, this study sought to investigate SMME BSR practices by identifying operational and environmental factors predictive of SMME's ability to undertake BSR activities and potential HIV/AIDS BSR. Accordingly, a new framework was required.

## **1.6 SUMMARY OF THE METHODOLOGY**

According to Mohajan (2017), a research methodology offers guidelines for setting up, organising, planning, designing, and carrying out research. Its construction depends on the research paradigm that a researcher is following. In this study, the researcher adopted an exploratory quantitative survey methodological approach to collect data from SMME research participants. Therefore, the methodological framework's design was underpinned by a positivist paradigm, which postulated that there is a singular existing reality about SMME BSR activities to combat HIV/AIDS that could be independently and objectively defined using statistical means. A detailed outline of the methodology aspects is presented in Chapter 5.

### **1.6.1 Research design**

As a quantitative study, the research evolved based on a positivist scientific premise linked to a quantitative research design that used questionnaires, numerical measurements, and statistical analyses to examine the BSR practices of SMMEs in Cape Town. The execution of the design is explained by the following elements.

#### ***1.6.1.1 Survey research design***

This study used an exploratory survey design to collect data from SMME participants. The survey method was appropriate, considering Yin (2012) maintained that surveys have traditionally been closely linked to quantitative research and a positivist scientific

stance. A quantitative research design was preferred, because it enables the measurement and interpretation of events as well as the pursuit of objectivity using statistics (Cohen et al., 2018). The quantitative design is also appropriate for validating and evaluating concepts and hypotheses and can generalise outcomes. Moreover, the quantitative design adopted is in line with previous research in a comparable context that examined various small business issues (Moeti, 2016; Dlova, 2017). Thus, the choice of the research design was supported by theory and practical examples.

#### ***1.6.1.2 Target population***

In this study, the total population of SMMEs in Cape Town is estimated to be over 10 000, comprising of a few that belonged to organised business associations, small business parks and those operating independently and informally.

Cox (2010) defined populations as units to whom survey findings might be generalisable. Sekeran and Bougie (2016) added that a population refers to the entire group of people, events, or things of interest that the researcher wishes to investigate. Therefore, a study population refers to the entire objects under investigation. This study's target population was SMMEs operating within the Cape Town area. Limiting the study to the Cape Town municipal area was justified by (1) economic and cost considerations (2) the need to maintain population homogeneity geographically, and (3) the potential transferability of the research finding to any other typical SMME in the country given the commonality of the epidemic in the country.

#### ***1.6.1.3 Sample Size***

For practicability purposes, researchers often resort to sampling to reduce the number of population elements they will survey. The key principle is to determine the number

of units (a sample) that would statistically prove that they provide a fair representation of the attributes of the population to be investigated. A sample of 300 SMMEs was surveyed, and 170 questionnaires were successfully returned and used for analysis. This represents approximately 57% response rate. This response rate is considered satisfactory considering this research took place during the COVID19 time. An outline of the sample size determination steps applied is reported in Chapter 5

#### ***1.6.1.5 Sampling Technique***

A random sampling technique was applied in selecting cases for inclusion. These cases constitute a sample, defined by Bell, Harley, and Bryman (2022) as the population segment selected for investigation and a subset of the population. However, participation in the research depends on whether the selected SMMEs satisfy definitional parameters set out in the SMME Act.

#### ***1.6.1.6 Data collection***

A 7- point Likert scale questionnaire consisting of 62 items was designed and administered to collect data from the participants. The questionnaire development protocol included pretesting. The researcher ensured that the BSR concepts under investigation had to be operationally defined to facilitate a quantitative enquiry. In line with this approach, Dzansi (2004) and Durrheim and Terre Blanche (2002) stressed that a questionnaire design framework must cover the entire spectrum of the research question to be considered. A copy of the questionnaire is attached as Annexure A, and an exhaustive discussion of the data collection is presented in Chapter 5.

### **1.6.1.7 Data analysis**

The goal of data analysis in research is to comprehend the data to facilitate decision-making. Through data analysis, the researcher can identify relationships between variables, compare variables, and extract information to describe and summarise the situation under study. The data analysis methodology applied used descriptive and inferential statistics. These were done using the SPSS version 27 statistical computer software package. Holcomb (2016) explained that descriptive statistics is necessary to organise and summarise the data from the field, while inferential statistics facilitates generalisations of the sample's findings to the entire population.

## **1.7 ENSURING THE CREDIBILITY OF THE STUDY**

The credibility issues of the study relate to the content and construct validity, as well as the instrument reliability, which are addressed in detail in Chapter 5. Validity and reliability are concepts often applied to quantitative rather than qualitative research. These issues relate to ensuring that the research is believable and trustworthy. According to Lincoln and Guba (1985), validity and reliability are central issues in positivist studies and must be properly demonstrated if the results are to be believed. Therefore, validity and reliability concepts are an attempt to include the soundness of research by demonstrating that the procedural evolution of the study contains rigor of scientific study so that the results can be trusted. In Chapter 5, an outline of validity and reliability measures applied to this study, are discussed in detail.

## **1.8 ETHICAL CONSIDERATIONS**

The researcher paid attention to the standard ethical guidelines recommended for conducting research among human participants. In particular, the study observed the two types of ethics alluded to by Guillemin and Gillam (2004). These are: (i) *procedural*

*ethics*, which usually involved seeking approval from a relevant ethics committee at the Central University of Technology to undertake research involving humans; and (ii) *ethics in practice* or the everyday ethical issues that arose during research. A detailed discussion is provided in Chapter 5.

## **1.9 DEFINITION OF THE KEY TERMS**

### **1.9.1 HIV/AIDS**

A disease that affects and weakens the immune system. HIV is the virus that causes AIDS. AIDS stands for Acquired Immune Deficiency Syndrome.

### **1.9.2 Small, micro, and medium enterprises (SMMEs)**

Defined in this study as per parameters of small, micro, and medium enterprises specified in the National Small Business Act of 1996 and its amendments.

### **1.9.3 Business Social Responsibility**

For this study, BSR refers to a company's duty of care toward the interest of stakeholders and a commitment to good community citizenship by operating a business ethically that strengthens the relationship between business and society.

### **1.9.4 Business strategy**

In this study, business strategy is conceptualised as “the broad determination of the goals and the specification of alternative courses of action to achieve the predetermined goals of the business (Omalaja & Eruola, 2011)

## **1.10 CONTRIBUTION OF STUDY**

Thus study makes several theoretical, practical and policy contributions

Theoretically the study fills the literature gap in understanding SMME (Small, Medium, and Micro Enterprises) BSR (Business and Society Relations) management practices in countries facing HIV/AIDS in sub-Saharan Africa. It provides new insights and knowledge in an under-researched area, considering that the researcher is unaware of any other existing research that has sought to analyse the direct impact of HIV/AIDS in shaping CSR behaviour in SMEs in Cape Town. Thus by exploring how HIV/AIDS as a social issue shape and rationalise BSR behaviours in SMMEs, this study contributes to developing theoretical perspectives on SMME BSR in response to a specific issue- HIV/AIDS. In line with this purpose, the study also proposes a conceptual framework that broadens the theoretical foundations for understanding SMMEs' BSR practices, behaviours and organisational dynamics in South Africa. The proposed framework provides a practical approach for future researchers to examine SMMEs' BSR activities in similar contexts. Overall this study could contribute to the understanding of the extent to which small, medium, and micro enterprises (SMMEs) in South Africa are socially responsible. This provides insights into the social impact of SMMEs and their level of engagement in responsible business practices. Furthermore, the study explores the motives that drive the surveyed SMMEs to invest in BSR. This can contribute to the existing literature on the motivations behind SMMEs' engagement in socially responsible activities. This can contribute to the understanding of the role of HIV/AIDS in the broader context of BSR practices among SMMEs in South Africa.

In practice, this study enhances awareness and understanding of the HIV/AIDS problem in the SMME sector and the accompanying BSR practices in response. Specifically, the theoretical findings of the study help the BSR field develop a better understanding of how SMMEs in these contexts engage with and incorporate BSR

practices, thereby contributing to practical knowledge for businesses operating in similar environments. SMMEs can use this understanding to align their practices with social responsibilities and international best practices, benefiting their business operations by forming partnerships with larger firms and government agencies supporting HIV/AIDS issues. Additionally, experiences from the surveyed SMMEs regarding how they integrated BSR practices in response to HIV/AIDS give practical insights and strategies for other SMMEs to effectively incorporate BSR practices into their operations in the context of HIV/AIDS. Therefore, the study provides evidence-based motivations for other SMMEs in South Africa to learn from successful practices and adopt similar activities to enhance their social responsibility efforts. Furthermore, the study contributes towards identifying the key actors involved in the SMMEs' HIV/AIDS-related BSR activities to inform other SMMEs on potential stakeholders to engage with when implementing their own HIV/AIDS-related BSR activities.

The study contributes to local policy direction that advocates for better utilisation of SMMEs in addressing social issues like HIV/AIDS in local communities. The study recognises the inherent social responsibility of SMMEs due to their embeddedness in local communities. It seeks to provide policy developers with insights into the motivations and practices of SMMEs regarding HIV/AIDS. This information can inform the development of supportive policies and recommendations that align with the business culture of SMMEs. The study stimulates policymakers' interest in harnessing SMMEs' contributions for development goals: The study highlights the importance of understanding how the South African government can harness the contributions of SMMEs towards achieving millennium and sustainable development goals, specifically MDG 6: Combat HIV/AIDS, malaria, and other diseases. By examining SMMEs' BSR practices related to HIV/AIDS, the study aims to provide evidence supporting the assertion that SMMEs play a critical role in achieving developmental goals in South Africa. This can inform policy decisions and strategies for maximising the impact of SMMEs on societal development. The study identifies and analyses the

major challenges SMMEs face in their HIV/AIDS-related BSR activities. This can inform policy development and guide other SMMEs on potential hurdles they may encounter, helping them develop strategies to overcome these challenges. Overall, Based on the study's findings, it can be determined whether South African SMMEs actively undertake HIV/AIDS-related BSR activities. This information can contribute to policy discussions and potentially shape government initiatives or interventions aimed at promoting and supporting such activities among SMMEs in South Africa

## 1.11 OUTLINE OF THE THESIS

This thesis comprises eight chapters, including this introductory chapter. The outline of each chapter is provided below.

**Chapter 1** covers the introduction, background of the study and problem statement, outlines research aims, questions and objectives, presents a theoretical and conceptual framework, details the methodology, research approach and credibility issues, and highlights ethical considerations observed during the study.

**Chapter 2** provides an exploratory review of related literature on small business perspectives on BSR. This chapter presents an overview of BSR, its definition and history, SMMEs BSR contextual issues and SMMEs as an ethical concept, patterns of BSR in Africa and South Africa, theorisation of BSR, including the stakeholder theory and a conclusion of the issues discussed.

**Chapter 3** provides a comprehensive review of related literature on BSR as a business strategy, explores definitions of business strategy and theories of BSR strategy, and examines BSR as a strategy in large firms and SMMEs. The chapter also evaluated the challenges of strategy implementation and summarised the issues discussed.

**Chapter 4** discusses the business response to HIV/AIDS from an SMME perspective. It covers the definition of SMMEs, characteristics of SMMEs, significance, role, and challenges of SMMEs, the socioeconomic impact of HIV/AIDS, large and small businesses' response to the problem, and a conclusion of the chapter.

**Chapter 5** presents the methodology comprising of a brief restatement of the research problem, research objectives and questions, research paradigm, scientific beliefs, research design, population, sampling and sample frame, data collection and questionnaire, data analysis issues, ethical considerations, delimitation of the study and chapter conclusions.

**Chapter 6** presents and interprets the results of the investigation on SMME response to combatting HIV/AIDS. The presentation includes empirical findings from the field and uses statistical methods to extract and present the data.

**Chapter 7** provides conclusions and recommendations for the study and elaborates on the study's implications. A conceptual framework review is also presented, with discussions of the limitations and directions for future research.

## **CHAPTER 2: A SMALL BUSINESS PERSPECTIVE ON BSR**

### **2.1 INTRODUCTION**

While the previous chapter covered BSR perspectives on strategy, this chapter interrogates BSR theory from a small business perspective. The aim is to gain insight into how small businesses leverage BSR as a strategy for responding to the HIV/AIDS problem, and for supporting overall business strategy.

The discussion of these issues unfolds in this chapter as follows. Firstly, an overview of business social responsibility, its definition, history, and Carroll's pyramid of business social responsibility are presented. This is followed by a review of business social responsibility by small businesses, which covers perspectives from corporate social responsibility to business social responsibility, common practices by small businesses, small business contextual issues and practices as part of ethics. Other sections present an analysis of the Ubuntu concept of social responsibility practices and patterns of business social responsibility in Africa and South Africa, after which an evaluation of stakeholder theory is included. Finally, the chapter provides a summary of the above issues.

#### **2.1.1 Overview of BSR**

Globally, many firms are now partnering with communities to address social issues threatening human welfare to justify their value to society beyond providing goods and services. This strategy allows them to create goodwill in communities to acquire a 'social license to operate' (Mukwarami et al., 2020) and promote business goals. While large firms were originally thought to be at the forefront of doing 'good' to communities, alternative views contend that SMMEs have always seized the opportunity to demonstrate "a commitment to improving societal well-being through discretionary

business practices and contributions of corporate resources" (Du et al., 2010 cited in Soundararajan, Jamali, & Spence, 2017:938) through their daily activities. This means that BSR is now a common practice in all types of organisations.

However, despite its commonality, BSR remains a contested area among scholars and practitioners. The central question in BSR is why firms should concern themselves with matters such as HIV/AIDS as it does not form part of their primary business purpose. In other words, where is the justification for firms utilising resources to address social issues that could well be a concern for government and communities? In answering this question, scholars and practitioners are divided between those who argue that companies should only be responsible to company stakeholders and those that believe firms must also be accountable to the entire society (Hinson, Renner & van Zyl, 2016).

Scholars that believe shareholder interests take precedent over other concerns subscribe to the classical capitalist perspective, which holds that it is not the firm's responsibility to cater for social issues like HIV/AIDS. Capitalists argue that the only legitimate business social responsibility has, is to make profits for the owners (Bagha & Laczniak, 2015) by providing goods and services to communities. Beyond this connection, the firm's interests and society are alien. Jennings (2019) endorsed this idea by stating that business is regarded as business, just as social responsibility is social responsibility. However, business is not the tool or mechanism for achieving social responsibility. However, it is unclear if Jennings believed that the latter (BSR) could not be used to achieve the former (business goal), thus casting aspersions that classical management approaches do not recognise the strategic role of BSR.

The position taken by scholars like Levitt (1958) and Friedman (1970) in rejecting the notion of BSR popularised the idea that a firm's job was only to look after the more material aspects of welfare (Carroll & Shabana, 2010) and not concern itself with non-

economic matters. In their view, dealing with social issues in communities was the government's responsibility. Overall, they challenged the desirability of BSR activities not necessarily because it was unethical or immoral, but solely because of their perceived economic disadvantages to the firm.

According to Lee, Herold & Yu (2016), Friedman (1970) specifically opposed BSR as he believed it imposed an unfair and costly burden on shareholders. He also perceived a risk of misappropriation of shareholder funds by opportunistic executives in the name of BSR, for the enhancement of their social status. In essence Friedman believed that corporate managers were not experts in handling social issues and thus it were better if they did not become involved in addressing social issues.

Friedman's thinking opposed scholars that believed business and society coexisted, such that a company's success depended on sustaining mutually beneficial relationships with stakeholders. Furthermore, Friedman's thinking rejected the morality of behaving in a socially responsible way to minimise the negative impact on society arising out of business operations (Dzansi, 2004). Moreover, it failed to acknowledge that the interests of other stakeholders (customers, government, shareholders, employees, suppliers, and the community) also deserved some attention (Choongo, 2017). In that sense, Friedman's ideas undermined how ignoring other stakeholder interests, besides business owners, threatened business survival prospects. Thus, the shifting towards a multi-stakeholder perspective broadened the scope of strategic thinking from the narrow inward-looking ideas of Friedman to a broader view that all stakeholder interests matter and deserve organisational attention.

Essentially, a stakeholder approach promoted the idea that businesses have a moral obligation to serve the public, regardless of financial performance (O'Higgins & Thibault, 2017) and beyond the simple provision of goods and services. It also acted

as a crucial reminder to businesses that "society does not want to endure unwarranted costs from corporate endeavours" (Bagha & Lacznia, 2015) and that organisations could not survive without social backing. As a result, managers from all types of firms (large and small) were obliged to use BSR as a strategic instrument to get a social license to operate (Mukwarami et al., 2020) and meet ethical and moral accountability demands.

Considering the above developments, it becomes necessary to review BSR developments, particularly its definition, history, and how the stakeholder theory ties to this study as a theoretical lens of investigation.

## **2.2 DEFINING BSR**

Despite being a widely researched and institutionalised business practice, the BSR concept lacks a universally agreed definition among academics, practitioners, governments, and other related entities (Mosca & Civera, 2017). Hack, Kenyon, and Wood (2014) noted that there is so much disagreement that BSR may mean "whatever you make of it" when reflecting on the role and voluntary actions of business in society.

The challenges associated with defining BSR partly originate from inherent diversities from rules that govern moral behaviours and attitudes towards social responsibility between persons, organisations, communities, countries, and regionally and internationally. This explains why it has evolved to being regarded as a context-driven and contested practice (Skilton & Purdy, 2017) that is also cluster-focused (Windsor, 2013), controversial and ambiguous (Matten & Moon, 2010), diversified and ever-changing (Ojasoo, 2016) concept. Furthermore, it is regulated by open application rules (Matten & Moon, 2010) within unknown boundaries (Frynas & Stephens, 2015), making it challenging to define activities within its rubric with certainty. BSR is, therefore, a fluid (Rambe, 2018) and an unstable concept.

Hamidu et al., (2015) compared various definitions and noted some commonalities in several BSR definitions and conceptualisations. They found that BSR is generally considered a voluntary and discretionary business activity. Furthermore, it is about doing good to the community beyond what the law prescribes, guided by ethics and a value system. In its execution, BSR aims to satisfy different stakeholder demands. This analogy emphasises the stakeholder-driven and voluntary aspect of BSR and its dependency on a value system. Therefore, the successful execution of a BSR strategy requires the determination of critical stakeholder groups (internal or external) and the design of an appropriate relationship management strategy, to satisfy their specific demands. Managers can therefore capitalise on those relationships to achieve set business goals.

These views agree with that of Du Toit, Erasmus and Strydom (2010). They argue that BSR includes the concept that firms are responsible for caring for society and the natural environment. Such responsibilities may extend beyond legal compliance and the liability of individuals. Furthermore, BSR suggests companies are accountable for the behaviour of those that they do business with (for example, within the supply chain) (Du Toit et al., 2010). Thus, organisations need to manage its relationship with broader society, whether for commercial viability or value to the community.

The overall argument expressed by Du Toit et al. (2010) is that BSR is an integrative strategy used to respond to the competing needs of business, society and government. Through BSR, managers aim to support marketing strategies (business interest), provide jobs (societal interest) and develop an HIV/AIDS policy (government interest), sometimes simultaneously. This is also evident from the BSR definition by Jones, Comfort and Hillier (2016) as they define BSR as the act of committing to contribute to sustainable economic development in terms of employees and their

families as well as to, the local community and society with the aim of improving quality of life in ways that benefit both business and development.

As the following definitions illustrate, scholars that define BSR from an SMME perspective, seem to emphasise its impetus to fulfil social expectations. Ladzani and Seeletsi (2012:30) define BSR as “operating companies in such a way that they positively affect their local communities and are responsive to their views and feelings”. Dzansi (2004:8) and Dzansi (2011:513) maintain that “a socially responsible SMME is one that positively impacts society by addressing poverty, unemployment, and youth idleness in both urban and rural areas”. Lastly, Smith (2011:1) regards BSR as “the obligations of businesses to make decisions or follow lines of action that are desirable in terms of the objectives and values of society”. Collectively these definitions sustain a uniform argument that SMMEs rarely envisage BSR as a strategic competitive asset but rather as a tool for strengthening communal relations and fulfilling moral expectations. However, even such casual BSR approaches adopted by SMMEs often translate into elements of “strategic philanthropy” (Ndhlovu 2011:74), which enables SMMEs to create a loyal customer base in their communities, gain enterprise publicity and improve networking. SMMEs can also create opportunities for new business, attract skilled and talented employees, open lines of communication with stakeholders and participate in community engagement activities.

Therefore, the meaning of BSR is invariably linked to organisational commitments to address social issues, meet stakeholder obligations and support business objectives. In line with this view, the working definition developed for this study is that BSR is: A firm’s duty of care towards the interest of stakeholders and a commitment to good community citizenship by operating a business ethically to strengthen the relationship between business and society.

## 2.3 HISTORY OF BSR

From the early 1930s to the 21st century, BSR configurations have evolved alongside changing expectations about the role of business in society (Ibrahim, 2014). In the intervening years, countless factors such as rapid globalisation, pro-poor policymaking (Jhawar & Gupta, 2017), increased consumer power, tighter regulatory and quality standards, changing attitudes towards corporate governance (Carroll & Shabana, 2010), environmental issues (Hamann, Smith, Tashman & Marshall, 2015), poverty and joblessness have impacted the development of BSR as a business practice.

However, many scholars credit Bowen (1953 as cited in Carroll, 2015:87) as the starting point of the modern-day BSR concept although, before his works, other thinkers such as Clarke (1916), Dodd (1932) and Berle and Means (1932) had already started to question the morality of business success without concern for society. Specifically, in their book entitled '*The Modern Corporation and Private Property*' 1932, Berle and Means dealt with the need for greater transparency and accountability and questioned the logic of managers protecting only shareholder rights while sacrificing the interests of other stakeholders such as employees, society, and community. In essence, they argued that the managers' agency role required them to make fair decisions that reconciled the competing interests of stakeholders, for which they were trustees. Without a doubt, these pioneering ideas served as the theoretical bedrock of BSR ideologies that emerged later on, one of which was the famous writings of Bowen (1953), otherwise known as the "Father of Corporate Social Responsibility". It is also evident that since this publication, BSR has continued to evolve, as discussed in the following section, sequentially.

### **2.3.1 BSR in the 1950s and 1960s**

During the 1950s and 1960s, efforts to formalise BSR based on the social contract and moral agency perspectives from thinkers like McGuire (1963), Bowen (1953) and Frederick (1963) took centre stage (Andriof & Waddock, 2017). These scholars collectively argued that an implicit relationship existed between firms and society, making it mandatory for firms to address social problems. They also emphasised that society has the power to sanction businesses through legislation and consumer rights movements if they behave unethically.

In the process, firms began to engage communities through philanthropic acts to create positive alliances with other social groups besides stockholders (Heald, 1970 as cited in Carroll 1999:273). These initiatives could ideally be regarded as an application of BSR principles in business. Incidentally, such a novel persuasion for companies to look beyond the narrow stockholder interests courted criticisms from some theorists that regarded the business strategy as problematic, unjustified, and unacceptable. Ted Levitt (1958, as cited in Carroll & Shabana, 2010:87) emerged as one of those most vocal critics of these emerging liberal views of social responsibility. In his view, businesses already compensated enough for social welfare needs through market exchanges, but if they failed, the burden fell on the government (Carroll & Shabana, 2010).

Frederick (1962) later confirmed Levitt's anti-multi-stakeholder position, labelling BSR "fundamentally subversive" because, in his opinion, it diverted a firm's attention away from its primary profit objective and onto social issues for which it had no responsibility or interest. As a consequence, these scholars discouraged managers from mixing social problems with business interests. The implication was that those managers that paid attention to and diverted organisational resources to fund social responsibility activities broke their fiduciary duties to stockholders. However, despite such resistance, Jhawar and Gupta (2017) asserted that debates from this era created a

solid base for popularising BSR in all firms, including SMMEs, in the later years that followed.

### **2.3.2 BSR in the 1970s**

In the 1970s, social responsibility discourse consolidated ideas from the previous era and embraced a new level of social accountability that matched increasing societal pressure. In tandem, new theoretical scholarship also came along, with ideas from Friedman (1970) and Carroll (1979) seemingly taking centre stage, primarily because they directly contradicted each other. While Friedman supported a classical perspective that profit was the only responsibility of the firm, Carroll (1979), on the other hand, advocated for a multi-stakeholder approach in business management where all stakeholders are regarded as equally important. Carroll thus relegated profit maximisation to the level of any other business objective, such as striving for better employee welfare.

Specifically, like other classicalists, Friedman rejected BSR because he saw it as an attempt to turn organisations into moral agents, that had to bear the burden of moral responsibilities, just like human beings. He believed that firms should be freed from the burdens that government should actually deal with. By expressing these radical ideas, he helped to set an agenda for theoretical contests against those scholars that believed firms could not behave as if they operated in a vacuum, free of moral and ethical standards.

On the other hand, Carroll's role was to redirect the emerging discipline toward classifying BSR into the domains that catered for the interests of all stakeholders. Omran and Ramdhony (2015) stressed that Carroll's view was that a firm needed to address economic, legal, ethical, and discretionary responsibilities to meet its total obligations to society. Although he later represented these ideas in a hierarchical

pyramid (as will later be discussed), this premise has proven to be one of the most enduring and debated definitions of BSR among scholars.

Unsurprisingly, the literature reveals that Carroll's ideas were products of collective ideologies of that time and before. They derived from the works of authors such as Sethi (1975), Davis (1973), Ackerman and Bauer (1976), among others, whose theories challenged a neoclassical view about the sanctity of shareholder interests. For example, Carroll borrowed from Sethi's three-state schema classification style of corporate behaviour [into social obligations, social responsibility and social responsiveness] to create his four-cluster concept. From Ackerman and Bauer (1976), Carroll inherited the idea that there was a need for a firm to be proactive when engaging with both internal and external stakeholders. From Davis (1973), Carroll believed that the BSR horizon extended beyond the narrow economic, technical, and legal] classes to philanthropy and ethical domains.

In that sense, works from this period alerted firms that their "business function by public consent and its basic purpose is to serve the needs of society constructively to the satisfaction of society" (Committee for Economic Development CED, 1971 as cited in Carroll, 1999). At last, many firms realised that they had some social duties to fulfil beyond their profit interests.

### **2.3.3 BSR in the 1980s**

In this era, many scholars brought new theoretical ideas to strengthen the understanding of BSR, its alignment strategy, and how it can assist companies in addressing emerging social challenges (Bhaduri & Selarka, 2016). These theoretical contributions included the stakeholder theory by Freeman (1984); a concept that business has the power to decide what activities to be socially responsible for, by Jones (1980); Wartick and Cochran's (1985) also claim that corporations cannot be

moral agents, among others. Such developments also coincided with new terminologies related to BSR, such as corporate social responsiveness, public policy, business ethics, and stakeholder management (Carroll, 2015).

Besides demonstrating the fragmentation of BSR conceptualisation, these alternative concepts effectively added confusion to an already misunderstood concept. For example, researchers began to find it challenging to conduct empirical studies and build a common theory of BSR (Dillon, Back & Manz, 2014), emerging multiple realities from these new concepts. Nonetheless, some scholars (Masarira 2014) argued that this confusion brought positive results as firms became more responsive to stakeholder needs, probably because of a liberal understanding of BSR brought about by these alternative concepts.

#### **2.3.4 BSR in the 1990s**

While many companies endeared to the notion of being seen as socially responsible, BSR became commonplace, more formalised, varied, and deeply integrated within everyday business systems (Carroll, 2015). Alongside these developments, various scholars originated newer insights that created a better understanding of business social responsibility as a management function.

For example, Wood (1991, as cited in Hack et al., 2014) introduced the idea that business and society were "*interwoven rather than distinct entities*", which helped rationalise claims of mutual benefits associated with BSR. Also, Elkington (2013) brought the 'triple bottom line' (TBL) concept that clarified the BSR from a sustainable development perspective. In essence, the TBL theory reminded firms to strive for balanced use and protection of the environment while fulfilling their economic and social obligations to society.

Other contributions came from Donaldson and Dunfee (1999). They proposed the social contract theory, which, as Ibrahim (2014) interpreted, meant that voluntary social responsibilities could be regarded as social expectations, thus incorporating a mandatory aspect. On the other hand, Woermann and Engelbrecht (2017) alerted businesses to the emerging new stakeholders besides consumers and employees that were also becoming relevant. Most likely, these new groups explained the emergence of relatively new topics in BSR, focusing on the advancement of women, consumer protection and sustainability (Carroll, 2015), gender-based violence, child protection and HIV/AIDS, among others. Besides these environmental changes, evidence also shows that during the 1990s, managers began to integrate BSR into the business strategy (Soundararajan et al., 2017) and treat it as a strategic discipline.

### **2.3.5 BSR in the 21st century**

In the 21 century, many managers have become aware that approaching BSR as a strategic issue is pivotal for companies today (Lahtinen, Kuusela, Yrjölä, 2018). This suggests that the managerial mindset has shifted from seeing issues like HIV/AIDS, child labour equality, and fair labour standards as challenges to treating them as opportunities for promoting business interests through BSR. Based on a similar line of reasoning, Lahtinen, Kuusela and Yrjölä (2018) proposed that the revolving role of BSR in this century reflects strategic opportunities for business success and amplifies the strategic imperative for responsible business decisions. Therefore, it also promoted ethical business behaviours and minimised the abuse of business privileges in society (Stangis et al., 2017).

It is also encouraging to note that SMME managers also embraced the idea of BSR as a business strategy, as evidenced by numerous studies examining strategy in smaller firms. Theoretically, new literature that helped create a better understanding of BSR dynamics in this sector also emerged. For example, Dzansi and Pretorius

(2009) proposed a model for measuring BSR practices in African settings from an understanding that there is a unique way BSR evolves in Africa, which models from other continents might not easily capture. In addition, such a model is important, as managers need tools to measure outcomes from BSR investment consistent with strategic business management ethics. Earlier, Visser, McIntosh and Middleton (2017) had also proffered a revised model of Carroll's BSR pyramid to account for the innate complexities of BSR in the African context. In the same vein, later, in a study in Uganda, Turyakira, Venter and Smith (2012) framed a hypothesised model of corporate social responsibility activities and competitiveness for SMMEs. Undoubtedly, these innovative approaches helped to create new strategy perspectives about BSR practices, theories, and beliefs globally and in Africa.

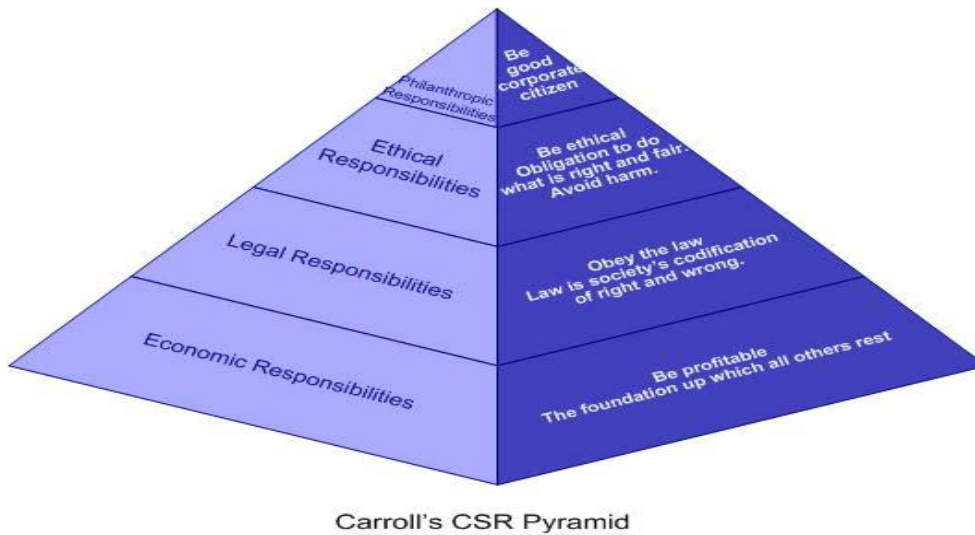
To sum up, on the historical developments in the SMME BSR arena, it appears that in embracing the 21<sup>st</sup>-century BSR philosophies, SMMEs may have accepted BSR as a strategic issue. For example, through BSR, SMMEs can leverage business goals in programs that address social challenges such as HIV/AIDS, hunger, and lack of jobs in communities. Moreover, SMMEs are susceptible to the same pressures as larger firms to add value to society and obtain a social license by behaving ethically.

While the above history traces how BSR finally gained traction as a 'must do' business strategy even among SMMEs, one can argue that it still lacked a precise scope to guide managers on what was expected from the firm until Carroll's model came to light. Therefore, it is imperative that this study presents an overview of the model to identify the BSR scope within which combatting HIV/AIDS falls.

## 2.4 CARROLL'S PYRAMID OF BSR

Carroll's (1979; 1991) model is probably the most acceptable benchmark that has guided many BSR explanations. Over the years, it has become well-known as an enduring source of BSR thinking (Nalband & Kelabi, 2014), despite some criticism about its perceived shortcomings when applied in contexts outside the United States of America (Visser et al., 2017).

The main strength of Carroll's (1979; 1991) model lies in providing clarity on the different social responsibilities that firms should be concerned about, namely economic, legal, ethical, and discretionary obligations to stakeholders. Carroll (1979; 1991) presented these BSR obligations using a pyramid structure based on the perceived order of importance, starting with economic responsibilities at the bottom, legal, ethical, and discretionary obligations. Therefore, the model suggests that, in practice, firms aim to fulfil economic and legal obligations before thinking about behaving ethically and generously to surrounding communities (Nalband & Kelabi, 2014). By so doing, it was expected that firms could build healthy relationships with the stakeholder network in a manner that increased opportunities for business success, reduced organisational risks, and enhanced corporate reputation. The diagram below illustrates the four kinds of social responsibilities, as Carroll (1991) illustrated.



**Figure 2.1. Carroll's BSR Pyramid**

*Source: Carroll (1991)*

**2.4.1 Economic responsibilities:** Economic responsibilities target achieving profit as the firm's primary purpose, which, as Yunis, Jamali and Hashim (2018) claimed, gives the firm resource capacity to meet other social obligations. Therefore, the model prescribes that a firm must first aim to generate profits before sponsoring social activities such as an HIV/AIDS program in the workplace. However, such an interpretation does not account for the cause and effect of strategic BSR on a firm's ability to achieve positive financial benefits (Vo, et al., 2015). Moreover, because much of SMME BSR activities evolve as part of daily interactions with stakeholders, their orientation towards leveraging BSR for economic reasons is less apparent.

**2.4.2 Legal responsibilities:** The model stipulates that firms must comply with the law. Often the law sets the boundaries of what is acceptable in a community from a legal perspective. For example, in South Africa, every firm must have an HIV/AIDS policy under labour laws. It is only by complying with this statute and developing and implementing such a policy that a firm is judged to have met its legal responsibilities. According to Mukwarami et al. (2020), there seems to be an increasing impact of laws

on BSR choices by firms, primarily through legislation. This suggests that in the future, BSR will possibly be compulsory.

**2.4.3 Ethical responsibilities:** Ethics speaks to doing what is right, just, and fair and avoiding harm to society. An ethical company operates guided by “those standards, norms, or expectations that reflect a concern for what consumers, employees, shareholders, and the community regard as fair, just, or in keeping with the respect or protection of stakeholders’ moral rights” (Carroll & Shabana, 2010). Fair business dealings, fair pricing, paying decent wages (which many SMMEs struggle with) to employees and selling quality products exemplify BSR-related practices that demonstrate good ethical conduct.

**4.2.4. Philanthropic/discretionary responsibilities:** These responsibilities relate to voluntary and charitable activities that are neither enforceable at law nor mandated principles. The discretionary nature of philanthropic activities has raised questions among scholars about whether it can be truly regarded as part of BSR. For example, Yunis et al. (2018) contend that philanthropy does not qualify as BSR because there is no contractual relationship between society and the firm from which the society can sue if the firm chooses not to fulfil its discretionary activities. Additionally, Gonzalez (2012) argued that corporate philanthropy fell beyond the economic duties of the firm and exists as a mere expression of one’s ethical behaviours, which may not reflect the interests of the business itself. However, despite these doubts, many scholars still regard philanthropy as a primary form of BSR.

Considering the practical; effect of the above BSR dimensions, it is plausible to concede that Carroll’s model provides a coherent framework that managers can use as an operational guide to align BSR with business strategy to achieve business goals. Furthermore, Carroll’s model brought stability and a unifying theoretical basis for conceptualising the underlying interests between firms, communities, employees and

other stakeholders. However, despite these immense contributions, the model has been criticised (Muthuri, 2012; Ehie, 2016; Visser et al., 2017) for its seemingly prescriptive ordering of social responsibilities and being out of touch with how BSR is perceived in other geographies outside the Western world. The criticism is largely that not everyone conceives social responsibility as Carroll prescribed. Nonetheless, while it is accepted that Africans conceive and rank BSR obligations differently (Hinson et al., 2016; Dartey-Baah & Amponsah-Tawiah, 2016; Visser et al., 2017), there is yet to emerge evidence suggesting that firms in different contexts that apply the model perceive the strategic value of BSR differently. Given the model's popularity, there is reason to believe that it has become an accepted standard business goal-setting and stakeholder management theory in all firms' sizes and diverse contexts. This also includes SMMEs in Cape Town as they seek strategies and take steps to combat HIV/ADS. Cognisant of this view, the next section discusses the narrow and broader BSR activities by SMMEs in communities.

## **2.5 BUSINESS SOCIAL RESPONSIBILITY IN SMMES**

### **2.5.1 Moving from CSR to BSR**

Over the years, while it has been widely acknowledged that small business social responsibility approaches differ from those of larger firms (Nybakk & Panwar, 2015; Spence, 2016), many scholars and practitioners continue to use the term corporate social responsibility as an umbrella term across all types of firms. However, some scholars question the logic of classifying SMME practices as corporate social responsibility (CSR), as there is nothing 'corporate' about their size and the haphazard nature of their social responsibility behaviours.

Accordingly, authors such as Dzansi (2004; 2009) and Ainsbury (2016) argued that the term CSR is incompatible with SMMEs because many small business managers

found it confusing, and the word ‘corporate’ alienated small firms that did not consider themselves as such. This suggests that SMMEs may not recognise the term CSR as applicable to them too. Furthermore, the word *corporate* has big business connotations (Dzansi, 2004; 2009) that are extreme in the context of SMMEs (Demuijnck et al., 2013). In their study of social responsibility motivation among SMMEs in Malaysia, Nejati and Amran (2013) found that the word ‘corporate’ was problematic and misleading as it implied that the CSR agenda was limited only to multinational corporations (MNCs). In the same vein, some SMME managers also believed that CSR labels were distant from their concerns and activities (Fenwick, 2010). Sweeny (2007, as cited in Vo, 2011:90) investigated Irish SMMEs and found that few used the term CSR, suggesting that their mindset did not agree with its connotations. Elsewhere Castka, Balzarova, Bambe and Sharp (2004) also asserted that the term CSR is deceptive in the context of SMMEs, while Spence (2007) questions the validity of referring to unincorporated businesses like SMEs as *corporate* or *social* enterprises. In short, existing literature expresses an apparent disconnect between CSR terminology and the nature of social responsibility in SMME contexts.

As a result, various scholars came up with alternative concepts that could replace CSR when referring to social responsibility by SMMEs. These terms included *responsible business practice* and *societal engagement* (Nejati & Amran, 2013), *responsibility for entrepreneurs* (Nandonde, 2012) and *business social responsibility* (Dzansi, 2004). These are in addition to other concepts such as *small-firm social responsibility* (Spence 2007), *responsible business conduct* (Ortiz Avram & Kuhne 2008) and *responsible competitiveness* (Zadek et al. 2005). Still, none of these alternative terms has achieved universal acceptance in the small business literature, suggesting that scholar discretion and possibly location influence which term is applied. Nonetheless, all alternative terms can be regarded as practical as they give SMME practices a distinct identity from CSR.

In this study, out of all these concepts, the acronym BSR was chosen because the researcher believes that the word 'business' is synonymous with the common language entrepreneurs use when referring to their small ventures. Along the same line of reasoning, Vázquez-Carrasco and Lopez-Pérez (2013) opined that the move from 'corporate' to 'business' is a transition from the more academic, complicated and formal language to a more direct and relaxed register of SMMEs supervisors. Sen (2011) reasoned that BSR appeared relevant and meaningful relative to CSR, specifically for SMMEs, if not for all types of firms. Elsewhere Dzansi (2004) stated that BSR was acceptable in the SMME context because the term *business* is non-discriminatory and accommodative to all firms. However, it is unclear if Dzansi's proposition meant that BSR could also describe large business corporate-level social responsibility. If so, the question is whether referring to large firms' activities as BSR will not create similar problems as that applicable to CSR to SMME activities, as the neutrality of the word *business* can undermine the grand scale of corporate CSR practices. However, in the face of limited literary evidence that larger firms use the term BSR to refer to their activities, the researcher believes that the acronym BSR is reserved for SMMEs. Based on this background, the following section discusses the everyday BSR activities by SMMEs that contribute toward economic development and response to HIV/AIDS.

### **2.5.2 Common BSR activities by SMMEs**

So much of the credit goes to SMMEs as engines of economic growth and sustainable development (Amaeshi, Adegbite, Ogbechie et al., 2016; Lee, Herold & Yu, 2015) because of their many social responsibility activities. On their part, SMME managers, who often have first-hand experience of the social challenges bedeviling communities, try, through their business ventures, to contribute towards finding solutions, though in a casual way. SMME operators adopt a strategic management culture that continually adjusts to stakeholders' needs and responds to them

situationally, guided by intuition rather than proper planning. As a result, SMMEs are predisposed to BSR activities that can benefit society but may not bring any meaningful economic or strategic returns to the business.

The works of Turyakira et al. (2012) and Gonzalez (2012) provide a varied but broad account of common BSR activities by SMMEs. In their model, Turyakira et al. (2012) grouped these activities into four classes: workforce-oriented, society-oriented, environment-oriented, and market-oriented BSR. On the other hand, Gonzalez (2012), while examining SMME activities in Guatemala, also provided an alternative four-cluster model composed of internal, supply chain, external, and environmental BSR clusters. An analysis of these two models reveals that they only differ practically based on group labels. For example, the internal practices category, which refers to those activities that aim to improve the quality of life of employees, clients, suppliers, and subcontractors in Gonzalez's model, is comparable to the market-oriented activities by Turyakira et al. (2012). Supply chain practices are part of market-oriented activities. Gonzalez's model's external practices are oriented toward working together with the community, like society-oriented activities by Turyakira et al., (2012). Lastly, environmental practices comprise all the activities that aim to reduce the company's environmental impact. The SMME BSR elements commonly described by these two studies are detailed in Table 2.1.

**Table 2.1 Common social responsibility activities by SMMEs**

| BSR category                          | Sources                                                                                                                        | Activities                                                                                                                                                                                                                                                                                                                                           | Implications for HIV/AIDS BSR – Analysis                                                                                                                                 |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Workforce-orientated BSR activities   | Mapungwana (2014); Duarte et al. (2010); Amaeshi et al. (2016); Steenkamp et al. (2015);                                       | improving the working conditions; work-life balance; job fulfilment; equal opportunities and diversity; staff training and development; information sharing; participation in business decisions; fair remuneration; health and safety arrangements at the workplace; flexible working hours for employees; pension and life insurance contributions | SMMEs are able to extend in place specific programs to combat the problem of HIV/AIDS and implement reasonable accommodation measures for employees living with HIV/AIDS |
| Society oriented                      | Mukwarami et al. (2017); Dzansi (2004); Makina, Fanta, Mutsonziwa et al. (2015); Ledwaba et al. (2018); Chimucheka (2013)      | Support for: cultural activities, sports, health and well-being, education, assistance to low-income groups and participation in the community                                                                                                                                                                                                       | SMMEs can implement HIV/AIDS intervention programs delivered through societal, and cultural activities.                                                                  |
| Environment-orientated BSR activities | Turyakira et al. (2012); Lum (2017); Du Toit et al. (2010); Chimucheka (2013)                                                  | Environmentally friendly practices on manufacturing; recycling; using recycled materials; energy-and water-saving practices; waste reduction; compliance with regulations and standards; protection of natural resources                                                                                                                             | Limited opportunities for HIV/AIDS-related BSR                                                                                                                           |
| Market-orientated BSR activities      | Chao et al. (2017); Turyakira et al. (2012); Gonzalez (2012); Sitaloppi et al. (2020); Vo et al. (2015); Bozkurt et al. (2014) | general ethical business practices; customer relations; responsibility for the product; dialogue with customers and suppliers; use of product-labelling schemes                                                                                                                                                                                      | SMMEs can enhance their reputation for ethical practices if they integrate HIV/AIDS education into their dialogue with customers                                         |

An analysis of Table 2.1 reveals that except for environment-orientated BSR activities, strategic opportunities for HIV/ADS-related activities exist in other forms of BSR. For example, SMMEs can contribute to combatting HIV/AIDS by sponsoring community drama plays that educate society about the disease or branding their delivery vehicle with HIV/AIDS awareness creation messages. However, in practice, the extent to

which they have followed through with these strategic opportunities still needs articulation, at least through empirical studies.

What has been researched to date confirms that HIV/AIDS negatively impacts small business survival opportunities. This was demonstrated in a study by Chao, Pauly, Szrek et al. (2007) on how health issues affect small businesses in South Africa. The study found that poor health among workers, part of which related to HIV/AIDS, caused businesses to close their operations. Another survey by Chao, Szrek, Leite, Ramlagan and Peltz (2017) also assessed the consequences of HIV stigma on small businesses in Tshwane and found that once consumers became aware of the presence of an HIV-positive employee in the company, they stopped buying, resulting in loss of business. Collective results from these empirical studies underline the economic rationale for encouraging SMMEs to minimise business risk by embarking on HIV/AIDS-related BSR activities. This strategic choice is in line with the views of Lee et al. (2016), alleging that BSR in SMMEs might also be linked not only to social improvement, but more as a risk management activity to deal with the negative impacts of HIV/AIDS to the business.

The inherent biases toward employees and customer-related BSR by SMMEs are driven by business considerations, regarding safeguarding business opportunities, market potential and positive work relations. Several studies have accordingly underscored the importance of workforce-orientated BSR among SMMEs. For example, Dzansi (2004) analysed the works of Scarborough and Zimmerer (1996) and Dorrian (1996) and concluded that few other stakeholders are as crucial to a business as its employees. Employees significantly impact other key relationships, such as customers, through customer relations. It follows that treating employees well can create a chain of positive effects extended to other stakeholders.

Therefore, employee-centred BSR strategy makes business sense, considering that employees often act as the interface between the organisation and the other stakeholder groups such as community members and customers. Moreover, because employees can initiate and participate in the decision-making unit (Rambe & Ndofirepi, 2016), they can influence BSR strategy choices as beneficiaries in addition to carrying out the activities. These existing relations give rise to a theorisation that, consistent with the above literature, employee-centred HIV/ADS BSR is likely to dominate SMMEs' interests in Cape Town. In line with this belief, it is also important to scan through the SMME world and its contextual issues to better understand how and why they engage in BSR activities in the manner they do,

### **2.5.3 SMMEs BSR contextual issues**

The leading contextual issue about SMMEs is that they are not simply *small-big* businesses (Colucci, Tuan & Visentin, 2020) and need to be treated and theorised about differently. Similarly, unlike larger firms, SMMEs do not have the luxury of stable, formal and solid managerial structures (Jenkins, 2009; Turyakira et al., 2012; Morsing & Spence, 2019). From a BSR perspective, SMMEs are less likely to have a BSR department that plans and executes strategies, develops formal BSR policies, and facilitates information exchange with the media community (both mass media and internal company newsletters). Ibrahim (2014) further alerted that SMMEs differ from their larger counterparts in terms of their relationships with stakeholders, business size, organisational structure, and language of communication. It is also widely believed that SMMEs tend to lean towards a casual unplanned, and intuitive social responsibility culture, suggesting that SMME managers hardly think hard about integrating BSR into the overall business strategy. Nonetheless, as noted in the Chapter 3 discussion, contrary to this assertion, some SMMEs embrace BSR as a strategic component of their business strategy. Nevertheless, even as SMMEs also

embrace BSR, they remain distinguishable from large organisations based on several attributes, as outlined in Table 2.2.

**Table 2.2 Comparison between SMMEs and large business**

| BSR Values                      | SMMEs                                                                                  | Large Business                                                                             |
|---------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Size of influence               | Local community                                                                        | Across different communities from local, national, international                           |
| Nature of stakeholder relations | Social contraction, ethics bond                                                        | Business strategic relationships, transactional, legal compliance                          |
| Focus dominant stakeholders     | Primary stakeholders- customers, employees and suppliers, community                    | Primary and secondary stakeholders- customers, employees, suppliers, community, government |
| Key motivations / BSR drivers   | Owner manager/employees                                                                | Firm policies, business strategy and external pressure                                     |
| Stakeholder orientations        | Normative                                                                              | Instrumental                                                                               |
| Behaviour trends                | CSR based on implicit behavioural guiding principles                                   | Formal structures and codes of conduct                                                     |
| Motive                          | Build trust, establish social networks and community relationships, and family welfare | Build reputation, complement business strategy, public support, comply with legislation    |

In context, the attributes outlined in Table 2.2 reveal the underlying factors that influence the normative, adhoc, personalised, and informal BSR approaches favoured by SMMEs (Vivier, 2013; Amaeshi, Adegbite, Ogbechie, 2016; Wickert et al., 2016). These scholars suggest that a lack of resources and overreliance on the limited skills of the founders and sometimes employees (Rambe et al., 2016) mean SMMEs may not set business goals beyond satisfying the interest of the immediate community, namely – customers, employees and family. Arguably, in the HIV/AIDS context, these founders and employees are less likely to be knowledgeable about the disease to develop effective formal BSR plans without utilising external expert advice. As a result, they may give up on embracing HIV/AIDS BSR and thus miss opportunities to do so.

Table 2.2 illustrates why a narrative exists that SMMEs fashion an adhoc, personalised, informal (Vivier, 2013; Amaeshi et al., 2016; Wickert et al., 2016) and day-to-day social responsibility, as described elsewhere in this study. In essence,

Table 2.2 suggests that a lack of resources and overreliance on the limited skills of the founders and sometimes employees (Rambe & Ndofirepi, 2016) mean they may not set business goals beyond the interests of immediate stakeholders - community-customers, employees and family. Regarding HIV/AIDS, these founders and employees are less likely to be knowledgeable about the disease to develop effective formal BSR plans without external expert advice. As a result, they may give up on embracing HIV/AIDS BSR and thus miss opportunities to pursue employees' health and safety BSR (Morsing & Spence, 2019), provide a source for differentiation in specific markets and industries, increase visibility in complex and dynamic markets and improve work climate and productivity (Gimenez, 1999; Islami, Mustafa, & Latkovikj, 2020).

Also, because SMME managers patronise implicit and personalised decision-making approaches (Amaeshi et al., 2016), they are less likely to utilise consultation techniques to improve the quality of their decision, which causes their businesses to fail. Such individualistic decision-making practices can result in BSR biases toward issues preferred by managers but somehow not aligned with business strategy or not adding value to the business. Such possible biases may also reinforce arguments suggesting that SMMEs make minimal use of BSR as a competitive tool but to fulfil owner-manager ethical and moral ambitions.

Furthermore, according to some studies, SMMEs may not recognise or describe what they do as BSR (Dincer & Dincer, 2013; Lee et al., 2016), implying that they may not understand how to leverage such actions for competitive reasons. Another reason could be that having primary stakeholders such as family members and employees (Vo, 2011; Demuijnck & Ngnodjom, 2013; Amaeshi, et al., 2016;), influences a bias toward strengthening social relationships because these stakeholders are part of the firm's nucleus of regular contact. The point is that while SMMEs consider all stakeholders important, they prioritise satisfying the interests of internal stakeholders

first before those of external stakeholders, such as the government and suppliers. Such stakeholder bias affects their strategic management behaviours.

Wang and Walker (2012) and Mayanja and Perk (2017) argue that having consistent and day-to-day contact with a highly participative set of stakeholders (family, relatives, friends) and other outsiders affects SMME capabilities to make long-term BSR plans. The daily engagement process culminates in a continual renegotiation of BSR priorities and strategies, which affect the potential of a long-term commitment to addressing one social issue like HIV/AIDS. This contrast with larger firms that typically craft a BSR strategy around a particular social issue, such as education or sports sponsorship, so they can develop a stable differentiation or focus business strategy (Islami, Mustafa & Latkovikj, 2020; Xie, 2018) around these issues.

However, there are observed similarities between smaller and bigger businesses regarding using the internet and social media platforms. In Uganda, Mayanja, and Perks (2017) reported that SMMEs were increasingly using social media platforms like Facebook, Twitter and LinkedIn by SMMEs to engage with local and international communities. These findings mirror studies by Morsing and Spence (2019), which also found that small business community members often used websites and social media resources for BSR purposes. These developments collectively suggested that access to technology empowered SMMEs with capabilities to engage in strategic communication with stakeholders far from their local domains and enabled them to promote business alliances. Therefore, SMMEs should capitalise on technology developments to be mass communicators regarding issues like HIV/AIDS.

In conclusion, the above discourse examined the SMME BSR context, how it is likely to influence their strategic behaviours towards combatting HIV/AIDS, and how it may support the overall business strategy. However, besides these structural factors, another relevant attribute based on the study setting is a claim that culture and ethics

are the foundations of their BSR behaviours (Visser et al. 2017). It is imperative to examine how ethical concerns might or have shaped and influenced SMMEs' social responsibility choices toward combatting HIV/AIDS in the African context.

#### **2.5.4 SMME BSR as an ethical concept in Africa**

Whenever the term ethics is used, it carries connotations of morality and questions about right and wrong behaviours. For example, Rambe and Ndofirepi (2016) defined ethics as moral values and dilemmas individuals experience in everyday contexts. Their discussion further cited other scholars that also viewed ethics as principles or values that guide behaviour, along with virtues such as honesty, compassion, and loyalty. The collective definition of this scholarly discourse was that ethics dealt with issues about right and wrong within human interaction, which also extends to business relationships. Hence Ferrell, Harrison, Ferrell & Hair (2019) claimed that ethics is about “doing good” and is interrelated with BSR objectives.

In business, ethics relate to behaving in a manner imposed by the rules of the commercial world, commonly referred to as business ethics (Carroll, 2015). Similarly, Sroka and Szántó (2018) state that business ethics explore moral values, principles and standards that define and control business behaviour at all economic life levels. Similarly, Turyakira et al. (2013) explained that business ethics encompass values like honesty, trust, transparency, fairness, integrated policies and practices that regulate business behaviours. These views imply that ethical considerations impact managerial decision-making, aptitudes, and practices towards BSR, customer and community relations, and moral reputation. Based on this connection, some scholars like Dzansi (2004) claim that ethics is the foundation of BSR. Specifically, in support of this claim, Dzansi drew similarities between the ethical concept of Ubuntu and the BSR stakeholder theory, as they both underline the importance of moralising relationships between stakeholders. His argument may have, accidentally or

otherwise, benefitted from the fact that the relationship between business ethics and BSR and, at times, stakeholder theory is not clear-cut, as they are often treated as interchangeable and overlapping concepts (Matten & Moon, 2010). Coincidentally all these concepts embed attributes that also link to Ubuntu's philosophy. It is, therefore, not surprising that researchers also debate how these concepts differ.

These debates stretch from considering BSR as part of business ethics and business ethics as a component of BSR (Fassin, Werner, Van Rossem et al., 2015). Others debate BSR and business ethics as being the same concept (Carroll, 2015). In contrast, others contest business ethics as an interpretation of BSR (Masoud, 2017). Other authors like Fassin, Werner, Van Rossem et al. (2015) argued that BSR is a subset of business ethics. To distinguish the two, they posed the question of whether a firm that complies with all norms and regulations of BSR ticks all the boxes regarding business ethics. This question arose vis-à-vis the case of failed energy-giant Enron in 2001, which collapsed despite its publicised BSR activities because of financial fraud by its managers. Based on this example, scholars concluded that Enron may have been BSR compliant but violated principles of business ethics. Therefore, researchers such as Maldonado-Erazo, Álvarez-García, de la Cruz, del Río-Rama and Correa-Quezada (2020), Fassin et al. (2015) concluded that business ethics and social responsibility are not the same. Yet, as Ferrell et al. (2019) observed, the overall picture suggests that there is a lack of clarity about the relationships between business ethics and BSR in the academic community.

In Africa, the suggested link between the three concepts (business ethics, stakeholder theory, and the Ubuntu philosophy) prompted questions about whether an Ubuntu philosophy may replace established Western theories in assessing small business BSR practices. This consideration was a welcome development, considering that the wholesale application of Western concepts and theories to African studies proved problematic in so far as they misinterpret some of the local BSR dynamics (Muthuri,

2012; Ehie, 2016; Visser et al., 2017), and suppress native scholarship. Moreover, Ubuntu had a near-universal appeal across the continent because core ideals could be traced to many African communities. Thus, theoretical migration from the stakeholder theory to Ubuntu could likely aid researchers in interpreting SMMEs' social responsibility practices in the continent. In examining this possibility further in the context of this study, one may pose a question: Can an Ubuntu ethical perspective be applied to interrogate the BSR responses of SMMEs in Cape Town? The following section provides an analytical answer to this question.

### **2.5.5 Assessing Ubuntu as an ethical theory of study for African SMME BSR**

Various African scholars (Idemudia, 2014; Dartey-Baah & Amponsah-Tawiah, 2016) have incorporated indigenous concepts such as Ubuntu, communalism, ethnic-religious beliefs, and charitable traditions (Okereke, Vincent & Mordi, 2018) in continental BSR discussions. Their scholarly advocacy originated from the conviction that these cultures and traditions influenced how African managers viewed firm-community relationships in ways Western theories did not. For example, a typical SMME that assists at the funeral of an employee that died of HIV/AIDS may consider it as simply following a community practice of helping each other (philanthropy), which differs from a utilitarian Western view of employee welfare programs.

Incidentally, few of these studies have examined how the Ubuntu philosophy can be operationalised. Studies by Steenkamp and Rensburg (2018) and Kayuni and Tambulasi (2012) revealed that some South African and Malawi firms applied an Ubuntu framework in designing and interpreting their BSR activities. Specifically, Steenkamp and Rensburg (2018) examined communication strategies by FNB and Capitec Banks. They found that the banks applied an Ubuntu-oriented approach when communicating with stakeholders via Facebook and Twitter channels. On the other hand, Kayuni and Tambulasi (2012) examined social practices by small firms in

Malawi. They reported that these firms used words such as “interconnectedness” to express an Ubuntu-centred approach to BSR. Likewise, Mofuoa (2014) explored the possibilities of applying Ubuntu-Botho African ethics to stakeholder corporate social responsibility in Lesotho. The study found new meanings and interpretations of the role of business in society by using this philosophy differently from those premised on contemporary Western theories. His conclusions supported the adoption of an Ubuntu-Botho philosophy to broaden the BSR in Africa.

In analysing its theoretical value, it is vital to state that Ubuntu has had varied interpretations. However, it is commonly expressed as *umuntu ngumuntu ngabantu*, meaning *a person is a person through other people*. Steenkamp et al. (2018) state that the latter implies that each community member is responsible for and is obligated to the welfare of the other. Thus, at the root of its application, Ubuntu is centred around generosity, hospitality, friendliness, compassion, forgiveness, reconciliation, consensus, and positive group identification (Van Niekerk, 2013). Ndiweni and Sibanda (2020) interpret these views as emphasising social solidarity.

It follows that Ubuntu stresses that there are no individual but collective problems. Interpreted differently, it means that, for example, when an individual is sick due to HIV/AIDS, it is not their problem but that of society. This means every other individual must contribute to providing solutions; for example, providing medication, failing which is regarded as a dereliction of moral duties, more so for those in positions of privilege, such as firms. This kind of collective spirit, complemented by the efforts to legitimise African BSR scholarship, persuades many researchers to believe that Ubuntu can be a valuable alternative theoretical lens to study African social responsibility practices (Woermann et al., 2017; Steenkamp et al., 2018; Nicolaides, 2014).

Unfortunately, from both scholarly and practical perspectives, there is no solid empirical evidence about the extent of Ubuntu yet, or whether Ubuntu is a practical

theory for BSR. In fact, other scholars contest the idea that cultural variables and Ubuntu dictate BSR thinking in the continent. For example, studies by Okereke et al. (2018) in Nigeria and Manuere and Majoni (2016) in Zimbabwe, assert that instrumental and economic imperatives played a more influential role in how firms operationalised BSR practices. In addition, Achua and Utume (2015) warned that emphasising the ethical dimensions of BSR in SMMEs is problematic, as it undermines the role of institutional and economic forces that influence how these firms organise their social responsibility activities.

Against this background, attempts to amplify an Ubuntu philosophy into a practicable BSR theory may be premature for many reasons. Firstly, there is scarce empirical evidence to demonstrate its theoretical relevance. Secondly, it is unknown which version of Ubuntu can be applied, as it tends to assume a different version in particular African communities stemming from internal diversities based on social, religious, and moral standards. Thirdly, instrumental and economic motives (Manuere et al., 2016; Okereke et al., 2018) still interest many managers, together with Western business BSR philosophies (Jain, Aguilera & Jamali, 2016). As a result, many might be unwilling to support the Ubuntu agenda. Lastly, because the Ubuntu construct has mainly been considered alongside related concepts such as business ethics, BSR and the stakeholder theory, many researchers are still preoccupied with collaborating its influences within those theories rather than treating it as a standalone concept. In that regard, its strengths are yet to be seriously examined and exposed. As a result, it remains a conjectural theory.

Therefore, although the indigenisation of scholarship and practice is necessary, an Ubuntu philosophy still requires more research evidence to validate its conceptual contributions to the local business ethics domain. Moreover, whether a unified Ubuntu BSR theory is possible considering cultural heterogeneity across the continent is also questionable. Hence in this study, the decision was made to stick with the proven

stakeholder theory as a theoretical guide when discussing and examining BSR patterns, trends and practices in all firms.

## **2.6 BSR PATTERNS IN AFRICA AND SOUTH AFRICA**

### **2.6.1 Drivers of BSR in Africa**

There seemed to be a missing account of forces that stimulated BSR in Africa, considering attempts by some scholars to credit controversial forces such as colonialism and the presence of MNCs (Obalola, 2010; Amaeshi et al., 2016) as key drivers of social responsibility in the continent. The obvious issue with such narratives is that it overlooks the role of cultures and practices of African communities that embedded social and community solidarity practices labelled differently to Western BSR connotations. Hence, some researchers, such as Muthuri (2012), correctly argued that BSR narratives that credit colonialism and MNC presence as the birth of BSR in Africa promote false myths, which may have hampered the adoption of indigenous people's concepts into mainstream BSR theories.

The overreaching argument is that the issue of giving back to communities, either by individuals or firms, is not new and can be traced from the beginning of communities in Africa (Hinson et al. 2016; Visser et al. 2017). Historical and cultural philosophies such as “Harambee” in Kenya, “Tsekada” in African Islamic territories and ‘Ubuntu’ in Southern Africa all emphasised sharing with the community as a duty. Thus, one can assert that an African managerial mindset is historically attuned to BSR engagement. This may have been by supporting their families, financing community funerals, and providing HIV/AIDS care and support to relatives to fulfil moral obligations (Visser & Tolhurst, 2017).

Some literature also recognises BSR as a responsible initiative to promote socioeconomic development (Choongo, 2017; Ehie, 2016) in the continent. Africa faces a variety of social issues, including low living standards, high HIV/AIDS incidence, high levels of corruption, massive unemployment, oppressive regimes, poor service delivery, human rights abuses, and poor health and education provision (Ehie, 2016), all of which are cause for concern. Rampersad and Skinner (2014) also stressed that BSR was needed to address social inequality, inequitable access to healthcare and education opportunities, and widespread HIV/AIDS. In summary, much of the BSR witnessed in the continent is problem-solving oriented to close the welfare gaps in society, caused mainly by poor service delivery from governments.

Elsewhere, Muthuri (2012) acknowledged the influence of apartheid practices on how companies later behaved post-1994 in South Africa. She argued that companies that once supported apartheid (Ramlall, 2012; Hönke, Kranz, Börzel & Héritier, 2008) now find themselves at the forefront of addressing social problems associated with apartheid, such as lack of education and job opportunities for previously minority groups, racial discrimination, low skills base and development, and HIV/AIDS (Rampersad & Skinner, 2014).

Moreover, besides their BSR contributions towards capital investment, job creation, skills transfer, infrastructure development, knowledge sharing and dealing with HIV/AIDS ((Visser et al. 2017), MNCs also exported some ethos SMMEs to consider BSR as a business strategy. However, MNCs are also guilty of socially irresponsible behaviours linked to corruption, environmental destruction, labour exploitation, and exerting undue political power over governments (Newell & Frynas, 2007), undermining their credibility among stakeholders. This partly explains why governments began to enact laws and regulations to govern BSR practices.

For example, many African countries signed a BSR policy document named the Monrovia Principles (Ekhatior, 2014; Broomes, 2016), that gave guidelines on BSR practices on the continent. At a national and local level, all corporate governance practices in South Africa are governed by prescripts in the Kings Code of Ethics (Littlewood & Holt, 2013). Likewise, Zimbabwe enacted an AIDS levy policy to raise funds from businesses and individuals to tackle HIV/AIDS (Katz, Routh, Bitran, Hulme, & Avila, 2014). Individual firm policies for addressing HIV/AIDS programs also support these national guidelines. Therefore, it is apparent that regulatory instruments have played a more significant role in instilling a BSR culture in the continent, although their impact is somehow questioned.

According to scholars like Hamidu et al. (2016), there is little evidence of regulated BSR in Africa because most government agencies are ineffective and incapable of enforcing laws. These scholars support Guzman's and Becker-Olsen's (2010) assessment of Africa as a place with "only occasional initiatives connected to CSR and a consumer and governmental culture where CSR is not necessarily valued."

The preceding arguments suggest that BSR regulation is regarded as weak and lacking in substance. They undermine the government's efforts to promote BSR as part of the service delivery strategy in developing economies (Muthuri, 2012; Littlewood & Holt, 2013; Bramlall, 2012). Importantly, their analysis ignores the "invisible' and unregulated' BSR that contributes to welfare programs in communities and improves livelihoods. As a result, Guzman and Becker-Olsen's conclusions can be considered speculative.

In conclusion, the above review shows many forces that influence BSR practices in the continent, from its historical past and the chronic state of underdevelopment. This suggests that many BSRs will aim to address many social problems, including

combatting HIV/AIDS. Therefore, the following section examines the extent and patterns of fighting HIV/AIDS by large and small firms in South Africa.

## **2.6.2 BSR in SOUTH AFRICA**

Many firms, particularly larger ones in South Africa, believe social responsibility allows them to identify with many of the country's problems. These problems range from high national HIV/AIDS prevalence (Littlehood & Holt, 2013) to crime, unemployment, racial tensions, poverty, hunger, and poor service delivery. As a result, the pillars of BSR in South Africa can be traced from the advent of democracy in 1994 (Littlewood & Holt, 2013), governance ethics under the Kings Code Report (Flowers, Parker, Arenz et al., 2013) and new social problems such as the Marikana mine uprising in 2012 (Stirling, Wilson-Prangley, Hamilton & Olivier, 2016). In between, BSR also emerges from self-regulation and business strategy. Overall, firms must abide by government regulations, historical circumstances, and affirmative action programs like BBEEE, in addition to industry charters, when setting their BSR obligations (Ndhlovu, 2011).

According to Bramlall (2012), post-1994, a rapid increase in regulatory and legislative policies gave the impression that BSR was seemingly mandatory. These policies mandated firms to pay attention to issues such as HIV/AIDS, discrimination, disability rights and gender equality. For example, in their study, Littlewood and Holt (2013) alluded that mining companies were once forced to sign a Mining Charter that mandated firms to include HIV/ADS, addressing the underemployment of women in the sector as part of their BSR agendas. Likewise, at the Johannesburg Stock Exchange (JSE), companies are forced to report on how progress towards addressing HIV/AIDS, black and white equity ratios, and gender equality as part of listing requirements (JSE, 2011) has been made. These BSR outcome targets mirror questions about socioeconomic inequalities attributed to the apartheid legacy (Ramlall, 2012). However, three decades after 1994, one may argue that apartheid's

responsibility as a basis for BSR calls is progressively becoming academic when weighed against the adverse effects of current difficulties, including governmental and corporate sector corruption on welfare development programs.

It is also vital to note that some scholars disagree about the social engagement strategy commonly applied by South African firms. Some scholars argue that the country's corporate culture is orientated toward CSI rather than CSR (Ehie, 2016; Muthuri, 2012), while others (Ndhlovu, 2011; Ramlall, 2012) disagree. CSR suggests that, as Carroll's model implies, fulfilling stakeholder interests allows the firm to address its economic, legal, ethical, and discretionary obligations. Therefore, it must be aligned with the overall business strategy. With CSI, firms aim to create a good name among stakeholders through philanthropic activities unrelated to business strategy (Hönke et al., 2010). This suggests that these firms, for example, donate HIV/AIDS education materials in poor communities for short-term publicity without necessarily integrating those activities into the overall business strategy.

Ndhlovu (2011) argued that as part of their long-term sustainable development aims, many South African companies had shifted their focus from CSI to larger CSR problems such as HIV/AIDS, gender equality, and children's rights. From her perspective, Ramlall (2012) added that CSI was only famous pre-1994. She further argues that since then, it has lost its credence because companies shifted business focus from self-interest to those of investors, employees, consumers, the public, and the environment. Considering the politically biased discourse that drives the transformative business environment of South Africa, the researcher believes that the ideas of Ndhlovu and Ramlall appear both concurrent and sound.

In conclusion, while the above discussion explored the generalised factors that shaped BSR trends in South Africa, specific attention to those related to SMMEs is warranted in this study. This study can answer research questions about what could

trigger SMMEs' response to HIV/AIDS by analysing specific contextual factors influencing SMMEs and the type of BSR they participate in.

#### **2.6.2.1 SMME BSR in South Africa**

It appears ironic that while SMMEs constitute the largest segment of the South African economy, perceptions exist that they do not take BSR seriously. This is evident from the works of scholars such as Fatoki (2014) and Ladzani and Seeletsi (2012), who commented that SMMEs face too many operational challenges and find it problematic to fulfil their BSR obligations. Approximately 70% to 80% of SMMEs die before reaching their third lifecycle (Turyakira et al., 2012), a phenomenon Rambe and Ndofirepi (2016) regard as an indicator of the SMME sector's weakened capacity to engage in BSR and contribute to the national economy. Dzansi and Okyere (2015), like Ladzani and Seeletsi (2012), conducted a study in the Botshabelo area of Free State Province and found that entrepreneurs had negative attitudes toward fulfilling their BSR obligations, presumably because they lacked the resources to engage in BSR activities or because they do not see its strategic importance in their business strategy.

However, while the above studies collectively suggest that SMMEs absconded from fulfilling their BSR obligations, a question may arise about how they managed to maintain good relations with their stakeholders if they were socially irresponsible. Research evidence also submits that SMME managers might not describe or recognise all they do for society as BSR (Dincer & Dincer, 2013; Lee et al., 2016). This aspect becomes important, considering that little is reported in the literature about conflicts between SMMEs and local communities due to failure to meet social expectations. Instead, society appreciates SMMEs' contributions to fulfilling the immediate needs of their families, communities, and consumers through job creation and delivery of goods and services (Amaeshi, Adegbite et al., 2016). Thus Amaeshi

et al. (2016) stressed that despite their challenges, many SMMEs across African countries were aware and actively fulfilled their social obligations, however, limited this might be. Thus, it is plausible that South African SMMEs' lack of commitment to BSR may be based on expectations that they conduct their BSR responsibilities in the same manner and scale as larger corporations do. As argued elsewhere, large corporates view BSR from a different perspective compared to SMMEs.

The claim that SMMEs in the country actively engaged in BSR is supported by evidence from a bi-country study by Jeppesen, Kothuis and Tran (2012) of small business practices in Vietnam and South Africa. The evidence suggests a strategic utilisation of employee, market, and environment-oriented BSR practices by firms in both countries, as seen through improved firm performances. This conjecture also gives the impression that SMMEs in South Africa were aware of and regarded BSR as an essential part of their business and social relationship management process.

Perhaps the lack of formality and legal visibility of many SMMEs predispose analysts to discount their social contribution to communities. In South Africa, almost half of the 2.4 to 6 million SMMEs are unregistered Mahembe (2011), making it challenging to track their behaviours, particularly in fulfilling legal responsibilities. A similar problem was observed in Tanzania, where SMMEs constantly conflict with the government over a lack of regulatory compliance. Tanzanian SMMEs operated without business licenses did not pay taxes, were not registered, and subjected employees to inhuman working conditions, among other BSR shortcomings. These trends also extend beyond the African continent. In a global study of 127 countries in Africa, Asia, Europe, Latin America, and the Caribbean, Williams, Martinez-Perez, and Kedir (2016) also reported that small firms ignored calls to comply with BSR regulations and recommendations. The researchers ascribed this phenomenon to the fact that many entrepreneurial ventures in developing countries are 'often run by individuals waiting to enter salaried jobs or doing so to supplement the income from their formal job'. For

this transient class of entrepreneurs, formalising BSR operations is likely inconsequential as they can exit the industry anytime.

However, not all entrepreneurs view their ventures as temporary and entertain the prospect of abandoning their business for formal employment. Instead, contemporary global trends suggest that entrepreneurship is now a viable alternative to employment, implying that entrepreneurs are committed to making themselves successful through self-employment. This pattern leads to the conclusion that, among other BSR contributions, SMMEs in South Africa are agents of social transformation and are dealing with unemployment challenges (Cant & Wiid, 2013). In light of these findings, this study aims to discover the types of BSR activities that SMMEs engage in combatting HIV/AIDS using the stakeholder theory (described in the following sections).

## **2.7 THE STAKEHOLDER THEORY OF BSR**

In the previous sections, BSR was defined as a stakeholder-oriented philosophy to satisfy the interests of specific groups relevant to business survival. This makes it necessary to examine the essence of a stakeholder theory of BSR, particularly as it is understood in the SMME context.

### **2.7.1 Justification for choosing the stakeholder theory**

Some scholars have argued that the stakeholder perspective has become unavoidable if one wants to analyse BSR issues (Branco & Rodrigues, 2007). This view is supported in part by evidence from many researches in the small business arena that have successfully utilised the stakeholder theory as a study framework (Schlierer et al., 2012; Choongo, 2017; Mukwarami et al., 2020). Besides, as Bhaduri and Selarka (2016) further propose, the stakeholder theory is an attractive BSR theory

because it gave birth to many other related ideas, such as Sustainable Development Concept, Stewardship Theory, and the Triple Bottom Line concept. This connection supports claims that much of strategic BSR discourse is foregrounded by operationalising that stakeholder theory, given its roots in strategic management (Theodoulidis, Diaz, Crotto, Rancati, 2017).

It also appears that the stakeholder theory became popular because it is malleable to suit both corporate business concepts and small business perspectives. In this study, the stakeholder theory is a multi-purpose lens to define BSR, align the investigation to the proposed conceptual framework, and inform the discussion about SMMEs' BSR obligations to stakeholders. Overall, the stakeholder theory in Africa seemingly complements Ubuntu's ethical philosophies, practices (Kayuni & Tambulasi, 2012; Steenkamp et al., 2018;) and interpretations of BSR. This is consistent with Enyinna's (2014) claims that the stakeholder theory introduced ethical principles into business practice.

### **2.7.2 Stakeholder theory of business responsibility**

This section discusses elements of the stakeholder theory as it is applied in this study.

#### ***2.7.2.1 Introducing the stakeholder theory***

The stakeholder ideology is a relatively old concept rooted in the Stanford Research Institute's (1962) *stakeholder perspective* (Andriof & Waddock, 2017; Todd et al., 2017). However, it was only after Freeman (1984) coined the stakeholder theory that it exerted considerable influence in business management and BSR. Whereas the Stanford Research Institute (1962) introduced the *stakeholder* as a strategic management concept, Freeman (1984) extended it to business ethical concerns. Freeman (1984) believed that individuals and groups affected by an organisation had

an inalienable right to compensation for what they bore and contributed to sustaining its operations. In practice, this meant that SMMEs had to be concerned about their owners' interests as shareholders, as well as the interests of any other agents, such as employees, consumers, and suppliers (Branco & Rodrigues, 2007) if they were to achieve the social harmony needed for business sustainability.

This stakeholder proposition ideally challenged Friedman's (1970) long-standing neoclassical shareholder theory, which forced managers to focus on profitability at the expense of other social issues, for example, providing loans to an employee who needed to buy HIV/AIDS medication or pay for funeral costs. Shareholder theories sustain the belief that BSR conflicts with the primary purpose of a business- making a profit and allowing managers to entertain ethical issues could turn the organisation into a moral institution with obligations towards individuals in society. Thus, shareholders argued that adopting a stakeholder perspective in business management was akin to having "many masters, [which may] result in potential managerial confusion, conflict, inefficiency, and competitive failure" (Andriof et al. 2017:26), culminating in shareholder value losses.

In contrast, the stakeholder theory claims that a firm can grow shareholder value by harnessing solidarity with and among different legitimate stakeholders. As Reed (2002) cited in Dzansi (2016:230) explained, all primary stakeholders have an economic stake in the firm; the economic activity of the firm contributes to *the common good* of the stakeholders, and stakeholder focus leads a firm to gain *authenticity*, that is, obtain *licenses to operate in the community*. In short, the stakeholder theory strives to create positive relationships with key stakeholders, including consumers, employees, and suppliers, hoping that the firm faces minimal antagonism when doing business.

It may also be vital to note that various perspectives about the stakeholder theory have emerged owing to its malleability. As a result, Freeman (1995) concluded that there is not only one stakeholder theory of the firm. Examples of different versions are the *instrumental* and *normative* stakeholder theories. The instrumental stakeholder theory focuses on determining whether a link exists between stakeholder management and profitability objectives (Donaldson & Dunfee, 1999). On the other hand, the authors state that the normative stakeholder approach is preoccupied with determining firm responsibilities to all its stakeholders and (with) justifying a multi-stakeholder focus.

Even with these different perspectives, applying the stakeholder theory depends on answering the question of what is, and can be, deemed a stakeholder. Carroll (2015) questioned that, given the explosion of diverse interest groups that can claim some degree of connection with firms, however remote, the question of who legitimate stakeholders are, has become critical. This implies they cannot identify all, even as SMME managers attempt to determine legitimate stakeholders (Jain, et al. 2016).

#### **2.7.2.2 Stakeholder definition, identification, and classification**

Countless stakeholder definitions have come forward since the Stanford Research Institute defined them as "those groups without whose support the organisation would cease to exist". And later, Freeman (1984:62) described them as "any group or individual that can affect, or is affected by, the achievement of the organisation's objectives". Over the years, Freeman's definition has gained wider acceptance among scholars. This contrasts with the Stanford Institute definition, which received mixed support mainly because it was deemed too general (Andriof et al., 2017). It also controversially claimed that all stakeholders posed an equal threat to organisational continuity. Although all stakeholders are essential, this does not translate into equal value to the firm. For example, although customers and the government are stakeholders, an SMME cannot survive without customers but can successfully

operate without government support. Besides the above two definitions, Table 2.3 below shows other alternative stakeholder definitions.

**Table 2.3 Stakeholder definitions**

|                          |                                                                                                                |
|--------------------------|----------------------------------------------------------------------------------------------------------------|
| Evans and Freeman (1988) | Benefit from or are harmed by and by whose rights are violated or respected by corporate actions               |
| Goldpastor (1991)        | Strategic or moral                                                                                             |
| Freeman and Evan (1990)  | Contract holders                                                                                               |
| Nasi (1995)              | Interact with the firm and thus makes its operation possible                                                   |
| Carrol (1993)            | Asserts to have one or more of the kinds of stakes in business- may be affected or affect                      |
| Mitchel (1997)           | Stakeholder salience is determined by possession of two or more attributes, i.e. power, legitimacy and urgency |
| Evan and Freeman (1998)  | Have a stake in or claim on the firm                                                                           |

The definitions above collectively suggest that a stakeholder possesses two main attributes: the ability to exert some influence and, secondly, to lay claims against a firm. Strategic considerations based on these attributes imply that managers are likely to overlook the interests of stakeholder groups with less power and value in favour of those that can significantly impact business operations. For example, SMME managers will likely treat employees living with HIV/AIDS as legitimate stakeholders, given that they can disrupt productivity, or sue, based on an employment contract. On the other hand, these managers can ignore government directives to have an HIV/AIDS policy in the workplace because the government cannot enforce compliance. The inference is that firms only concern themselves with stakeholder groups that can critically and immediately affect their operations.

### **2.7.2.3 Internal and external stakeholders**

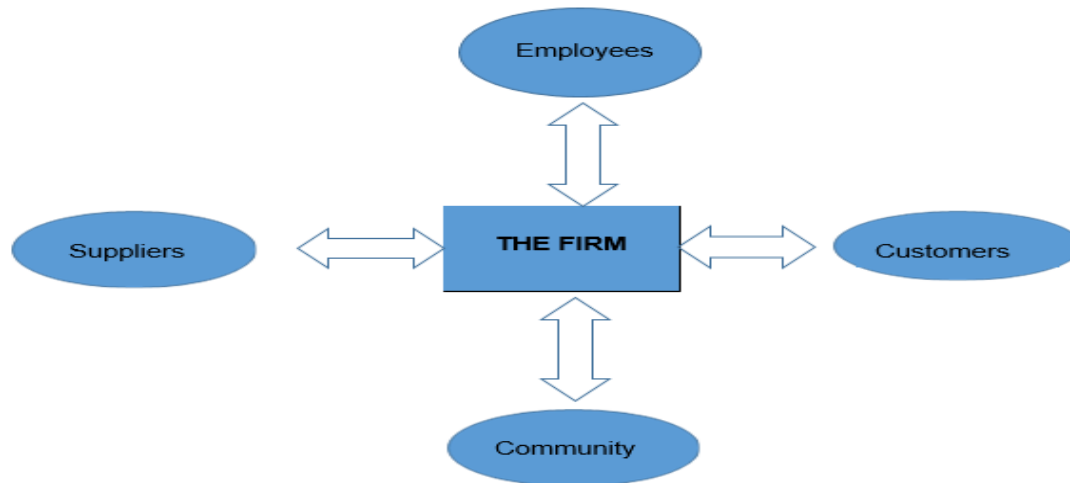
Besides defining stakeholders, other scholars believe it may be helpful to think of stakeholders in terms of two clusters: those who directly influence the firm and; others who can indirectly affect it. Internal stakeholders include shareholders, customers, and

employees, forming the organisation's core. In contrast, external stakeholders include government, local community, and society (Dartey-Baah, Amponsah-Tawiah, & Agbeibor, 2015).

Other scholars classify these stakeholders into primary and secondary groups (Figar & Figar, 2011; Sen, 2011). Primary stakeholders are those groups without whom firms would not survive without their support (for example, shareholders, employees, suppliers, customers, and community) and firms that would not survive. In contrast, secondary stakeholders are non-essential (for example, government and pressure groups). These perspectives complement the earlier views of Clarkson (1995), whose definition of primary stakeholders insinuated an existential link between SMME preferences for internal stakeholders and meeting survival goals. He defined primary stakeholders as those entities ensuring the corporation's survival is a going concern by continuing participation in SMMEs. Employees, customers, supplier groups, and the local community are internal stakeholders. On the other hand, secondary stakeholders are groups that affect the organisation but are considered non-essential for its survival or cannot launch any legal claims against a firm (Louw & Venter, 2013).

It is worth noting that the stakeholder theory interpretative frame does not suggest that internal and external stakeholders are equally important. Nor does it indicate that companies should address their needs simultaneously as a matter of principle. On the contrary, the question of which stakeholders warrant attention is a matter of business strategy. This assertion explains how and why SMMEs appear to pay more attention to internal stakeholders' interests than external groups' interests in their everyday BR practices. The works of Lepoutre and Heene (2006) and Murillo and Lozano (2006) support this observation. Both studies argue that SMMSs are more sensitive to the needs of immediate internal stakeholders (employees, customers and suppliers), thus neglecting the needs of external stakeholders like the government. Following this rationale and other literary insights, it was determined that in this study, employees,

customers, suppliers, and the local community remained the BSR targets, as illustrated in Figure 2.2.



**Figure 2.2 SMME stakeholders**

A study by Turyakira et al. (2012), citing the work of Suprawan, De Bussy and Dickinson (2009), gave examples of specific stakeholder-oriented BSR activities by SMMEs. These activities targeted specific stakeholders, for example, having sponsorship programmes (*local community*), providing career development and training to employees (*employees*), encouraging waste recycling (*environment*) and employing local community members (*community*).

Amaeshi, Adegbite, Ogbechie, Idemudia et al. (2016) also reported that SMMEs' BSR choices prioritised the well-being of employees, followed by the local communities. For instrumental reasons, they also committed to BSR when part of a supply chain required them to meet a certain level of social activism, to maintain existing business relationships.

Overall, these three study results support the logic of this study's conceptual framework as outlined in Chapter 1. There is also sufficient evidence from the above discourse of a stakeholder BSR orientation among SMMEs in that they target specific groups and aim to establish strategic alliances that guarantee business success. However, despite its success and popularity, the theory has also received some scholarly criticisms.

#### ***2.7.2.4 Criticisms of the stakeholder theory***

There is a perception that the stakeholder theory does not precisely define which group is a pertinent 'stakeholder. Husted and Allen (2010) stated that questions about the stakeholders and their influences often arise when applying this theory. They bemoaned that despite some laudable efforts from researchers, the stakeholder theory has not provided a solid model that can universalise stakeholders' definitions, stakeholder legitimacy, aims, and how managers can and ought to respond to BSR issues. However, one can argue that a lack of precise definitions does not weaken this theory's practical effectiveness. In fact, these critics miss that theorising aims not to provide certainty but to establish a sound base for pragmatic decision-making in a dynamic context, as in the business environment. In this regard, the stakeholder theory has proved reasonable based on global evidence from theoretical and empirical studies. Other criticisms of the theory are that it creates an opportunity for unscrupulous managers to act in their self-interest, and it effectively destroys business accountability because a business accountable to all is responsible to none (Freedberg 2015). However, as argued in this study, having relationships with different stakeholders is beneficial as these represent strategic opportunities for BSR and business strategy.

## **2.8 CHAPTER SUMMARY**

This chapter reviewed the history, definition, and small business BSR perspectives. It further examined the literature on BSR trends in Africa and South Africa, concentrating on small business and their capabilities to respond to HIV/AIDS. Lastly, the chapter examined the stakeholder theory as the proposed study lens. These elements are essential as they set a concrete background for understanding the role of SMMEs in combatting HIV/AIDS, as discussed in Chapter 4.

## **CHAPTER 3: BSR AS A BUSINESS STRATEGY**

### **3.1. INTRODUCTION**

The previous chapter presents an overview of the BSR theory, its historical development paths, and application issues in SMMEs. From this background, this chapter discusses the strategy concept and its application and contextualises its overarching role and application towards BSR to address HIV/AIDS by SMMEs. This chapter extends the narrative of BSR as a strategic resource that can be integrated into the overall SMME business strategy. Key topics discussed are the definition of business strategy, theories of business strategy; BSR as a business management strategy in large firms and SMMEs; challenges of implementing BSR as a strategy SMMEs; and a chapter conclusion.

### **3.2 DEFINING BUSINESS STRATEGY**

The term strategy is widely used in many contexts associated with planning, setting direction, and achieving specific objectives. While its roots can be traced to the Greeks and the military, strategising became commonplace in the business arena after World War II (Ferreira, Raposo & Mainardes, 2014). Just as in the military, its meaning in business retained the idea of planning a course of action to exploit existing opportunities and avoid threats to achieve set objectives. Mintzberg (1987) opined that a strategy could be regarded as a ploy, a pattern, a position, or a perspective, depending on where it is being applied. Omalaja and Eruola (2011) described strategy as the broad determination of the goals and the specification of alternative courses of action, to achieve the predetermined goals of the business.

From a critical perspective, it appears that the essence of strategy advocacy is that any business action not preceded by predetermining goals and a path laid out to

achieve them, is less likely to succeed. Hence, in practice, all business managers strive to engage in strategy formulation and implementation, to seize opportunities and avoid threats from the environment. This perspective was also expressed differently by various authors who dealt with strategic issues in business, starting with earlier writings by management scholars Chandler and Ansoff. These scholars spoke of a strategy as the company's basic approach to achieving its overall objectives. In this vein, Chandler (1962, as cited in Barbosa & Romero, 2016: 905) defined strategy as "the determination of the basic long-term goals and objectives of an enterprise, the adoption of courses of action and the allocation of resources necessary for carrying out these goals". One of these actions is undertaking BSR actions to generate societal goodwill towards the organisation and supporting other activities such as marketing, to deliver on their business goals. As a result, BSR is now considered to be a major business strategy (Bozkurt & Kalkan, 2014; Vo, Delchet-Cochet & Akeb, 2015; Siltaloppi, Rajala, & Hietala, 2020) that can add value to the marketing process, strengthen corporate strategy, and improve firm reputation (MacGregor & Fontrodona, 2011; Sonja, Hannu, & Mika, 2018) it also allows organisations to forge stronger relationships with external and internal stakeholders, by addressing social issues.

On the other hand, Ansoff (1965) linked strategies with firm decisions to support the realisation of profits and growth. Such strategies span financial, marketing, sales, human resources management, production decisions, and BSR. In this realm, BSR strategies incorporate managerial plans to leverage social activities towards claiming legitimacy and acceptance in society. This may, in turn, bring positive financial returns and a good image, stronger relationships with stakeholders and potential guarantees for long-term survival (Vo, Delchet-Cochet & Akeb, 2015). Overall, designing and implementing strategies has been linked with better prospects of success (Olgierd, 2017), thus underscoring their growing importance in business management. However, despite the availability of over ninety alternative definitions (Yu, 2021), there is no common understanding of what a strategy in practice is among scholars (Ferreira

et al., 2014), implying that strategy means different things to different people in other contexts.

Nonetheless, this definitional confusion is not detrimental to the strategy's importance. Scholars like Katz (2017) believe that it is undesirable to have a single strategy definition in practice, as this would limit its use and the potential benefits companies may gain from its broader application in strategic management. Hence, Ferreira et al. (2014) opine that an exact definition of strategy might not be fundamental, presumably because its heterogeneous meanings appear to promote its relevance in differing operational contexts between SMMEs and larger firms. Moreover, considering the non-equilibrium nature of SMMEs (Charles, Ojera & David, 2015), a standard definition of strategy is unlikely to represent all strategic behaviours of different SMME clusters. Katz (2017) alludes to the idea that because each firm's choice of a strategy, for example, to fulfil employee HIV/AIDS needs, is influenced by the unique set of internal resources (strengths and weaknesses) and external environment (opportunities and threats) relevant to that firm, it is unlikely that two firms can share a similar view about what an ideal strategy is.

The above discussion illustrates that strategy and strategic management practices are not static or scientifically endowed concepts. This conjecture challenges classical strategy formulation and implementation models (Charles et al., 2015), delineating a systematic way as if the environment is unchanging. Strategising requires creative, managerial thinking, considering internal and external business forces. In practice, managers of both larger and smaller firms are responsible for devising and implementing strategic plans across all business functions, from production, BSR, finance, human resource, and other functions. This suggests SMMEs cannot, therefore, be regarded as poor planners. However, they may differ in the degree of formalisation and perceptions about its importance in their operations.

It follows that strategies can be formal (for example, having a code of conduct) or informal (for example, SMMEs not communicating their BSR activities) (Ibrahim, 2014). The nature of strategies depends on the operational context, which, according to Russo and Perrini (2010), is often the firm's size. Strategies also vary between time and scale of impact. They can also be long-term decisions or tactical responses to align organisational fitness to the environment. Furthermore, they can also be carried out at the corporate or business level or across top, middle, and supervisory management levels. However, because SMME managers occupy every management level and decide on most business issues, they are responsible for designing and implementing strategies for all business functions, including BSR. In this study, these BSR strategic responsibilities should combat HIV/AIDS in South Africa.

While it is generally acknowledged that SMMEs have different strategic behaviours than larger companies (Perrini et al., 2009; Russo & Perrini, 2020;), this has not prevented calls for SMMEs to align their strategies with the traditional management theories used by their corporate counterparts (Rambe, 2018). Furthermore, scholars use classical management models and theories to explain SMME strategic management behaviours, which raises questions about the lack of cohesion between these theories and the SMMEs' intuitive and tactical approach to business management. Be that as it may, like these scholars, this study also utilised three established models to reflect on the strategy processes in SMMEs and the thinking among SMME managers to combat HIV/AIDS BSR through BSR actions.

### **3.3 BUSINESS STRATEGY THEORIES**

Over the years, countless models and theories have been proposed describing the strategic decision-making process and strategy options in business. This study discusses three main theories: Porter's generic strategy, Miles and Snow's typologies, and contingency views of strategy.

### 3.3.1 Porter's generic strategies

Michael Porter's generic strategies are the most widely accepted frameworks for defining possible business responses to competition. Gimenez (1999) states that generic strategy could be seen as a broad categorisation of strategic choices with great applicability across industries and organisational forms. Porter asserts that subject to individual capabilities, a company can follow low-cost, differentiation, and focus strategies (Xie, 2018; Islami et al., 2020) to achieve the most advantages possible in its industry. A low-cost strategy is one in which a company sells items to a wide range of clients at the lowest or best price on the market (Islami et al., 2020), generated from manufacturing efficiency, which larger companies typically prioritise. On the other hand, a firm can opt for a differentiation strategy that distinguishes competitors based on unique products or services, influencing customer perception. Lastly, it can also combine the above two generic strategies and serve a niche to exclude others in the market (Mutinda & Mwasiaji, 2018). Porter called this a focus strategy.

There is no doubt that these three strategies have been helpful in many business contexts, particularly larger firms in stable markets from which Porter framed his typology. It is easier for larger firms to alternate between these three strategies, considering that they can enjoy economies of scale, drive production costs down, and control and defend markets captured. Companies can also set aside resources to develop and maintain market leadership in selected niche markets. However, from the unique operational styles, size and management principles of SMMEs, several practical issues regarding how they can apply Porter's strategies, have arisen. In fact, many scholars argue that small firms can only use a focus strategy, because overall cost leadership and marketing differentiation cannot be supported by their operational, resource and market capacity (Xie, 2018; Gimenez, 1999), which does not include the benefits from economies of scale.

Furthermore, congruence between SMMEs and the focus strategy can naturally be imposed by their local community orientations, limited global knowledge and connection and reliance on unique innovations that need time to nurture and grow. These attributes coincide with how SMMEs utilise BSR as a leveraging tool in the local community niches, to connect with key stakeholders (employees and customers) they interact with daily (Turyakira et al., 2012; Rambe, 2018).

### **3.3.2 Miles and Snow's typologies**

An alternative model to Porter's typologies came from Miles and Snow. Their typology is often called an Adaptive Cycle (Behling & Lenzi, 2019). This model is merely a cycle of adaptation that presents the critical decisions taken by the organisation to remain aligned with the environment (Martins, Rosseto, Lima, & Penedo, 2014). Miles and Snow (1978) argued that the quality of alignment between the entrepreneur, the technological, and the organisational structures and processes, determined the firm's survival prospects. Drawing from their empirical observation of companies in the textbook publishing, electronics, food processing, and healthcare industries, Miles and Snow (1978) found that firms generally develop relatively stable patterns of strategic behaviour to find a proper alignment with the perceived environmental conditions (Djaharuddin, Kadir, Sudirman & Pabo, 2018). These behaviours meant that firms could either be defenders, prospectors, analysers and reactors to ensuing market and competitive environments.

Prospector firms regard the environment as uncertain and dynamic (Helmig, Hinz, & Ingerfurth, 2014; Djaharuddin et al., 2018) and consistently explore new technologies, products and markets to maintain organisational relevance and efficacy. They often create change and uncertainty, to which their competitors must respond (Miles & Snow, 1978:29, as cited in Andrews et al., 2008). and act as pioneers and "first movers" in their industry (Andrews, Boyne, Meier, O'Toole, & Walker, 2008). This

suggests they embrace dynamism and operational flexibility to design strategies, including those for BSR, to sustain the business. In contrast, defenders see the environment as stable and relatively certain. They are less likely to seek opportunities outside their domain nor to chase after new technological innovations. Instead, they prioritise operation efficiency to drive costs down and focus on defending the niche they control through competitive pricing or high products or service quality (Andrews et al., 2008; Djaharuddin et al., 2018) and embed BSR in their strategic orientations. Maignan and Ferrell (2004) recognised delivering superior quality products, superior customer service, and high efficiency among SMMEs, as essential elements of their BSR activities.

On the other hand, analyser firms possess both defender and prospector characteristics. They operate risk-aversely while maximising profit opportunities (Helmiga et al., 2014). Martins et al. (2014) emphasised that an analyser strategy sees a firm attempting to keep a relatively stable limited line of products, with an inclination to add those that have proved successful in other firms. It can be argued that such a calculated and cautious approach is extended to BSR initiatives, resulting in overall inaction towards demonstrating high levels of BSR towards HIV/AIDS, among other targets. Lastly, Miles and Snow defined Reactors as firms that do not possess mechanisms that allow them to respond consistently to their environments (Miles & Snow, 1978 as cited in Andrews et al., 2008). Hence they adopt a “residual” strategy, meaning that they operate without a clear focus while reacting to urgent matters. While a lack of planning and focus leaves other scholars hesitant to consider this approach as a business strategy, evidence shows that many SMMEs utilise this strategy (Yanes-Estévez, García-Pérez & Oreja-Rodríguez, 2018), consistent with their adhoc and informal decision-making processes (Fassin 2008; Vivier, 2013; Wickert, Scherer & Spence, 2016), particularly towards BSR (Fassin, 2008; Stoian & Gilman, 2016)

However, while Miles and Snow's (1978) typology has gained a wider reputation as well suited for investigating SMME strategic behaviours, the resultant outputs have nonetheless painted a mixed pattern of strategy choices between SMMEs. In their study on analysing the strategic behaviour of SMMEs, Yanes-Estévez et al. (2018) found that none of the SMMEs demonstrates either defender or prospector behaviours. Many behaved as analysers, reactors, or simply hybrid competitors. Notably, these findings contracted other studies (Kumah et al., 2014; Azyabi et al., 2012) cited in the same research with mixed results, suggesting that SMMEs applied all four strategies, as proposed by Miles and Snow. Armstrong and Drnevich (2009) had also earlier posited that as SMMEs vary substantially in terms of their resource capabilities, owner objectives and growth and survival prospects, small firms will also likely vary considerably in terms of the types of strategies they pursue. The sentiments of these previous studies are also repeated in the literature review and conclusion of a later study, in which entrepreneurial competencies and strategic behaviour of SMMEs in Brazil are examined (Behling & Lenzi, 2019). Therefore, Miles and Snow's typology accommodates all behavioural strategies SMMEs consider as they attempt to align with the external environment. This concurs with literature spanning from general and HIV/AIDS-specific BSR action to the opposite among SMMEs (Kaniki, 2003; Daniel, Lie & Twinomugisha, 2011; Demuijnck & Ngnodjom, 2013; Duma, 2017;)

### **3.3.3 Contingency views of business strategy**

While the above two typologies describe strategy as a predictable course of action, the contingency perspective postulates otherwise. Its central argument is that "no universal set of strategic choices is optimal for all organisations and circumstances (Ginsberg & Venkatraman, 1985, as cited in Thai, 2014). This is because the most effective strategy at any given moment adapts to emerging contingencies from the present environment, technology, knowledge, culture, organisational structure, and

organisational size. For this reason, Pratono (2016) reasoned that a firm's strategy is contingency-based if it continually varies its actions to match the demands of the business environment. Thus, an SMME operating in Cape Town that detects employees, customers or supplier demands for access to HIV/AIDS services and changes the course of its BSR from sponsoring cultural activities to providing HIV/AIDS education can rely on a contingency philosophy. Contingency theorists believe that no one or single best strategy or approach aligns organisational capabilities with external opportunities. Hence managers must demonstrate a high level of environmental awareness to develop effective context-specific strategies- with either prospector, defender, reactor or analyser behaviours as in Miles and Snow's typology. Coincidentally Grabara and Siswanti (2019) analysed the level of business strategy alignment in small Indonesian digital creative companies in the DIY sector and found that the cross-section of the firms was split between prospector and defender strategies. In contrast, another study by Thai and Chong (2013), in which the dynamic experimental internationalisation strategies of SMMEs in Vietnam were examined, reported that managers needed to recognise that emergent, as opposed to rational decision-making systems, gave the expansion, contraction, or hibernation strategies a better chance to succeed. It can therefore be argued that contingency theory reduces strategy to a tactical response, suggesting that it lacks a long-term focus and is limited to the business unit level instead of developing corporate strategies.

Helmiga et al. (2014), in a study assessing the differences among hospitals' strategic choices in Germany, followed a similar line of reasoning as in the above literature. However, they reflect on an essential aspect of BSR and strategy. They noted that complex stakeholder relationships and their divergent interests posed a set of environmental contingencies likely to impact the hospital's strategy choices. It follows that these hospitals designed their operational and BSR strategy to suit each stakeholder's interest, thus applying a contingency philosophy to strategy

determination. Furthermore, this proposition revealed the intersection between the stakeholder and contingency theories, specifically regarding the importance of stakeholders as a contingent factor in designing business and BSR strategies. Fuchs and Köstner (2016) also highlighted the importance of contingent factors in designing a successful export marketing strategy for Austrian SMMEs. These authors underscored how the need to find a strategic fit for the export market and maintain competitiveness forced these SMMEs to adopt a flexible approach to designing the marketing strategy (product, promotion, price, distribution), thus demonstrating the cogency between SMMEs' operations and a contingency approach to strategising. Nonetheless, Fuchs et al. (2016) and Grabara and Siswanti's (2019) findings suggesting that SMMEs ordinarily utilise contingency practices contradict other literature (Stoian & Gilman, 2016; Karel, Adam & Radomír, 2013) which found that SMMEs can formalise their decision-making processes for organisational success.

In summary, the literature reveals that SMMEs formulate business strategies in multiple ways that fall within Porter's typology, Miles and Snow's typology and the contingency theory. These findings are consistent with the diversity of SMMEs across their size, owner objectives and culture, growth prospects, operational environment and degree of formalisation. Another critical dimension is that the reviewed literature dispelled assumptions that SMMEs operate without clearly defined strategies to achieve positive business outcomes.

### **3.4 BSR AS A STRATEGY IN LARGE FIRMS: AN OVERVIEW**

The BSR history (Chapter 2) indicates that strategic BSR has its foundations in the large business domain, where it is often touted as an instrument used to obtain social licenses to operate (Mukwarami, Tengeh, & Mukwarami, 2020), refine corporate strategies and add value to society (Rambe & Ndofirepi, 2016; Smith, 2011). Chapter 2 also reflected on the transition of BSR from its development from being a debated

peripheral concept into a widely accepted, voluntarily designed and legislated strategic imperative to satisfy stakeholder interests in all types of firms.

Evidently, over the years, all types of businesses have realised that utilising BSR as a strategic resource can serve many purposes, including supporting core business strategies and addressing social problems like HIV/AIDS in society. However, BSR is a costly task (Ting, 2021), which puts pressure on managers to explore ways to extract some benefits from integrating social issues into the strategic management arena. As a result, they began to leverage BSR as a strategic tool to contribute to business success while addressing other stakeholder interests. It, therefore, seems that the role of BSR is sandwiched between stakeholder management and promoting corporate interests.

An empirical study by Sonja et al. (2018), in which the different roles social responsibility play in corporate strategy in selected case studies (based on companies) were analysed, confirms the preceding proposition. Findings derived from the four companies revealed that BSR provided a strategic route to engage with stakeholders; a practice informing business performance; a platform for creating new business innovations (Husted & Allen, 2010), and lastly, a perspective to transform the market. These results reveal that BSR can impact corporate strategy by allowing firms to implement tactical programmes that support marketing, relationship management, and business development activities.

It follows that the ease with which BSR could form synergies with other business functions encouraged managers to advance its strategic importance, notwithstanding the contested views about its positive relationship with financial performance (Husted et al., 2010; Stoian & Gilman, 2016; Soundararajan, Jamali & Spence, 2017; Ting, 2021). Empirical evidence suggests that strategic BSR is essential when a firm aims to increase competitiveness, influence profitability margins, gain competitive

advantage (Sousa Filho et al., 2010), uphold ethical business practices (Stangis & Smith, 2017) and lobby for political and social support. Arguably, many multinational companies in African countries such as South Africa, Swaziland, Zambia and Ghana utilised opportunities brought by HIV/AIDS to promote good corporate images through engaging in epidemic-related BSR activities (Smith, Thompson & Lee, 2016; Thoir, 2016; Chattu, 2015). These activities included providing HIV/AIDS support to communities, employees, and customers, which ultimately prevented the deaths of employees (who are costly to train) and social disgruntlement, which could have negatively affected their market size, reputation, and profitability. From this perspective, it is apparent that it reduces the business risk of the strategic roles assigned to BSR in organisations.

In summary, the reviewed literature points toward larger firms operationalising "the logic of integrating BSR strategies and corporate strategy, with the basic goal of creating long-term value, which in turn has to be shared between firms and communities (Perrini, Russo & Tencati, 2007). Considering that large business philosophies and views often find their way to SMMEs through scholarly influence, strategic partnerships, and business associations, the synergy between BSR and business strategy will likely resonate among SMMEs in a manner that suits their operational circumstances. For example, in Chapter 4, evidence will reveal that companies such as Daimler-Chrysler, Eskom and Mercedes Benz South Africa supported some SMMEs in implementing HIV policies and education programmes to address stakeholder demands of employees and local communities (Deijl, de Kok & Essen, 2013). In a way, these large business initiatives positively impacted SMME managers' perceptions about the importance of BSR and its role in the overall business strategy. Therefore, the following section examines BSR as a strategic element in the overall SMMEs business strategy.

### 3.5 SMME BUSINESS STRATEGY APPROACHES

Along with their culture of operating in a haphazard and often informal way, SMMEs have been characterised as poor planners that lack long-term planning impetus and often operate with limited resources, which impacts their strategic behaviours and options. SMMEs depend mainly on their local communities to access the critical stakeholder network (employees, family, community members, customers, suppliers) whose interests primarily proscribe their strategic BSR considerations. Moreover, because SMMEs possess attributes different from those of larger businesses, some scholars (Augustine, Bhasi & Madhu, 2012) do not believe SMMEs can successfully engage in strategy issues, presumably on all functions, including BSR. Some studies (Majama & Magang, 2017; Gopaul & Rampersad, 2020) show that SMMEs do not engage in rational and systematic strategic planning activities. Dzansi (2004) also investigated SMMEs in South Africa and reported that little or no formal planning exists in SMMEs, and whatever planning took place was on an adhoc basis.

Furthermore, Dzansi (2004) asserted that planning seems to be the most ignored managerial function in SMMEs. However, one can argue that these studies give extreme opinions about the strategic planning culture in SMMEs, considering that any business is bound to engage in some basic planning. Such plans can be financial, sales, business proposal writing, or volunteering their services in the community relative to their complexity and formality. In the same vein, Karel et al. (2013) pointed out that an organisation's size does not necessarily reduce or increase the importance of strategic management, implying that it is essential for all types of firms. For SMMEs, strategising helps the firm anticipate future challenges and opportunities (Karel et al., 2013), reduce chances of business failure, select key and valuable stakeholders for BSR engagement, make cash flow forecasts and leverage resources for competitive reasons.

Analoui and Karami (2003) cited in Karel, Adam and Radomír (2013) state that strategic management benefits SMMEs. These authors assert that strategic management opens avenues for the firm to introduce ethics and BSR in the strategic process. In addition, it infuses dynamic organisational capabilities to enable firms to deal with expected and unexpected problems, be more active, and operate with a clear view of the vision and mission. Lastly, Karel et al. (2013) claimed that strategic planning helps firms audit their strengths and weaknesses, which contributes to setting the right goals for the company.

Perhaps because of these perceived benefits, several studies (Yanes-Estévez et al., 2018; Wang & Walker, 2012) claim that SMMEs approach their daily management duties strategically, although, in many cases, such strategies' rhetoric is difficult to define or contextualise (Behling & Lenzi, 2019). This is because SMME strategy patterns appear less formal, less explicit and more intuitive and undocumented (Yanes-Estévez et al., 2018; Majama et al., 2017) due to the overbearing influence of the owner-manager personality attributes in the entire decision-making system (Jenkins, 2009; Abor & Quartey, 2010; Berusha & Pula, 2015).

Studies by Bozkurt and Kalkan (2014) and Charles et al. (2015) posit that a small firm's strategy largely depends on the owner's decisions and less on the environment, firm structure, and processes to be followed. Similarly, Lum (2017) stated that the owner-managers decide where and what to focus on to direct the company's business strategy. In a systematic literature review of risk management in SMMEs, Falkner and Hiebl (2015) claimed that the impact of owner-managers behaviours overshadowed those of other factors (such as resource availability, competitor behaviours, and employee involvement) in selecting a business strategy. For example, Charles et al. (2015) found that the more competent an owner-manager is, the more likely an SMME is to adopt a formal strategy. Therefore, the centrality of the owner-manager as a strategic resource in SMMEs cannot be understated. Moreover, it suggests that

establishing strategic planning culture in SMMEs depends on the capabilities and aptitude of the managers and their beliefs about how it can positively influence business performance. This becomes more vital, considering that scholars still debate the merits of strategic planning (Lo & Sugiarto, 2021), although increasing evidence suggests planning increases the chances of success (Lo & Sugiarto, 2021; Majama et al., 2017).

In addition, like their large business counterparts, the strategic behaviours of SMMEs have been analysed from different theoretical perspectives ranging from Porter's typology, Miles and Snow's typology, and the contingency propositions discussed above. These theoretical propositions collectively confirm the intractability of creating a uniform narrative about SMMEs and their strategic behaviours. Various studies (Santos, 2011; Ayandibu & Houghton, 2017; Yanes-Estévez et al., 2018; Gopaul et al., 2020) argue that SMMEs continually adjust their positions and plans in pursuit of common business goals related to seizing new market opportunities, growth, organisational effectiveness, competitive advantage, increasing economic performance, or financial viability. Additionally, SMMEs are highly heterogeneous entities (Vo, et al., 2015) (from vendors to established sizeable enterprises) with different capabilities. As heterogeneous entities, they compete in different market niches, possess inequitable access to resources and capital and are subject to diverse owner aspirations and attitudes towards strategic planning and integrating HIV/AIDS-related BSR into the core business strategy. This means SMMEs will likely implement unique BSR strategies influenced by specific objectives and ensuing environmental forces.

Specifically, Gimenez (1999) reviewed a host of studies that profiled different SMMEs' strategies and found that SMMEs pursued strategies that included pursuing broader product lines, thriving for a higher firm image, differentiating offerings, and establishing closer relationships with preferred suppliers. Lum (2017:24-27) grouped

SMME strategies into four domains. These were competitive strategies comprising innovation, product or service customisation strategies. The other domain was differentiation strategies, which used superior product design and excellent customer approaches. SMMEs also applied cost leadership strategies such as reduction of production process waste, investing in new and lean technology and reducing overheads. Lastly, SMMEs adopted growth strategies through product and market diversification. The breadth of these different BSR categories helped to demonstrate the diverse strategy options available to SMMEs (Knopf & Mayer-Scholl, 2013), which are less uniformly practised by each, and for different reasons. Consistent with their situational diversity, Charles et al. (2015) found that SMMEs in Kenya differed in how they formed strategies between deliberate, emergent, and reactive approaches. In South Africa, SMME evidence also suggests that strategic decision-making is pivoted to intuitive decision-making (Gopaul et al., 2020). However, the thrust to support SMMEs to formalise their operations and improve their management skills, including using strategy models, is gaining momentum. While there is little argument about the necessity of strategising among SMMEs, there is so much variation on what strategy means in this sector.

### **3.5.1 BSR as a strategy in SMMEs**

Despite evidence of widespread BSR activities SMMEs undertake, some scholars still pause questions about the execution of these BSR activities as part of business strategy. For example, Swiatkiewicz (2017) questioned if, in SMMEs, the organisation can have a BSR strategy or have BSR as part of an organisational strategy. Similarly, MacGregor and Fontrodona (2011), on considering the informal nature of SMME operations, enquired whether "strategic BSR possible in an SMME that has no strategy? Regrettably, there are no conclusive answers to these questions, as scholars advance conflicting views on the capabilities of small businesses to elevate BSR into a strategic orientation or, better still, drive organisational strategy.

For example, MacGregor et al. (2011) examined whether strategic BSR for SMMEs was a paradox or possibility in a firm with no business strategy and concluded that SMMEs with no business strategy could add a strategic impetus to their BSR activities and utilise it to develop a business strategy to gain a comparative advantage. Wang and Walker (2012), citing various studies, also gave a mixed picture of SMMEs that engaged in strategic planning and those that did not. Stoian and Gilman (2016) besides noting that SMMEs often adopted an ad hoc approach to BSR, also claimed that they could develop and implement explicit and codified BSR actions to realise their business goals. This claim, however, is in direct contrast to Perrini et al. (2007). Their study found that SMMEs are less likely to adopt and develop clear BSR strategies, with evidence instead suggesting that the larger the firm is, the more it undertakes formal BSR strategies. This assertion complements a seminal idea that much small business SR evolves as part of everyday practice, and thus is unlikely to incorporate strategic planning and execution. SMME managers do not have a systematic method for defining strategy, relying on knee-jerk reactions to keep the strategic fit between the firm and the environment. Hence Jamali et al. (2009) argued that small business strategies develop in an emergent rather than a deliberate process. Highlighting the lack of a strategic impetus among a cohort of SMMEs in the European Union, Knopf and Mayer-Scholl (2013) observed that although most were already taking measures to meet their social responsibility, this often occurred without a consciously designed BSR strategy. In agreement, Martinez-Conesa, Soto-Acosta and Palacios-Manzano (2016) mentioned that strategising in SMMEs is uncoordinated and based on informal relationships between the SMMEs and their stakeholders.

It is also vital to note that, in SMMEs literature, the term strategy assumes varied meanings. It has been applied to any social activity SMMEs engage in to meet stakeholder obligations (Perrini et al., 2007; Motilewa et al., 2017; Turyakira, Venter & Smith, 2012). This practice exemplifies Porter's (1996 cited in Swiatkiewicz, 2017:303)

assertion of a case in literature and business practice, where we often notice the failure to distinguish between strategy and operational activities. By claiming that the concept of strategy has been used indiscriminately and with much diversity in the field of management to mean anything from a course of action to an idealist rationale, Ferreira et al. (2014) hinted that it is difficult to have a uniform understanding of the concept. Consequently, this further creates confusion about conceptualising strategic behaviours in SMMEs.

It follows that the debate about whether SMMEs engage in strategic BSR may be centred around the conceptualisation of a 'strategy' in an SMME context. This may also suggest that the purported benefits SMMEs can recoup from executing strategic BSR like their larger business counterparts, may be an extrapolation of large business perspectives to politicise the value of BSR among SMMEs. Along with this perspective, Lepoutre and Heene (2006) commented that it has proved very difficult to identify the positive effects of strategic BSR among SMMEs in the medium and long term, despite its assumed worth. It seems that such presumed benefits can still emerge from the everyday BSR activities that SMMEs continually deliver without necessarily calling it BSR (Perrini et al., 2007; Dincer & Dincer, 2013). In that sense, this assertion validates Fassin's (2008) earlier argument that for SMMEs, the essence of BSR lies in their attitudes and responsible behaviours and not in formalisation. Moreover, it has been observed that the emphasis on formal systems and standardisation of BSR will undermine its implementation by SMMEs (Vo et al., 2015).

Considering the above views on strategy practices by SMMEs, three logical, conclusive arguments can be advanced. Firstly, SMMEs may vary their BSR activities to meet different stakeholder groups, for example, HIV/AIDS targeted at employees, developing HIV/AIDS policies to comply with sector regulations or the need for HIV/AIDS education to the local community. Secondly, it may be sufficient for SMMEs to pursue engaging in BSR activities without a strategic intent because they

neither possess the resources (Lo & Sugiarto, 2021) nor conclusive evidence that strategic BSR benefits them more. Thirdly, SMMEs should incorporate BSR strategic planning in their operations to increase the chances of business success and meet their HIV/AIDS social obligations.

### **3.5.2 Challenges of strategy implementation in SMMEs**

Many SMMEs start as unorganised survivalist entrepreneurial ventures that are often individually owned, managed, financed, unregistered, and lack clear business plans. Research further states that many entrepreneurs remain small (Davidsson, Achtenhagen & Naldi, 2010; Hurst & Pugsley, 2011; Infusionsoft, 2016). As a result, few entities may grow to become formalised large entities, suggesting that changes in management culture from an intuitive approach to a strategic one may be uncommon. This implies that despite mixed views about strategy application in SMMEs, it can be argued that it is more likely that SMME managers will depend on intuitive and adhoc operational decision-making systems.

Some SMMEs lack the motivation to engage in strategic planning and management because the benefits are unclear. Strategic planning might be perceived as counterproductive, considering the bureaucracy involved and that smaller firms do not possess the managerial skills required to manage the processes. As Lo and Sugiarto (2021) pointed out, SMMEs find it challenging to devote themselves to extensive corporate planning style research and strategy development activities due to a lack of resources. Considering SMMEs have to multi-task, mainly to satisfy daily business operational needs, they may have less time (Duma, 2017 Majama et al., 2017) to devote to administrating work, including strategic planning.

Gopaul et al. (2020) investigated South African SMMEs and found a weak strategic decision-making culture. These SMMEs struggled to devise strategies due to poorly

conducted market research and because entrepreneurs lacked expert business and managerial skills. A lack of adequate funding also meant they could not employ skilled employees to provide the necessary decision-making and business support (Gopaul et al., 2020).

In essence, these challenges could be caused by the small business size, resource constraints, and overreliance on the owner, who is often unskilled, overburdened and sometimes disinterested in adapting new management approaches. This further suggests that while SMME owners may be aware and committed to approaching business management strategically, many internal and external constraints can frustrate their ambitions. However, it may be argued that considering SMME characteristics and resources, they can practically be strategic in some business functions and intuitive in others. This is apparent in a host of studies (Charles et al., 2015; Majama et al., 2017; Yanes-Estévez et al., 2018; Gopaul & Rampersad, 2020) dealing with SMMEs strategy, strategic management, and decision-making. Hence, context is also essential in evaluating the effect of environmental factors on strategy development and implementation in SMME territories.

### **3.6 CHAPTER SUMMARY**

In this chapter, strategy as a management concept relative to its application in BSR activities to combat HIV/AIDS by SMMEs has been discussed. While strategic development and implementation benefit all firms, the reviewed literature reveals that many SMMEs still rely on intuitive decision-making systems. This implies they will likely engage in adhoc and informal HIV/AIDS-related BSR activities to fulfil stakeholder obligations. This conclusion forms the theoretical assumption about SMME strategic behaviours that guide this study.

## **CHAPTER 4: SMALL BUSINESSES AND HIV/AIDS**

### **4.1. INTRODUCTION**

While the broader theoretical concepts about BSR were discussed in the previous chapter, this chapter covers an overall view of SMME attributes, including definition, peculiar characteristics, significance in general, challenges, and their role in combatting HIV/AIDS. Also discussed is the general business response to HIV/AIDS, response patterns, and analysis of the epidemic's impact on business and society. The discussion also traces the development of HIV/AIDS BSR activities in both large firms and SMMEs globally and locally. The chapter concludes with a summary of the primary literature findings on small business BSR activities to combat the HIV/AIDS epidemic.

### **4.2. A PERSPECTIVE ON SMMES**

SMMEs occupy almost every community corner, doing their business as street vendors or established entities. Many of these firms operate in an informal economy (Vivier, 2013), directly seizing the challenges in their immediate environment. Consequently, despite their limited resources and struggles to survive (Daniel et al., 2011), they appear to be in a better position to positively impact these communities by providing long-term solutions to developmental issues such as job creation, increasing national export capacity poverty reduction (Julian, 2018) and, more recently, combating the HIV/AIDS pandemic (Bowen, Edwards, Simbayi & Cattell, 2013). As a result, the idea that SMMEs must be active citizens from a BSR viewpoint is warranted, given their demonstrable capacity to advance human welfare aspirations and the strategic business prospects that come with BSR. Based on the above background, this study is focused on investigating the role of SMMEs in combatting

HIV/AIDS – as an expression of responsible business behaviour, and a strategic opportunity to promote business goals.

#### **4.2.1 Global SMMEs definitions**

Despite their commonality, it has not been easy for researchers, practitioners, governments, and institutions to agree on a standard definition of small businesses. One reason is that the interpretation of 'smallness' differs based on the region, country, and sometimes individual researchers' preferences (Du Toit et al., 2010; Okyere, 2013). Nkwe (2012) further explained that because the world economy is heterogeneous, each country is bound to define SMMEs in a manner that reflects its context. Elsewhere, Ekpo, Udoidem and Acha (2017) believe that it is impossible to develop a single definition because of within-sector differences and peculiarities between a single economy and different economies. As a result, it seems most likely that the possibility of a single definition of SMMEs is utopian (Hassan & Mahomed, 2015).

Research evidence further reveals that definitional inconsistencies persist even within-country contexts because of fragmented interests and concerns towards SMMEs held by researchers, different bodies, and independent institutions. For example, a study by Chivasa (2014) in Zimbabwe suggests that three institutional bodies defined SMMEs differently. The Zimbabwe Association of SMEs (2012) defines small businesses based on asset base, turnover, formal registration, and connection to the Association. On the other hand, the government Ministry of SMEs' 2009 policy document classified all companies with an asset value of up to USD 2.000.000, not classified as large businesses but as SMMEs, regardless of their registration status. Lastly, for tax collection purposes, the Zimbabwe Revenue Authority (ZIMRA) (2016) uses a broad range of elements, including employees, annual turnover, asset size, and registration status, to classify SMMEs.

Like Zimbabwe, the United Kingdom does not have a single SMME definition (Bamford-Niles, 2012). Different institutions categorise SMMEs based on their specific interests. For example, for research and development tax relief, Her Royal Majesty's Revenue and Collections (HMRC) department define any business with less than 500 employees and an annual turnover not exceeding £100 million, as an SMME (Office for National Statistics, 2022). In contrast, for statistical reasons, the Department for Business classify SMMEs as companies with less than 250 employees, while under the Companies House provisions, an SMME is a firm employing less than 50 people, has a turnover of under £6.5 million and has a medium business hiring less than 250 employees and with a turnover of below £25.9 million (Bamford-Niles, 2012; (Office for National Statistics, 2022).

Examples of Zimbabwe and the UK demonstrate that defining SMME and developing a prescriptive narrative of their strategic BSR behaviours is challenging due to their heterogeneous nature. Such heterogeneity has also been reflected in the alternate use of the terms 'SME' and 'SMMEs' from one context to another when describing small businesses. For example, while the World Trade Organisation (WTO) (2016) and Zimbabwe use the term "small and medium enterprises" (SMEs), South Africa prefers "small micro and medium enterprises" (SMMEs). In the same vein, it can be argued that each country defines its small business sector according to its economic development indices, namely: its poverty level, the standard of living, and the unemployment rate, among other variables (Okoye Uniamikogbo & Adeusi, 2017). These indices encompass common denominators such as employees, investment capital, total assets, and sales volume (Soundararajan et al., 2017; Hassan & Mahomed, 2015).

#### 4.2.2 Definition of SMMEs in South Africa

In South Africa, an SMME, as defined in the National Small Business Act (NSB Act) of 1996 as amended by the National Small Business Amendment Act of 2003 and 2004, is: *“a separate and distinct business entity, including co-operative enterprises and nongovernmental organisations, managed by one owner or more which, including its branches or subsidiaries, if any, is predominantly carried on in any sector or sub-sector of the economy”*.

The Act further classify small businesses into four categories namely micro, which includes survivalist enterprises; very small; small; and medium, as represented in the table below.

**Table 4. 1: Definitions of SMMEs in the National Small Business Act**

| Size       | Examples                                                                                                 | Number of Employees                           | Annual Turnover (Rand)                                   | Gross Assets, Excluding Fixed Property                     |
|------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|------------------------------------------------------------|
| Micro      | Hawkers, vendors and subsistence farmers.                                                                | Fewer than 5.                                 | Less than R150 000                                       | Less than R100 000.                                        |
| Very Small | Operating in the formal market with access to technology.                                                | Fewer than 10 to 20 depending on the industry | Less than R200 000 to R500 000 depending on the industry | Less than R150 000 to R500 000, depending on the industry. |
| Small      | Generally, are more established than very small enterprises and exhibit more complex business practices. | Fewer than 50.                                | Less than R2m to R25 m depending on the industry.        | Less than R2m to R4.5 m depending on the industry.         |
| Medium     | Enterprises are often characterised by the                                                               | Fewer than 100 to 200, depending on Industry. | Less than R4 million to R50m depending upon the industry | Less than R2 m to R18 m depending on the industry.         |

|  |                                                             |  |  |  |
|--|-------------------------------------------------------------|--|--|--|
|  | decentralisation of power to an additional management layer |  |  |  |
|--|-------------------------------------------------------------|--|--|--|

Source: SME South Africa (2023)

Besides this government SMME sector taxonomy, other institutions and researchers have also proposed different criteria for classifying SMMEs. For example, the Banking Association of South African (BASA) (2018) developed an industry-specific model with five categories: standard industrial sector and subsector classification, size of class, equivalent of paid employees, turnover and asset value – excluding fixed property.

In their review study of the SMME sector in South Africa, Olawale and Garwe (2010) also proposed a somewhat simplified classification model of SMMEs as follows.

**Table 4.2: Classification of SMMEs in South Africa**

| Type of entity | No. of employees | Turnover     | Balance sheet |
|----------------|------------------|--------------|---------------|
| Small          | 1 – 49           | Maximum R13m | Maximum R5m   |
| Medium         | 51 – 200         | Maximum R51m | Maximum R19m  |

*(Olawale & Garwe, 2010)*

In practice, the above SMME typologies demonstrate a lack of a shared understanding of SMMEs between scholars, business associations, and the government, suggesting poor coordination across these agencies. In fact, it appears there is competition between these agencies to prove which one understands the dynamic of this sector better because they tend to provide information that contradicts each other. This explains why uncertainties exist about the definition, characteristics, ownership, management, and size of SMMEs (DTI, 2008) in South Africa.

As evidence of the ensuing contestation, the Real Economy Bulletin (2017) reviewed the official definition of small business and was critical of its adequacy. It found that the definition needed revision to be useful, because the meaning was inconsistent with international practice, favouring a more straightforward formula. Moreover, other government departments or SMMEs had not adopted the definition. Lastly, the sector definition threshold had not been systematically updated to cater for inflation and, therefore, did not reflect the current realities of SMMEs. As a result, there was resistance from members of the SMME sector to use this definition.

In addition, Mahembe (2011) reported that various SMME sponsors lacked faith in the official definition. Similarly, alternative definitions, such as one by the Banking Association of South Africa (2018) developed for credit purposes, do not serve any meaningful purpose beyond their sector. This also applies to Olawale and Garwe's (2010) taxonomy, which may only be helpful for the academic synthesis of SMME attributes yet is divorced from the emerging realities of the sector. Given this background, defining SMMEs becomes an iterative and pragmatic undertaking in South Africa.

In this study, drawing from the above opinions, an SMME is, any business that is independently owned and controlled by the owner; the owner must be directly involved in management. Furthermore, such a business must have fewer than 200 employees or an annual turnover of less than R5 million.

Having outlined the operational definition of the study, the following section looks at specific SMME characteristics.

### 4.2.3 Characteristics of SMMEs

Along with the realisation that SMMEs are not 'little big firms' (Soundararajan et al., 2017), other characteristics include that they are owner-managed and may consist of smaller management teams that often act as a proxy to the owner (Jenkins, 2009). Furthermore, they also strongly desire to remain small and independent (Infusionsoft, 2016; Hurst & Pugsley, 2011) because some entrepreneurs are unwilling to grow their businesses or resources for expansion. Soundararajan et al. (2017) took a comparative approach to expose SMME characteristics in terms of those of larger firms. They used four attributes: ownership and control, governance and reporting, and the nature of transactions to distinguish the two, as shown in Table 4.3 below.

**Table 4.3: Comparison of SMME and large business characteristics**

| Attributes                            | Large business                       | SMMEs                              |
|---------------------------------------|--------------------------------------|------------------------------------|
| <b>Forms of ownership and control</b> | commonly, publicly traded            | owner-managed                      |
| <b>Governance and reporting</b>       | formalised, regulated                | informal, personalised ad hoc      |
| <b>Nature of transactions</b>         | contractual maximisation      profit | relationship- and reputation-based |
| <b>Power structures</b>               | hierarchical and bureaucratic        | flexible multitasking              |

Table 4.3 shows that SMMEs are adaptable organisations with owners/managers as the driving force. According to related literature, SMMEs are labour-intensive (Abor & Quartey, 2010) and concentrated in the wholesale and retail industry (30%) (Bhorat, Asmal, Lilenstein & van der Zee, 2018), which typically employ low-skilled workers. This indicates that employees lack the creative capacity to influence and effectively implement business strategies. Apart from the combination of labour-intensive activities and undereducated workers, SMME workplaces may be predisposed to

higher HIV/AIDS incidence levels (Kimanzi, 2020) thus necessitating BSR initiatives to combat the disease.

According to Adisa et al. (2014), several characteristics make SMMEs unique. They are managed by the owners or relatives of the owner and often funded by owners. Due to weak creditworthiness, they often struggle to secure funds from lenders, affecting their ability to invest in firm capacity and technology adoption. Lastly, many SMMEs are incorporated as sole traders and partnerships.

The above views concur with Russo and Perrini's (2010)' view that described SMMEs as independent, internally financed, and cash-limited entities. Elsewhere, Berusha and Pula (2015) stressed three characteristics that make SMMEs unique: personal management by the owner, the tendency to control only a small share of the market and operational independence. Collectively these elements underscored existing structural and resource constraints that weakened strategy design and implementation systems among SMMEs.

SMMEs cannot attain economies of scale due to these weak strategy design and implementation capabilities (Ayandibu & Houghton, 2017). They also produce fewer quantities and have limited product varieties, negatively impacting business sustainability prospects. This could result in a culture where SMMEs are cautious about growing (Infusionsoft, 2016; Davidsson et al., 2010). Hurst et al. (2011) found that only 33% of American SMMEs ranked growth as their primary goal. This implies that 67 per cent of them did not consider expansion important. Research results assert that growth is unimportant for many SMME entrepreneurs because they desire autonomy and a free source of income from their businesses (Hurst & Pugsley, 2011).

In summary, the above discussion demonstrates that SMMEs possess attributes that can make them responsive to BSR issues, including HIV/AIDS. However, due to

infrastructure and resource limitations, they may struggle to develop effective strategies that combat the disease and support the overall business strategy.

#### **4.2.4 General significance of SMMEs**

Along with their anticipated role in combating HIV/AIDS, SMMEs stimulate economic activities (Kongolo, 2010; Cant & Wiid, 2013; Mosweunyane & Rambe, 2016) and could provide solutions to current problems such as HIV/AIDS and youth unemployment and future issues such as the need to expand the economy. Abdallah, Hegazy and Amin (2015) state that they act as the initial seed of industrial and economic development because they innovate, mobilise local resources, and introduce and sustain commerce in rural areas. Without a vibrant SMME economy, a country would likely fail to achieve its developmental objectives.

Other scholars assert that small businesses are critical because they create employment, introduce innovation, uplift entrepreneurship skills, and stimulate economic growth (Mahembe, 2011; Chivasa, 2014; Reginald & Millicent, 2014). They also contribute to poverty reduction (Smit & Watkins, 2012), create markets for small suppliers, and fight economies' monopolisation. In Nigeria, SMMEs generate employment opportunities, mobilise local resources, reduce migration from rural to urban areas, and disperse industrial enterprises more evenly across the country (Okoye et al., 2017). Socially, they are at the forefront of tackling issues about promoting social equality, social equity, and participation of previously disadvantaged racial groups (Chimucheka, 2013) in an economy.

These statements illustrate the importance of SMMEs in setting the development agenda and filling gaps in social services delivery. They also point towards the closer relationship between a state of neediness and the importance of SMMEs, because their roles mainly focus on addressing socioeconomic vulnerability concerns. For

example, amid decaying economic opportunities and company closures in Zimbabwe, SMMEs have "assumed greater prominence in providing a source of livelihood to many families in rural and urban areas" (Manuere et al., 2016:63). Importantly, in Botswana, these firms address grassroots problems of marginalised groups such as the disabled, youth, female-headed households and those feeling socially and economically excluded (Nkwe, 2012) and perhaps those living with HIV/AIDS.

In addition to these contributions, governments worldwide have mobilised resources to support and nurture existing and prospective SMME entrepreneurs. The Department of Small Business Development in South Africa and the Small Enterprises Development Corporation (SEDCO) in Zimbabwe are examples of such initiatives (Chivasa, 2014; Small Enterprise Development Agency (SEDA), 2016). Comparable institutions are also found in Nigeria, India, the United States of America, the United Kingdom and Germany (Dugguh, 2014) with similar mandates to support entrepreneurial initiatives. Overall, SMMEs provide a social welfare nest for vulnerable groups and many other economic contributions, as previously discussed. For this study, it is vital to examine the role of SMMEs in the HIV/AIDS BSR discourse and practice to gather an overall understanding of their attitude towards HIV/AIDS BSR.

#### **4.2.5 Role of SMMEs in South Africa**

South Africa is one of the most unequal societies globally, along racial, gender and disability lines (South African Human Rights Commission, 2018) and a global epicentre of the HIV/AIDS epidemic (AVERT, 2019). These two social realities exist in addition to problems of chronic youth unemployment; low access to quality education and racism; poverty, social despair, acute joblessness; crime, teenage pregnancies and service delivery protests (Makina, et al., 2015; Ledwaba & Makgahlela, 2017). With many of these challenges linked to the apartheid history, some scholars (Hönke

et al., 2008; Muthuri, 2012) believe there is a need for social responsibility initiatives to promote national reconciliation, racial harmony, and the creation of a just and equal society. In this context, small businesses can act as agents of social empowerment and transformation initiatives. As argued earlier, their role extends to providing a socioeconomic sanctuary for vulnerable groups such as women, disabled persons, youth and economically dispossessed populations (Nkwe, 2012). Specifically, Makina et al. (2015) claim that SMMEs create jobs for the semi-skilled and unskilled labour force that would otherwise remain jobless, an assertion which, however, Dzansi (2004) challenged as somehow based on a false assumption that, because SMMEs are reputed to be so flexible, they can always absorb all kinds of labour, including the grossly unskilled.

Studies by Makina et al. (2015), and Ledwaba and Makgahlela (2018) support the above perspectives, pontificating SMMEs as capable of providing solutions to a long list of socioeconomic problems in society. Arguably, these capabilities reside primarily based on the sector's size. Various accounts (Makina et al., 2015) report that SMMEs account for about 91% of the country's formal business entities, between 50% and 57% of GDP, and 60% of employment levels. In nominal terms, they created millions of jobs and potentially reduced levels of inequality. However, Mosweunyane and Rambe (2016) think otherwise. These scholars raised doubts about the capabilities of SMMEs to impact poverty alleviation and job creation in the face of evidence from a Statistics South Africa (2014) national report, revealing an increasing level of inequality between the rich and the poor, despite claims that SMMEs cure these issues.

Other scholars back up Mosweunyane and Rambe's claim, indicating that South Africa has a low entrepreneurship culture compared to other emerging countries such as Ghana, Zambia, Brazil, and Chile (Kumah & Omilola, 2014; Nieuwenhuizen, 2019). According to the Global Entrepreneurship Monitor (GEM) (2022), there was an

increase in the business discontinuance rate from 4,9% in 2019 to 13,9% in 2021 in the country. In addition, just 35% of SMME owners employed other employees (SEDA, 2018). These findings show that, while SMMEs can help with socioeconomic development, they may be unable to address specific concerns such as reducing inequality (Mosweunyane & Rambe, 2016) and possibly HIV/AIDS.

In South Africa, there is no single source of SMMEs data (International Finance Corporation, (IFC) 2018), leaving scholars and government dependent on fragmented data sources leading to much disagreement over various issues in the SMME sector (Small Business Institute (2019). For example, South Africans do not agree on the size of the small business economy, the number of entrepreneurs, the definition of SMMEs, or the degree to which they contribute to the economy (IFC, 2018; Small Business Institute (2019). This suggests that policies and programs developed in the country rely on speculative and subjective data, yielding ineffective results. Furthermore, because scholars and independent research sources and the government contradict one another, there is reason to believe that data like comparative TEAs or SMME performance indices misrepresent the actual contributions of SMME to the economy due to different contextual analyses and biased methodologies (Kumah et al., 2014; GEM, 2015; Mosweunyane & Rambe, 2016; Nieuwenhuizen, 2019).

Most sources evaluating the contribution of SMMEs, for example, fail to account for the fact that before 1994, laws and social conventions restricted black entrepreneurship (Tengeh, 2013). The restriction of black entrepreneurship meant that at the dawn of democracy South Africa had a smaller formal SMME community primarily composed of white people (Real Economy Bulletin, 2017) and an unaccounted class of informal black entrepreneurs. Thus, while global comparative statistics of other developing countries, such as Brazil, are important in measuring the relative levels of entrepreneurship in each country (Buthelezi, Mtani & Mncube, 2018;

GEM, 2022), they nevertheless, they should remain inconclusive if analysed outside South Africa's historical context. Worse still, there is evidence of the enduring effects of apartheid across the social, economic, and political spheres in the country (GEM, 2022; Smit & Watkins, 2012) which suggests that context matters in analysing the contribution of the small business sector of the economy and specific societies, through BSR activities.

In summary, the above discussion examines different views on the capacity of the SMME sector to tackle many of the social problems in the country. However, a general view is that they are essential for promoting economic growth, employment creation, income distribution, and social development in South Africa.

#### **4.2.6 Global evidence of the importance of SMMEs**

Like in South Africa, global trends show increased attention to SMMEs because of their many positive effects on developmental issues. This trajectory differed from previous positions when governments regarded the small business sector as (being) of secondary importance (Johnston, 2014) compared to their larger business counterparts. However, in the face of many challenges like massive unemployment, growing youth homelessness primarily, and poverty (Johnston, 2014), which governments and large businesses have failed to overcome, SMMEs seem to emerge as an effective alternative route to address these issues.

Primarily the small business sector is the largest in any economy. Data reveal that around 97% to 99% of the enterprise population in most Asian countries are SMMEs (OECD (2021). Specifically, in Vietnam SMMEs represent 98% of the businesses, create more than 50% of jobs, and contribute more than 40% of the Gross National Product (GDP) and 18% of the national budget (Muenjohn et al., 2021). Elsewhere, in Latin America, SMMEs represent 99% of companies in the region and 70% of the job

positions (Marinho & Melo, 2022) Similarly, the small business sector outnumbers the corporate sector in the United States of America, India, Morocco, and China (International Finance Corporation, 2012). From these snapshot accounts, it is easier to see the importance of SMMEs to the global economy and how they impact society.

Nonetheless, despite the recognition of SMMEs as engines of economic growth (Dartey-Baah & Amponsah-Tawiah, 2016), some scholars doubt the level of impact SMMEs have on developmental issues. They contend that nothing has been proven about the degree to which SMMEs can be regarded as an essential sector. Along this line of reasoning, Gibson and Van der Vaart (2008) argued that claims of the SMMEs sector as a backbone of economic development were being made without any rigorous empirical data to support them, in addition to a lack of clarity about what an SMME is. Thus, they question how scholars, researchers, and governments qualify SMMEs as engines of economic growth when they cannot empirically prove it. Moreover, without the definitional certainty of SMMEs, there is a practical possibility that the so-called SMMEs accounts include the contributions of large firms, thus unduly inflating the value of SMMEs.

On their part, Mead and Liedholm (1998) questioned the representations about SMMEs' employment capacity by alleging the rampant use of flawed regression analysis formulas, which ultimately unduly inflated data about how many jobs SMMEs create. Likewise, Berisha and Pula (2015:17) also attacked the lack of definitive data on SMME activities by posing a question: *"if economists claim that small and medium enterprises are the backbone of the economy, how come they cannot determine the number and the order of its discs?"* Through this question, these scholars also raised the issue of the absent, flawed and sometimes ineffective data collection infrastructure in the informal economy that compromises making bold claims about SMME performances.

However, on the other hand, one may argue that strict reliance on statistical data to prove the importance of SMMEs is problematic. Arguably, many activities, from fostering social cohesion in communities (Mukwarami et al., 2020) to facilitating commerce in rural areas (Dzansi, 2004), as well as information flow between urban and remote areas, cannot be quantified, yet they are crucial. Moreover, many SMMEs operate as unregistered and sometimes illegal entities, meaning their vital activities are not recorded in official accounts. Thus, it would be logical for critics like Gibson and Van der Vaart (2008) to measure the impact of SMMEs based on observable effects on the general welfare improvement of communities to appreciate their role than focus on statistics. They would undoubtedly recognise that SMME contributions transcend what statistics can reveal. In fact SMMEs could exceed their current performance in the absence of numerous challenges, discussed in the following section.

#### **4.2.7 Challenges facing SMMEs**

Over the years, researchers, government, and development institutions have grown an interest in discovering the problems that slow down and threaten the survival of SMMEs. Correctly identifying the challenges SMMEs face is essential for two reasons. Firstly, it enables interested parties, particularly government and independent support agencies, to know the resources SMMEs need to boost their chances of survival. Secondly, problem diagnosis is a logical risk management strategy for firms like SMMEs prone to die more quickly (Adisa, et al. 2014).

In their empirical study in Botswana, Mutoko and Kapunda (2017) revealed that small firms struggle with a lack of ethical employees, high costs of production, scarcity of skilled workforce, an inability to grow beyond the local market, corruption, and market inaccessibility. They also suffer from a lack of management skills, limited access to finance and credit, restricted access to markets, failure to develop honest relationships

with customers, government bureaucracy, lack of information about foreign markets, and little access to international partners (Cant & Wiid, 2013; Chimucheka, 2013; OECD, 2016).

Moreover, in South Africa, formal lenders perceive SMMEs as financially risky entities, making mobilising financial resources one of their toughest challenges. Balogun, Ansary and Ekolu (2017) mentioned that almost 75 per cent of new SMEs' bank credit applications get rejected. These rejections stem from failures to meet the basic accounting and financial standards (Wiid & Cant, 2021) and collateral demands. Furthermore, SMMEs struggle with unfavourable interest and exchange rates, inflation, unemployment, crime, technological advancements, government legislation and HIV/AIDS (Cant & Wiid, 2021). Specifically, some small businesses close down after owners become infected with HIV/AIDS and ultimately die (Chao, Pauly, Szrek, Pereira et al., 2007). In this study, these findings justify the need for HIV/AIDS-related BSR among SMMEs as such an intervention prevents the loss of entrepreneurs as a vital operational resource.

The Enterprises Small Development Agency (SEDA) (2016) cites poor infrastructure, low levels of research and development (R&D), onerous labour laws, an inadequately educated workforce, inefficient government bureaucracy, high levels of crime, and lack of access to markets as other critical factors that sabotage the success of the small business sector. Another SBP (2014) study claimed that SMMES performed poorly because of government-related shortcomings. These shortcomings include regulatory burdens occasioned by frequent changes in the regulatory environment, which is cumbersome for SMMEs to keep track of and comply with. Similarly, there are conflicting regulatory requirements across multiple departments and levels of government. SMMEs also experience poor communication, limited access to information and administrative inefficiencies in government departments. As Small Enterprise Development Agency (SEDA) (2016) also noted, SBP (2014) claimed

SMMEs contend with red tape headaches such as dealing with South African Revenue Services (SARS), labour issues, dealing with their municipality, and compliance with BEE.

Cant and Wiid (2013) seconded these views by stating that SMMES face various exogenous and endogenous variables that affect their day-to-day business and its long-term success and survival. Similarly, Rungani and Potgieter (2018) observed that SMMEs hardly use government and private sector support services because they are unaware that such services exist or do not know where to access them. There is also a view that the South African government follow a straight-jacketed approach to SMME development focused on three main areas: access to financing, training and development, and reducing red tape regarding laws and regulations (Cant & Wiid, 2013). The authors (Cant & Wiid, 2013) further stressed that little attention was given to issues of equal importance beyond these three focal areas. Predictably, this meant support for other challenges, such as HIV/AIDS remained neglected, suggesting that if SMMEs engage in BSR activities to combat the epidemic, they must rely on self-initiatives.

Internally, SMMEs experience poor networking, high labour costs, pilferage, and low financial resources (Tsoabisi, 2014). These problems suggest that strategy development is likely to be of lesser concern as the managerial focus is geared towards overcoming issues that threaten business survival.

**Table 4.4 SMME challenges**

| Categories                 | Specific Challenges                                                                                                                                                                          |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Macro environmental issues | crime, inflation, unemployment, interest rates and exchange rates; economic uncertainty, inflationary pressures; access to finance; bureaucracy processes; unproductive state-run incubators |
| Marketing-related issues   | Low access to and size of markets; competition; technology; generating leads and turning them into customers                                                                                 |
| Management skills          | Lack of management skills; low level of education; SMMEs struggles with administration issues, including basic accounting, financial, and human resources management issues.                 |
| Social problems            | Extended working hours: time to get everything done, interferences of social and family relationships into business decision making                                                          |
| Human resource problems    | inability to attract and find suitable staff, poor labour relations, poor staff planning, high labour turnover, poorly trained employees; low labour productivity                            |

A strategy perspective is important, considering that SMMEs face numerous challenges that affect every facet of business operations, often in a simultaneous fashion, which affects their strategic planning and implementation capacity. Some of the difficulties SMMEs face are summarised in Table 4.4 above.

Furthermore, these challenges also weaken the ability of entrepreneurial firms to pay attention to the problem of HIV/AIDS. By implication, the extent to which SMMEs can deliver their social responsibilities primarily depend on their ability to negotiate past numerous internal challenges. This means that if SMMEs are to survive and play a meaningful role in combatting HIV/AIDS, they must also deal with their internal challenges.

In conclusion, an overall case can be made that most of the problems confronting SMMEs are rooted in their 'smallness'. In this context, 'smallness' describes a state of having limited resources that makes it difficult for firms to fulfil legal obligations, hire and retain skilled talent, upgrade technology, train employees, provide HIV/AIDS

services in the workplace and other responsibilities (Rungani & Potgieter, 2018). With this background, and in the interest of this study, the question about how SMMEs possibly combat HIV/AIDS becomes noteworthy. Thus, the next section examines the overall picture of business response to the HIV/AIDS epidemic, with a critical focus on SMMEs.

### **4.3 BUSINESS RESPONSE TO THE HIV/AIDS PROBLEM**

Since its outbreak, HIV/AIDS has become a priority for most institutions because its devastating impacts have proved non-selective and catastrophic. Accordingly, many firms, governments, and global health institutions-initiated programmes to combat the epidemic to achieve business-related, moral leadership and public health goals. For example, the United Nations formed the UNAIDS division to champion the cause of the epidemic globally (UNAIDS, 2008). At the same time, the South African government rolled out the most effective free HIV/AIDS antiretroviral treatment program in the world to treat people living with the disease. Elsewhere, many countries also set up government institutions to coordinate national responses to the epidemic, like the Zimbabwe AIDS Network.

Similarly, the epidemic became an inevitable BSR issue for all businesses in the corporate world. HIV/AIDS has become an important topic for CSI activities and the development of wellness programs (Davids, Weihs, Tunzi, & Tassiopouloset, 2017). Uduji, Okolo-Obasi, and Asongu (2019) stressed that HIV/AIDS activism provided Multinational Oil Companies (MOCs) opportunities to advance their business case priorities in Nigeria. These findings contradict Blowfield and Frynas' (2005) earlier belief that, despite HIV/AIDS becoming a widespread concern, there has been no demonstrable commitment to the cause in the business community. Overall, the extent to which the business sector embraced BSR to battle HIV/AIDS and capitalise on its strategic benefits is still debatable. In fact, in most countries, the appropriate role of

the private sector in combating the epidemic remains an open question (Rosen, Feely, Connelly, & Simon, 2007; Makwara, 2015), and many believe that the patterns have remained erratic, temporal, and non-committal (Rosen et al. 2007; Makwara, 2015)

A contrary perspective also exists that the corporate response to the epidemic has been commendable, particularly in meeting the needs of their employees and communities. For example, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) (2009) stated that businesses had an active and essential role in fighting disease by showing a commitment to their employees. In support of this view, Kranz (2013) cited Coca-Cola Company, Unilever South Africa's networks and projects providing care to orphans from parents who died from HIV/AIDS as evidence of their commitment to efforts to combat the epidemic and its effects. It should also be noted that while Uduji et al. (2019) found that their programs had no significant impact on the factors contributing to the spread of HIV/AIDS in rural communities, these programs demonstrate that business was taking steps to combat the disease among stakeholders. Thus, there is evidence that companies are somehow concerned about the outbreak.

With diverse opinions on the extent to which businesses engage in BSR efforts to combat the pandemic, it is vital to disclose the underlying factors that support the inclusion of HIV/AIDS in the business social responsibility agenda.

#### **4.3.1 The socio-economic impact of HIV/AIDS**

The social and economic impact of HIV/AIDS on individuals, households, communities, businesses, and national economies is difficult to ignore. Overall, the epidemic imposes costly liabilities on human developmental efforts, including prospects of business success. HIV/AIDS kills people, which leaves many families vulnerable and without breadwinners. At a household level, the costs of the epidemic

include medical and non-medical costs (Poudel, Newlands & Simkhada 2016), loss of typical household setups, spending time caring for the sick and also loss of jobs and the ability to earn a living.

The death of employees translates into direct operational costs as firms lose key staff and their experience, skills and knowledge built up throughout the years (Poudel et al., 2016). The economic impacts of HIV/AIDS, according to Uduji et al. (2019) include higher absenteeism and staff turnover, higher recruitment and training costs, and higher costs in medical treatment or insurance coverage, retirement funds, or funeral fees. These adverse effects affect business and BSR strategy choices and implementation tactics, undermining a business's functional stability. For example, the death of skilled employees, often business owners, suggests that business continuity is under threat as they often keep knowledge of strategy and business networks to themselves. In Table 4.5, a summary account of the related adverse impacts of the epidemic is provided.

**Table 4.5: Impact of HIV/AIDS**

| Researchers                                                                                                              | Impacts of HIV/AIDS                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| International Labour Organization, (2018); Nathan, (2016)                                                                | Loss of productivity due to: absenteeism; deterioration of employee health; increases costs of recruitment costs; employee deaths; high funeral expenses and death benefits; low workplace morale; loss of skilled workforce; increased training and labour replacement costs; reduction markets; increases the social costs of business in terms of demands for social responsibility responses. |
| Bhat, Kilmarx, Dube, Manenji, Dube, Magure (2016); Asiedu, Jin & Kanyama, (2015); Azomahou, Boucekkine & Dienes, (2016). | Loss of firm productive capacity; reduction in the level of economic activities; increases in demand for health and social welfare expenditure; increase in tax burden; a negative flow of foreign direct investment; Firms lose competitive edge;                                                                                                                                                |

From the above, it follows that even without deliberate strategic impetus, BSR is warranted to mitigate the negative impact of HIV/AIDS on businesses and societies. Perhaps the most critical question facing companies is not whether HIV/AIDS is an occupational disease, as Uduji et al. (2019) suggested. Instead, it is whether companies can survive without doing anything about it and how it affects their moral reputation. BSR practices evolve primarily for strategic reasons to manage business risk, considering their negative impact on human resources, production levels, market size, and firm capabilities to compete. This observation is consistent with the spatial pattern of global business response to the epidemic, where firms in the worst-affected regions are more active than those in the less-affected areas of the world (Bloom et al., 2007). In the same vein, there also seems to be some variance between large and small businesses, where SMMEs appear less inclined to initiate steps to combat the diseases. Makina et al. (2015) speculated that SMMEs might not be overly concerned about losing their workforce because they often employ unskilled and undereducated workers who can be easily replaced. Furthermore, because many SMMEs are unregistered, they can avoid strict regulatory pressures to develop HIV/AIDS policies or contribute to AIDS-related tax levies. It's also worth noting that many SMMEs begin to pay attention to HIV/AIDS when required to work with larger companies or export trade (World Health Organisation, 2011; Thauer, 2013), implying that SMMEs that operate independently continue to ignore the issue.

Persuasive as the above arguments may be, it remains a disputable proposition that SMMEs can ignore taking steps to combat the epidemic, at least from a social impact perspective. The point is that various studies draw a more robust relationship between HIV/AIDS and adverse social outcomes, making it imperative for SMMEs to be socially responsible. For example, by making death common, HIV/AIDS reduce local populations, disenfranchises social systems, and tears relationships apart. Botha (2004) claims that this disease is responsible for the breakdown of the traditional African family structure and weakened familial ties. Furthermore, Tanga, Khumalo and

Gutura (2017) state that HIV/AIDS multiplied the number of orphans and child-headed families. Without adequate schooling, it might be added that the orphans will look up to the local SMMEs as natural targets of searching employment search. In turn, the local entrepreneur is forced to employ the vulnerable and under-skilled orphaned child as part of a negotiated social responsibility program informed by community values.

The above discussion provided a context that justifies HIV/AIDS BSR as a moral and business strategy. It also suggested that large and smaller firms share responsibilities to provide social buffers from poverty, vulnerability, and abuse in resource-challenged communities. In light of these conclusions, the following section provides an overview of how large firms and SMMEs responded to the call for action to combat the epidemic.

#### **4.3.2 Large business response: an overview**

##### ***4.3.2.1 International evidence***

Large corporations have primarily created the perception that they are committed to combating HIV/AIDS by working closely with governments and utilising vast media channels to increase their visibility to publicise their actions. These large firms have seized the opportunity to increase their reputation and leverage relationships with communities they would not necessarily engage with, such as rural areas or countries, against their presence. However, they seek support to deal with the epidemic. Despite such broader publicity, Thior (2016) argued that these large firms have only contributed a tiny fraction of what they can give to address HIV/AIDS. By implication, there is a gulf between the populism of intent and real action toward dealing with HIV/AIDS.

Thior's view contradicts evidence that large firms championed the cause of HIV/AIDS through global business networks such as the Global Business Coalition on HIV/AIDS

Tuberculosis and Malaria and the Global Business Coalition on HIV/AIDS (Bloom et al., 2007). They also funded global HIV/AIDS programs (Sulzbach, De & Wang, 2011), provided technical expertise (Thior, 2016) in addition to instituting HIV/AIDS policies (Chattu, 2015) in workplaces and extending assistance to communities (Uduji et al., 2019). As discussed elsewhere, they also take leadership in spreading the culture of HIV/AIDS-related BSR among small businesses.

However, these positive contributions do not satisfy the opinions of other scholars like Thior (2016) that still question the commitment of bigger corporations to combatting the epidemic and ameliorating its effects. These questions arise, considering that some corporates still do not have HIV/AIDS policies in place and that, overall, the corporate sector made the least financial contributions to combat the epidemic (Sulzbach, De & Wang, 2011; Clinton & Sridhar, 2017) compared to other dominant sectors like governments and NGOs. Other scholars believe that most corporations capitalise on the HIV/AIDS issue for reputational, instrumental, and political gains and not necessarily to improve the social well-being of their stakeholders. In support of these beliefs, Smith, Thompson, and Lee (2016) investigated the tobacco industry funding system used by British American Tobacco (BAT) and Phillip Morris for HIV/AIDS projects and found that these firms exploited these projects to promote their reputations and gain access restricted to markets. The study further revealed that funding these programs also allowed the two companies to solicit favours from governments in many Southern African countries.

The above findings are not isolated. An earlier study by the Commission on HIV/AIDS and Governance on Africa (CHGA) (2008) also established the connection between large firm investments in HIV/AIDS projects to achieve business-related goals with minimal references to promoting ethical and human rights concerns. Elsewhere, Amusan (2015:71) and Bloom et al. (2007) alluded to leading global medical drug manufacturers refusing developing nations permission to access HIV treatment

generic drugs (citing copyright concerns and the need for market-based transactions) as further evidence that morality was the least concern among larger firms when it came to HIV/AIDS-related BSR practices.

In short, how the corporate sector acted towards combatting HIV/AIDS is full of contradictions and inconsistencies. Therefore, in practice, many firms, either by design or otherwise, engaged in some form of HIV/AIDS-related BSR activity from peer education, HIV testing and counselling, provision of drugs, HIV/AIDS education, or publicity campaigns in both the workplace and communities.

#### ***4.3.2.2 Continental evidence from Africa***

Many corporate-initiated programs assist communities in dealing with the epidemic, cultivating political mileage over weak governments (Motilewa et al., 2017), and promoting their images as responsible social partners, according to evidence from across the continent. They also collaborated to encourage small businesses to adopt best practices and develop HIV/AIDS policies through advocacy work (Law, 2008; Deijl et al., 2013). In particular, the mining and beer industries took the lead in providing HIV/AIDS services in communities (Bloom et al., 2007), owing to a realisation that their industrial setup and products were linked to risky sexual behaviour, increasing HIV/AIDS vulnerability.

Consequently, Thoir (2016) reported that across different countries like South Africa, Swaziland, and Zambia, Heineken and SABMiller ran HIV/AIDS programs offering education, voluntary HIV testing services, management of STIs, prevention of mother-to-child transmission (PMTCT) of HIV, and Ant-retroviral treatment (ART) to employees and their families. This pattern followed the examples of Alucam Company in Cameroun and AngloGold Ashanti in Ghana, providing antiretroviral therapy, voluntary testing, and counselling services (Amponsah-Tawiah & Dartey-Baah, 2016)

to employees, dependents and communities, respectively. In essence, these examples reflect the positioning of BSR beyond the narrow interests of internal stakeholders (employees) to families and the community, consistent with claims by Uduji et al. (2019) that HIV/AIDS BSR in the continent was mainly philanthropic.

However, as argued in the previous chapter, business response to combatting HIV/AIDS resulted from legislative pressures. A case in point is the mandatory 3% AIDS levy paid by all Zimbabwe firms to raise funds for national HIV/AIDS programs (Katz, Routh, Bitran et al., 2014). Equally, the South Africa Stock Exchange enacted listing regulations that forced large firms to disclose their initiatives to deal with the epidemic in workplaces and communities. At the same time, Botswana pressured firms to take decisive action to deal with HIV/AIDS through the National Policy on HIV/AIDS (Gumaelius & Kamenou-Aigbekaen, 2015). From a broader perspective, compliance with these regulatory forces coincided with fulfilling the legal arm of Carroll's BSR model, in addition to philanthropy practices as argued above, and perceptions that large firms capitalised on opportunities brought by HIV/AIDS to build their corporate reputations in many African countries (Chattu, 2015; Smith, Thompson & Lee 2016; Thoir, 2016).

In summary, the literature revealed that African firms are being forced to tackle the HIV/AIDS pandemic. These firms also recognise the advantages of BSR, as it allows them to exploit strategic opportunities to fulfil humanitarian and business case objectives. Nonetheless, questions about the degree to which they are committed to helping societies beyond exploiting the problem for publicity and business gains, also remain among scholars who believe businesses are not doing enough.

#### **4.3.2.3 The South African evidence**

Corporate response to the HIV/AIDS disease in South Africa was slow, similar to government delays. However, this appears to have changed in recent years, based on public messages these companies communicate through public media. As a result, while South African companies are among the world's leaders in the fight against HIV/AIDS, their track record is not entirely positive. According to Ntim (2016), the business sector is to blame for the slow start in combating the epidemic because business leaders chose to spend more time and effort criticising the government for its lack of action while doing nothing themselves. In short, the business community was initially uninterested in incorporating HIV/AIDS into the BSR domain.

The threat to business survival and public reputation posed by failing to address the needs of the estimated 8.2 million people living with HIV/AIDS in the country (Tanga et al., 2017; AVERT, 2019; Stats SA, 2021) prompted businesses to reconsider their strategy. According to Setswe (2009), business leaders began to recognise that providing HIV-infected employees and communities with care and treatment was as much about risk management as it was about BSR. As a result, giving back to communities by launching HIV/AIDS intervention programmes served a dual purpose: saving human lives/ money and managing risk.

It may be necessary to state that the slow start and late blooming of business response to the epidemic are asymmetrical to the country's patterns of political attention to HIV/AIDS. Various accounts suggest that at a political level, HIV/AIDS was ignored during the Mandela years (Breslow, 2013; Lodge & Dubula, 2013; Schatterman, 2020), debated and contested in the Mbeki years (Breslow, 2013; Simelela & Venter, 2014), and actioned more vigorously in the Zuma years, starting with liberalising the treatment protocol that extended treatment to children. Under Mandela, HIV/AIDS prevalence trends increased more than threefold, from 7.6% in 1994 to 24.5% in 2000 (Lodge & Dubula, 2012; Ntim, 2016;). Mbeki's era was that of AIDS denialism and the

late introduction of the HAART programme, while under Zuma, HIV/AIDS performance indicators proved a trajectory of improved delivery of HIV/AIDS programs (Dugger, 2009; Smith 2009; Simelela, 2014; South African Institute of International Affairs, (SAIIA) 2017) despite controversies that follow his political leadership. Thus, with the shifting political attention, there was also a proportionate change in the level of AIDS activism by firms and a rising demand for attention from different stakeholders.

At an organisational level, many large businesses began to establish and expand their workplace voluntary counselling and testing programmes to treat and combat the spread of the virus (Global Business Coalition [GBC] & International Finance Corporation [IFC], 2010). They also initiated complementary services that dealt with issues of non-discrimination, prevention, education, care, support, and treatment of people (Nathan, 2016). Overall, more than 50 per cent of all firms developed HIV/AIDS policies (Bendell, 2003). In sectors like the automobile industry, more than 52 per cent of firms also had holistic workplace wellness programmes (WWP) in place, irrespective of the size of the business (Steenkamp, von der Marwitz, Baasner-Weihs & Pietersen, 2015).

While much progress was made in the workplace to reduce employee vulnerability, a perusal of some literature revealed that few firms extended HIV/AIDS services to communities and family members, in contrast, to practices in Cameroon and Ghana (Bendel, 2003; Amponsah-Tawiah & Dartey-Baah 2016). According to this viewpoint, these businesses used HIV/AIDS-related BSR as an operational risk reduction strategy. Other reports, on the other hand, indicate that many corporate bodies in the country took positive steps to combat the epidemic, especially in halting its spread (SABCOHA, 2011; Amathole District, 2007) and improving treatment access. Similarly, some businesses increased their HIV/AIDS BSR budgets and expanded their collaboration with local communities, small businesses, and non-profit organisations.

Specifically, Law (2008) reviewed business responses to HIV/AIDS among 40 large-cap South African companies listed on the FTSE/JSE Top 40 Index and reported several findings. The study found that over 90% of companies provide employees access to effective treatment and prevention programmes. Over 70% of companies offer HIV/AIDS prevention and treatment programmes to local communities, and the mining and financial sectors have the most advanced strategies for HIV/AIDS.

Although these findings by Law (2008) cannot be generalised due to a lack of statistical representativity, as only 40 stock exchange-listed firms were sampled, they nevertheless hint at the emerging HIV/AIDS response patterns by some firms in the country. Furthermore, they support a broader argument (Steenkamp et al., 2015; Chattu, 2015; Uduji et al., 2019) that large businesses' HIV/AIDS BSR benefits employees, communities, and SMMEs.

### **4.3.3 Small business response to HIV/AIDS: a critical analysis**

#### ***4.3.3.1 International evidence***

A Google Scholar search with the words 'HIV/AIDS in European SMEs'; HIV/AIDS in small-scale enterprises in Europe, and 'HIV/AIDS in small-scale enterprises in America' hardly returned any specific articles referring to these continents but from Africa. However, a few articles pop up for "HIV/AIDS in small-scale enterprises in Asia. These results indicate that very few studies on the global impact of HIV/AIDS in small-scale enterprises and workplaces (Daniel et al., 2011) exist, implying that the role of small businesses toward HIV/AIDS in the international arena remains under-researched and is biased towards the continent with the majority of people living with the epidemic. Such bias is also evident in a study entitled "Realising the potential of workplaces to prevent and control Non-Communicable Diseases (NCDs)" by the NCD Alliance (2016), where all cases studies related to HIV/AIDS are from Africa (Uganda,

South Africa, Namibia), and none from any other continent. Therefore, there is hardly a coherent picture of how SMMEs globally engage in HIV/AIDS BSR with studies on related topics, as this study relies on piecing together piecemeal and scattered anecdotal evidence on the subject to answer the research questions.

Nonetheless, this study maintains a theoretical argument that globally SMMEs are responsible for combating the epidemic like their large firms' counterparts, government, and other civil organisations. Yet, the evidence suggests that few do likewise for various reasons. According to the International Labour Organisation (2016), SMMEs are constrained from engaging in formal HIV/AIDS programs due to resource limitations. They are also often excluded from the national epidemic response system by formal health care or HIV service providers, including the government, depriving them of opportunities to learn and contribute. Additionally, SMME managers do not believe the epidemic does affect their business (Global Business Coalition [GBC] & International Finance Corporation [IFC], 2010) and therefore choose to focus on other issues.

In their study examining the growing concern for HIV/AIDS on a global scale, Bloom et al. (2007) found that firms in high-prevalence regions were likelier to take steps to combat the epidemic compared to areas with low prevalence incidences. It follows that for SMMEs in Asia and Africa, regions with higher HIV/AIDS prevalence rates, the need to counteract the epidemic's impact as an immediate concern. Aware of this situation, international bodies such as the International Labour Organisation (ILO) and Global Business Coalitions Against HIV/AIDS have published extensive literature on what measures SMMEs need to implement to combat the disease, including policy development. However, the practical challenge is that such recommendations tend to be generic and informed by large business perspectives. For example, best practice accounts recommended to SMMEs reference large external bodies such as developmental agencies (SIDA) or collaborative programmes with large businesses

(ILO, 2016). This context is different from the realities facing SMME operators. Arguably, there are limited studies or best practice examples at a global level that demonstrate AIDS BSR interventions by SMMEs as independent and separate business entities. In that sense, the global view about how SMMEs tackle the epidemic remains conjectural.

#### ***4.3.3.2 Global evidence from Africa***

While global literature shows a bias toward the African situation, it is important to stress that HIV/AIDS is one of many problems that threaten human and business survival in the continent (Duma, 2017; SMME Toolkit website, 2017). For that reason, dedicated empirical studies demonstrating SMME response to the epidemic are rare. In any case, even among large firms, investing in combating HIV/AIDS is yet to be common, and therefore, SMMEs may not be expected to do better because they lack sources of guidance and inspiration to combat the epidemic.

Besides, while developing policy, strategies and knowledge for HIV/AIDS, governments, large businesses, and NGOs ignore the contributions of SMMEs, who are assumed to be merely ready recipients of prescriptive interventions from their larger counterparts better equipped to develop the best practice standards (SA-German Chamber, CSR report cited in Deijl et al., 2013). However, such a discriminatory approach in designing HIV/AIDS policies that are supposed to work for all leaves a perception among SMMES that such programs are foreign to their interests. This makes the integration of such strategies into SMMEs systems problematic.

Evidence from Zimbabwe suggests that SMMEs pay little attention to HIV/AIDS, with employees relying more on public health initiatives than firm initiatives. According to the ILO (2016), only 26% of SMMEs have developed HIV/AIDS policies, with only a

few implementing them through programmatic efforts. Kaniki (2003), in an older study of HIV BSR practices in salons, cafés, and travel agencies, found that SMMEs did not offer much assistance to employees, with some dismissing and others offering short-term contracts to avoid responsibility.

Pimhidzai and Kondo (2006) also reviewed HIV/AIDS practices by SMMEs in Zimbabwe. Their study found that 74% of the participant SMMEs did not have a written HIV/AIDS policy. Outside these policies, they did not have HIV/AIDS programmes, however informal. This situation does not look any better in recent times. Later research by Manuere et al. (2016) regarding small business social responsibility revealed that, in response to the country's economic meltdown, BSR attention had shifted to more charitable activities like food donations (70%) than to employee welfare (10%), including assistance regarding HIV/AIDS. The findings support the theory that attention to HIV/AIDS in Africa is lacking because it is perceived as a less chronic issue as compared to the other challenges of life that people face daily.

Regarding small businesses' attention to HIV/AIDS in Zimbabwe, the situation is like that in Tanzania. According to Amponsah-Tawiah and Dartey-Baah (2016), few Tanzanian SMMEs engage in BSR due to lacking resources. As there are only a few large firms in the economy, SMMEs do not have access to role models that can inspire them to combat the disease. Furthermore, the use of Swahili as an official language of instruction in schools and businesses also limits access to HIV/AIDS resources, often available in English.

Elsewhere, Daniel, Lie and Twinomugisha (2011) investigated HIV/AIDS challenges in small businesses in Uganda and reported that few were taking active steps to deal with the epidemic. They found that employers and employees resisted implementing HIV/AIDS intervention programs in the workplace because of fears of stigma, discrimination and weak regulatory oversight. Furthermore, the study also mentioned

that governments and national and international HIV/AIDS support organisations did not provide adequate institutional support and resources to SMMEs (Daniel et al., 2011). Surprisingly, these institutions still expected SMMEs to fulfil their mandate towards controlling the epidemic.

Collectively the above studies affirm that SMMEs are yet to become more active in terms of the HIV/AIDS challenge and are not in a position to lead a discussion in addressing HIV/AIDS. Many of the SMMEs active towards HIV/AIDS in the workplace mainly do so on three conditions, as test cases of large business or NGO best practices, on support from large multinational firms of which they are part of the supply chain, and thirdly on self-initiative without a concrete HIV/AIDS policy. Furthermore, SMMEs in Africa may be active in responding to the epidemic, but their activities need to be understood within the context of their stature as SMMEs.

#### ***4.3.3.3 National evidence in South Africa***

From a large business perspective, South African organisations seeking to address the impact of HIV and AIDS are influenced by international guidelines, national legislative frameworks, and social and economic factors (Davids et al., 2017). However, evidence of what influences and determines the pattern of the epidemic response of SMMEs is anecdotal. Arguably, how they precisely respond to the epidemic is a matter of conjectural judgment, often qualified around the presence or absence of HIV/AIDS policies in the workplace.

According to Rampersad (2014), it is estimated that between 10% and 40% of employees in South African SMME businesses are HIV-positive. However, few such companies have implemented HIV/AIDS programmes. Literature asserts that most SMMEs have no workplace HIV/AIDS policies (Simbayi, Rehle, Vass et al., 2007;

Davids et al., 2017), nor do they offer HIV and AIDS testing services (Connelly & Rosen, 2006) or lack business case motivation (Enslin, 2008) to combat the epidemic.

Some studies posit that SMMEs cannot perform HIV-related BSR activities because they lack financial, clinical, and human resources (Enslin, 2008). According to Duma (2017), SMME managers do not have the time to focus on HIV/AIDS issues because they are grappling with operational tasks to make their businesses survive. Besides, they have no expert knowledge on managing the epidemic; also, they lack the finance to hire external management services. Stigma and discrimination are common issues that the personal relationships between owner-managers and the community network may exacerbate in SMMEs. This observation concurs with Pimhidzayi's et al.s (2006) assertions that the family-like SMME settings discouraged employees from HIV/AIDS due to stigmatisation fears.

The SME Toolkit. (2022) also reiterated that many SMMEs in South Africa do not have workplace HIV/AIDS programmes to empower internal stakeholders with knowledge and resources to deal with the epidemic. This is even though HIV/AIDS is one of the three main factors that cause nearly 80% of SMMEs in the country to fail (SME Toolkit, 2022). Similarly, in the tourism industry setting up and managing HIV/AIDS programs is too expensive and too complicated for SMMEs (Pimhidzai et al. 2006; Davids et al., 2017). Thus, while many SMMEs may be aware and willing to take initiatives to combat the disease, they are often let down by a lack of institutional and financial resources to implement their plans.

In its communication, declaring support for the Siyakhana Project, aimed at providing HIV prevention, care, treatment, support and impact mitigation to SMMEs in Buffalo City and Amathole District in Eastern Cape, Mercedes Benz South Africa (2012) made several observations about the relationship between SMMEs and their response to HIV/AIDS. It declared that HIV/AIDS and tuberculosis significantly directly impact

SMMEs. Moreover, compared to larger businesses, SMMEs reacted slower to HIV/AIDS threats and most had HIV workplace policies. It also stated that although SMMEs had similar operational and business motivations to corporates, resource limitations dissuaded them from initiating some practical interventions. However, Mercedes Benz South Africa (2012) claimed that an average HIV positivity rate of 10% was observed in SMME workplaces, and employee uptake of intervention services stood at 80%. In this study's context, these statistics can indicate the need for employee-oriented HIV-related BSR in SMME workplaces.

Similarly, the CDC (2011) published a report entitled *'Responding to HIV and AIDS Good practices for investors and businesses'* stating that the epidemic affected SMMEs more than larger firms. In addition, because SMMEs have small workforces, the loss of one employee or prolonged absenteeism easily leads to lower productivity, reduced profits, and operational inefficiencies. A lack of employee social security schemes also aggravates the adverse effects of HIV/AIDS on SMMEs. SMMEs typically have limited access to HIV information and support services CDC (2011).

Analyzing the above reflections from the two institutions adds insight into why SMMEs should consider taking active steps to combat HIV/AIDS in the workplace and society. Overall, the views expressed above establish clear economic and social benefits of taking initiatives to combat the epidemic and intimate that SMMEs seem to be doing less due to inherent challenges such as a lack of resources.

However, some studies posit SMMEs are doing less to combat the epidemic by merely examining whether SMMEs have formal instruments like HIV/AIDS policies in the workplace. On the contrary, others have examined SMMEs' HIV/AIDS activities without utilising large business-biased frameworks that associate the availability of a formal HIV/AIDS policy with HIV/AIDS activism have contradicted that SMMEs are not engaged with issues of combatting the epidemic. For example, Duarte et al. (2010)

investigated SMME responses to HIV/AIDS in Limpopo. They found these firms had employee assistance programs, including helping with funeral costs for HIV-related deaths. Similarly, Mapungwana (2014) investigated SMMes in KwaZulu Natal and found that these entities provided employees transport to funerals, kept jobs open for sick employees until they recovered, and gave them flexible times to visit health centres for medical attention. Bowen et al. (2013), focussing on SMMes in the construction industry, also reported that, despite having no formal HIV/AIDS policies, they provided education, time off, and condoms as part of their intervention plans.

It was also Mapungwana's (2014) contention that in South African SMMes workplaces, gender attributes affected the impact of HIV/AIDS and the responses actions. Mapungwana maintained that there is a need to appreciate the gendered differences in vulnerability to HIV/ AIDS, which can solicit differing responses between male and female entrepreneurs. This view is consistent with other literature (Ahmad & Seet, 2010; Noronha et al., 2013; Chen et al., 2016) positing that gender is one of the most recognised demographic characteristics influencing an individual's ethical decisions, ethical intentions and BSR in SMMes. Specifically, it is claimed that gender plays a vital role in perceptions of BSR (Hatch & Stephen, 2015). Gender shapes BSR inclinations (Noronha et al., 2013), with female entrepreneurs more inclined to be ethical than men (Chen et al., 2016). However, Kechiche and Soparno (2012) claimed that gender played no significant role in entrepreneur social responsibility values. In fact, extant literature provides inconsistent answers concerning BSR attitudes regarding different gender groups (Rosati, Costa, Calabrese & Pedersen, 2018). As a result, how gender influences BSR practices in SMMes remains an open question, even in the South African context.

In the same vein, despite their different characteristics, such as ownership structures, size, owner objectives, culture, and growth prospects (Vo et al., 2015), it is ordinarily assumed that SMMes neglect to engage in HIV/ADS-related BSR. Such beliefs,

however, ignore realities that that larger-sized SMMEs are more sensitive to BSR issues than smaller or micro-businesses (Kechiche and Soparno (2012), and hence their BSR activities might differ. Moreover, compared to unregistered entities, registered SMMEs have better chances of accessing business support services (Schirmer & Visser, 2021) and developing strategic relationships to engage in HIV/AIDS BSR activities with corporate partners (Thauer, 2013; World Health Organisation, 2011). These perspectives suggest that organisational variables such as registration status can influence differing BSR behaviours to combat HIV/AIDS.

#### **4.4 CHAPTER SUMMARY**

In conclusion, this chapter has reviewed the nature of SMMEs, their operational definitions and their challenges. It has also discussed the HIV/AIDS social responsibility practices in large and small businesses from a global, African, and local perspective. Research findings suggest the business case motive, as opposed to welfare concerns, predisposes all forms of business to be socially responsible towards HIV/AIDS. Analysis of small business practices globally reveals that HIV/AIDS is not a primary concern for SMMEs. A similar trend is also observed at an African level of analysis. However, at a local level, research evidence is inconclusive, hence the need for an empirical study (this research) to add a newer perspective to the discourse.

## **CHAPTER 5: RESEARCH METHODOLOGY**

### **5.1 INTRODUCTION**

The previous chapters discussed and reviewed problem-related literature on BSR as a strategy, small business perspectives on BSR, and business responses to HIV/AIDS. This chapter, on the other hand, discusses the study's methodology and research design. The purpose of a methodology is to dictate and control data acquisition, organise data after acquisition, and then extract meaning from it (Leedy & Ormrod, 2010). This chapter begins by restating the research question, including the study objectives and the hypothesis that guides the study, before laying out these: data acquisition, organisation, and analysis elements. Second, it explains the data collection, the analysis methods used, and the research's philosophical stance. Following that are issues outlined, such as ensuring the study's credibility, ethical considerations, and delimitations of the study. Lastly, a chapter conclusion is provided.

### **5.2 THE RESEARCH PHILOSOPHY ADOPTED**

All research is based on some research philosophy, expressed as scientific beliefs about the world around us (Sekeran & Bougie, 2018), and encapsulates how researchers frame reality. A research philosophy manifests through the axiology, ontology, epistemology, methodology perspectives and research rhetoric (Antwi & Hamza, 2015) that shapes the course of the research process. In other words, scientific beliefs explain the thoughts and ideas that inform how researchers choose to conduct a particular study.

Researchers generally distinguish between positivist and phenomenological research philosophies that underline the differences between quantitative and qualitative

research paradigms. In its execution, this study was guided by a positivist philosophy, defined by the following ontological, axiology and epistemological scientific premises.

### **5.2.1 The ontological position of this research**

Ontology relates to "the way the investigator defines the truth and reality" (Antwi & Hamza, 2015). based on their assumptions about the nature of reality and how it can be represented (Saunders et al., 2019; Wahyuni, 2012). It can be understood to be how the researcher answers the philosophical question of whether a captive social reality should be constructed.

In this study, the researcher believed that the truth about SMME BSR exists independently, and such reality can be objectively defined and ascertained. Therefore, as Bryman suggests (2015), the research process involves turning the problem into a measurable phenomenon and applying statistical techniques to produce data that could be interpreted using a deductive approach. Sekaran and Bougie (2016) state that with a deductive enquiry, the researcher puts forward theories or research questions that are later tested through a fixed, predetermined research design and objective measures. Moreover, as positivism demands, the researcher was a non-participative actor in the data-gathering process to eliminate possibilities of bias and subjective influence. It should be noted that the degree to which a researcher detaches from the research activity, without impacting the process is empirically questionable.

### **5.2.2 The epistemological position of this research**

Epistemology is the assumptions about what constitutes acceptable, valid and legitimate knowledge (Burrell & Morgan, 2016). It enquires how the researcher comes to know, for example, about the HIV/AIDS-related BSR activities by SMMEs, and what could be regarded as evidence thereof (Saunders et al., 2019; Tuli, 2010). Along with

the objective ontological position adopted, the epistemological position of this study is positivism.

Firstly, this epistemological position is based on the notion that the knower (researcher) and the known (BSR activities by SMMEs to combat HIV/AIDS) were alien from each other. It also held that, by following scientific data gathering, interpretation, and reporting methods, the study could reveal SMME BSR to combat HIV/AIDS, targeted towards all stakeholder groups (employees, communities, customers). Lastly, what counted as valid knowledge were descriptions of SMME BSR practices in response to assisting in challenges presented by HIV/AIDS.

Secondly, it is vital to state that an embedded relationship exists between ontology and epistemology, where a specific ontological position implies a particular epistemological stance (Johnston, 2014). This explains why the epistemological frame is influenced by ontological explanations (Kamal, 2019). In short, positivism goes along with objectivity and statistical research methods. At the same time, empiricism is linked to subjective interpretations and research methods. Because of its objective ontology, this study was underpinned by the positivist epistemological view.

### **5.2.3 Axiology**

The application of quantitative methods ensured that axiologically, the study was a value-free research. Axiology examines how the researcher's morals and ethical principles influence the scientific method. As a philosophical and scientific issue, axiology rests within the question of the researchers' ontological and epistemological beliefs. Cohen, Manion and Morrison (2018) argue that it concerns the influence of the researcher's biases and values in research. Within this framing, a positivist stance adopted for this study stems from the argument that values have no place in the

scientific process since scientists must approach their studies neutrally and objectively.

### **5.3 RESEARCH APPROACH**

This exploratory study adopted a quantitative research approach immersed in positivism philosophy and deductive reasoning. Positivism emphasises using scientific methods to gather empirical evidence and discover general laws or regularities that govern the social world. It assumes an objective reality that can be studied using rigorous measurement and analysis. Thus, in this study's context, quantitative research involved collecting and analysing numerical data to investigate relationships, patterns, and causal connections among variables to arrive at generalisable findings about SMMEs' HIV/AIDS-related BSR activities in Cape Town through structured data collection methods and statistical analysis.

The literature further asserts that quantitative research utilises deductive reasoning (Antwi & Hamza, 2015). Deductive reasoning has links with quantitative studies that aim to validate and evaluate existing concepts and hypotheses by collecting data in a new context. Generally, deductive reasoning demands that researchers formulate hypotheses and test them against collected data to confirm or reject the initial theory (Bryman, 2012). Sekaran and Bougie (2016) emphasise that with a deductive enquiry, the researcher puts forward theories or research questions that are later tested through a fixed, predetermined research design and objective measures. On this basis, a quantitative research approach differs from a qualitative paradigm which allows for the research design to evolve rather than having a complete design at the beginning of the study ((Lincoln & Guba, 1985) and employs inductive reasoning, where subjective self-thinking and cognitive processing techniques (Kivunja & Kuyini, 2017) are used to extract meaning from the data.

Therefore, the researcher collected data from 170 participants in line with the adopted research approach. This data was interpreted using SPSS version 27. The next chapter presents the results and interpretations through tables and graphs. This approach is consistent with claims that a quantitative research paradigm represents a positivist research philosophy that aims to predict, control and generalise the findings through surveys, questionnaires or experimental methods (Kamal, 2019). Moreover, in adopting a quantitative approach, the researcher followed examples of other related studies (Ladzani & Seeletse, 2012; Fatoki, 2014; Moeti, 2016) that successfully investigated related topics on SMME BSR activities. Arguments also stress that a positivist, quantitative research approach is popular because it offers unique advantages that enhance the quality of research outcomes. .

Basias and Pollalis (2018) state that quantitative research offers many advantages. These include that it produces numerical results that personal feelings or opinions might not influence. Moreover, quantitative techniques simplify processing a large amount of data and allow a more straightforward data comparison. Quantitative research also enables the development of quantitative valuation indicators. Additionally, experiences in the current study suggest that a quantitative paradigm brings flexibility to the data collection strategy. For example, the initial research plan emphasised face-to-face questionnaire administration methods. However, an online version of the questionnaire was later added to conform with recommendations for ethical research under Covid19 pandemic conditions.

In addition, factors such as the research context and objectives, available resources, and researcher beliefs all influenced choices about how the study was executed. Moreover, a quantitative research approach was appropriate for this exploratory study considering that in South Africa, little research has been done about examining SMME's BSR activities in response to HIV/AIDS. Wiid and Diggines' (2015) claimed that exploratory studies are meant to delve into a new area and gain insight into a

problem, as in this study. Consequently, researchers can also write a descriptive account of the phenomenon under investigation, implying that this study also incorporated a descriptive design. Overall, therefore, this study can also be considered exploratory and descriptive.

## 5.4 RESEARCH DESIGN

Experts, including Bless and Higson-Smith (2013) and Sekeran and Bougie (2016), agree that a research design provides a blueprint, road map or framework of the activities, steps, and procedures the researcher used to collect and analyse data to answer research questions. In short, data collection, analysis and interpretation are the main research design issues.

This study used an exploratory survey design to collect data from SMME participants. This method was utilised because of its popularity in business research and its ability to collect quantitative and qualitative data on many research questions (Sekaran & Bougie, 2016). It was also ideal because the researcher aimed to collect original information about a population too large to perceive instantly (Tuli, 2010) and generalise the investigation findings to this population. The proposed sample size was initially 300 SMMEs and over 10000 SMMEs in Cape Town, so using a survey method was justified. While utilising this design, the researcher committed to addressing three preliminary issues, as Cohen, Manion and Morrison (2018) hinted. These issues concern "*the specification of the exact purpose of the inquiry; the population on which it is to focus; and the available resources*". Although these are addressed elsewhere, they can be surmised as follows. Firstly, the purpose of the study, among others, was to explore the BSR actions of SMMEs in HIV/AIDS in Cape Town to combat HIV/AIDS. The population of interest were all SMMEs located in Cape Town, defined by the NSBA Act of 2006. The study was financed mainly by an education grant provided by the Central University of Technology, covering questionnaire development, fieldwork,

and data analysis. It must also be mentioned that this study addressed these issues during the Covid-19 social environment.

## **5.5 POPULATION AND SAMPLING**

### **5.5.1 The target population**

The target population for this study was all SMMEs operating in Cape Town that fell within a geographical, defined area using municipal boundaries. In this study, the total population of SMMEs in Cape Town is estimated to be over 10 000, comprising a few that belonged to organised business associations, small business parks and those operating independently and informally. SMMEs were described in Chapters 2 and 3. This research targeted those who met the criteria defined under the SMME Act. Thus, a population refers to the entire group of people, events, or things of interest that the researcher wishes to investigate (Sekeran & Bougie, 2016) or a category (usual people) about whom conclusions are made or those units for which the findings of the survey are meant to generalise (Cox, 2010).

Before conducting the study, the researcher reviewed characteristics of the target population. Saunders et al. (2019) argued that understanding the latter greatly reduces problems associated with research costs, response rate, and data quality. The review found no database of all SMMEs in Cape Town. SMMEs in Cape Town of over 10 000, were comprised of a few that belonged to organised business associations, small business parks and those operating independently and informally. Such heterogeneous population characteristics slowed down the data-gathering process, as the researcher and research assistants had to assess each potential SMME before administering the questionnaire. Thus, defining and locating the target population in this study included a creative process, using publicly accessible streams, profiling SMMEs in Cape Town.

### **5.5.2 Sampling frame**

According to the literature, a sampling frame is a complete list of all cases from which a sample is drawn (Cooper & Schindler, 2011; Sekeran & Bougie, 2016). Citing Edwards et al. (2007), Saunders et al. (2019) stressed that existing individual databases are often incomplete, the information held about organisations in databases is sometimes inaccurate, and stored data is prone to being outdated. Because of the non-availability of a unified database, the researcher first created a sample frame drawn from business listings from Pinelands Industrial Sites, Greater Khayelitsha, Woodstock, Salt River, Mitchel's Plain, and Constantia business areas.

Several SMME researchers, including Dzansi (2004) and Richards (2012), identified a lack of sampling frames as some of the reasons that negatively impact the quality of sampling procedures in African studies. Therefore, SMME researchers in South Africa are likely to encounter sample frame challenges during studies, more so due to the new laws in South Africa regulating access and dissemination of information by persons, organisations, and business associations negatively impacted the ability to reach out to established members of business associations. Requests for members' database business from the Cape Chamber of Commerce were turned down, citing these regulations.

### **5.5.3 Sample size and response rate**

The number of sample elements (respondents or observations) to be included in a study is called sample size (Sekeran & Bougie, 2016). As stated in Chapter 1, a sample of 300 SMMEs was surveyed, and 170 questionnaires were successfully returned and used for analysis. While the returned 170 sample responses differed from the 300 during the study's planning, the sample size used met acceptable scientific research standards. The minimum sample size for social science research,

according to Louanglath (2017:45), should be 30 – 200. This number is comparable to sample sizes of 80 and 350, depending on the population size used in other studies (Moeti, 2016; Ibrahim, 2014; Dlova, 2017) in relation to various SMMEs questions.

Indeed, there is a persuasion in research towards a large sample size based on claims of better representativity of the study population. However, some doubt has also been cast against this perception. According to the literature, large sample sizes can also result in Type 1 and Type 11 errors (Sekeran & Bougie, 2016), Type 1 error means the large samples could make statistical significance overly sensitive, making any relationship statistically significant even when not. This leads to a Type 11 error, where researchers accepted a study's findings when they should have rejected them. Consequently, Sarstedt and Mooi (2019) argued that the robustness of any sample depends more on the careful selection of respondents rather than its size. They added that larger sample sizes increased the research precision, though also expensive to collect. Moreover, the gains in precision decrease as the sample size increases. Sarstedt et al. (2019) added that the required sample size has minimal relation to the population size, and a sample of 100 employees from a company with 100,000 employees can be nearly as accurate as selecting 100 employees from a company with 1000 employees. Similarly, Simon and Goes (2018), citing Suskie (1988), justified using a sample of 300 in academic studies for the following reasons. Firstly, most higher education surveys involve contacting a sample or subgroup for cost reasons rather than making a census or survey of everyone. Secondly, the number of people surveyed depends on the amount of "sample error" the researcher is willing to put up with. Thirdly, while increased sample size reduces the sampling error, the benefits eventually diminish significantly beyond sample sizes of 1000 or so. Fourthly, one may be entirely happy with a sample of 300 or so people for academic purposes. Lastly, in academics, one rarely needs more than about 500 participants.

Considering the above reflections, the costs of the study, and the prevailing challenging research context under the Covid19 pandemic, it is justifiable that both the sample size of 300 and the response rate of 170 participants used in this study met the minimum requirements of samples capable of producing statistically valid findings on SMME BSR practices in response to HIV/AIDS.

#### **5.5.4 Sampling technique**

Selecting elements to be observed is referred to as a sampling technique. For quantitative studies, the sampling strategy is determined by several factors, including the degree of the desired generalisability, time and resource constraints, and the study's purpose, whether exploratory, descriptive, or diagnostic (Sekeran & Bougie, 2016). As stated in Chapter 1, a probability sampling technique was used in this study. Sampling is selecting a representative set of cases from a population (Sarstedt & Mooi, 2019). This method was chosen to ensure that a proportionate number of SMMEs were selected from each of the sample lists' different areas.

Sampling is necessary because researchers cannot often include all population members in a study due to cost, time, and resource constraints (Simon & Goes, 2018). As a result, a random probability sampling of 300 units was selected from the listed sample frames following the quantitative positivist paradigm.

## 5.6 DATA COLLECTION

The main stages for data collection in this study were designing the questionnaire, its pretesting, addressing reliability and validity issues, and data collection.

### 5.6.1 Questionnaire design

A 7- point Likert scale questionnaire was designed and used to collect data. The researcher adopted a 7-point Likert scale because, compared to a 5-point item scale, a 7-point Likert scale is more likely to reflect a respondent's true subjective evaluation of a usability questionnaire item (Finstad, 2010). Moreover, 7-point Likert scales are more precise, simpler to apply, and more accurate (Mustafa et al., 2022). Thus the 7-point Likert Scale used the indicators 1= Strongly Disagree, 2= Disagree, 3=Somewhat disagree, 4=Neither agree or disagree, 5= Somewhat agree, 6= Agree, 7=Strongly agree to measure the degree to which participants agreed or disagreed with given statements (Sarstedt & Mooi, 2019) about SMME practices in response to HIV/AIDS.

As part of the design process, both BSR and HIV/AIDS concepts were operationally defined to facilitate a quantitative inquiry and enhance the capacity of the questionnaire to measure the variables with statistical validity (Dzansi, 2004, citing the work of Durrheim and Terre Blanche, 2002). The questionnaire also went through pretesting. It was administered to a sample of 10 conveniently located SMMEs and the feedback was used to revise and finalise the data collection instrument. As Perneger, Courvoisier, Hudelson and Gayet-Ageron (2014) argue, pretesting helps the researcher verify whether the target audience understands the questions and can answer as intended. Thus, pretesting was necessary as it gave insight into the research instrument's effectiveness and the validity of the research statements (Simon and Goes, 2018). Moreover, it was determined from pretesting feedback that target

respondents were of a sufficient literacy level. They could understand the statements clearly, so changing the statements and answers into mother tongues was unnecessary. Additionally, given the diversity of the study population, it would have been beyond the scope of this study, in terms of resources, to provide questionnaires across all possible vernacular languages found in the population. Besides field-based pretesting, the questionnaire was evaluated by the two study supervisors and three small industry business and social responsibility experts. Such expert evaluations provided feedback to refine the Likert scale statements structuring, terminology, and scholarly elements of the research instrument. Furthermore, the reliability of the questionnaire was confirmed through Cronbach alpha testing (0.759), as outlined in Section 6.5. The final questionnaire contains 62 statements divided as illustrated in Table 5.1.

**Table 5.1 Questionnaire Structure**

| Section                                              | Questions | Focus                                                                                                                                           |
|------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Understanding of business social responsibility      | Q1-Q5     | Structured questions to measure the level of BSR knowledge                                                                                      |
| Business social responsibility motivations for SMMEs | Q6-Q10    | Understanding why SMMEs engage in BSR                                                                                                           |
| Business social responsibility activities            | Q11-Q37   | BSR to key stakeholders- employees, community, customers, generally and in response to HIV/AIDS.<br>Budgeting patterns for HIV/AIDS-related BSR |
| Ethical influences of business social responsibility | Q38- Q41  | The role of ethics in BSR                                                                                                                       |
| Business social responsibility challenges            | Q42- Q50  | Internal and external challenges to BSR                                                                                                         |
| Organisational details                               | Q51- Q62  | Demographic and operational data                                                                                                                |

A copy of the questionnaire is attached as Annexure Z

### **5.6.2 Data collection procedures**

The researcher conducted fieldwork to collect data with three research assistants: two university students and an unemployed graduate. Given the adverse effects of Covid 19 related regulations, which limited movement and impacted respondent accessibility and operations, an online version of the questionnaire was also distributed to selected targets. However, the online response rate was poor (less than ten questionnaires were returned), thus causing the researcher to rely on face-to-face data collection at the respondents' convenience. As a result, data was collected mainly from owners and owner-managers and, to a lesser extent, employees presumed to be knowledgeable about the firm's BSR practices. The exercise took over four months.

## **5.7 DATA ANALYSIS**

The data analysis commenced with editing and capturing, followed by editing, and lastly application of statistical tools and techniques to the data.

### **5.7.1 Data editing and capturing**

Data editing was the first step taken after the questionnaires were returned. As stated by Sekaran and Bougie (2016), the focus on data editing was to detect and correct illogical, inconsistent, or illegal data and omissions in the information and identify and eliminate respondents' errors. To improve data usability this was accomplished by checking for completeness, accuracy, and uniformity of questionnaires (Cohen et al., 2018). Ideally in preparation for analysis, data is also required to be coded. However, in this study, the Likert scale questionnaire design ensured that the data had numeric codes congruent with the SPSS used for data analysis. After editing, data was carefully captured onto an excel spreadsheet to facilitate data processing using SPSS version 27 statistical software.

### **5.7.2 Descriptive and inferential statistics used**

The data analysis consisted of descriptive statistics and inferential analysis techniques. Past studies investigating SMME BSR issues using a positivist methodology (Dzansi, 2004; Moeti, 2018) have used descriptive statistics by calculating measures of central tendency measures - the data's mean, mode, and median) and inferential (specifically correlational) analysis techniques to interpret the results, suggesting their appropriateness. In this study, descriptive statistics was deemed appropriate because it allows the researcher to organise and summarise the data (by calculating measures of central tendency measures - the data's mean, mode, and median) (Simon & Goes, 2018). On the other hand, inferential statistics facilitated generalisations of the sample's findings to the entire population (Holcomb, 2016). Correlational analysis was performed regarding relationships between latent factors under investigation and SMMEs' BSR behaviours towards combatting HIV/AIDS. Cohen et al. (2018) emphasised that correlational analysis helps to answer questions regarding relationships between two variables, the direction and strength of such a relationship. This attribute was aligned with the purpose of the study in identifying the relationship between specific variables and the actuation of BSR activities by SMMEs. Hence Analysis of Variance (ANOVA) and Independent T-tests were conducted.

### **5.8 INSTRUMENT CREDIBILITY ASSURANCE AND VALIDATION**

Credibility deals with the believability of research findings. As Zikmund, Babin, Carr and Griffin (2013) and Dzansi (2004) stressed, the credibility of research depends on a measuring instrument's reliability and validity. Therefore, validity and reliability are considered the two critical characteristics that underscore the credibility of a measurement instrument. In other words, the credibility requirement is that a research instrument must be reliable and capable of producing valid results.

Validity relates to how accurately a concept is measured (Heale & Twycross, 2015) and indicates the extent to which observations accurately record the behaviour under study (Sekaran & Bougie, 2016). Therefore, its purpose is to reveal the extent to which the measurement process is free of random and systematic errors. On the other hand, reliability refers to the consistency of observations, whether (there are) two (or more) observers, or the same observer on separate occasions, observing the same event attain the same results. Thus, it is concerned with estimates of the degree to which a measurement is free from random or unstable error and is reliable to the degree that it supplies consistent results (Cooper & Schindler, 2011).

Conscious of these issues, two validity measures, namely content and construct validity, were addressed (by the researcher) when designing the research instrument. These were deemed critical to the study from the many other validity tests such as criterion-related, face, and predictive validity (Cohen et al., 2018).

### **5.8.1 Content validity**

Content validity measures the extent to which the research questionnaire included a set of questions that adequately covered representative items of the leading and related concepts under investigation (Heale & Twycross, 2015; Sekaran & Bougie, 2016). Therefore, greater content validity is achieved by including more scale items, representing the universe of the concept being measured (Sekaran & Bougie, 2016). In this study, content validity was addressed by utilising the literature review and theories of BSR to identify relevant concepts that adequately covered BSR and HIV/AIDS practices by SMMEs. The researcher also used the study objectives to determine the scope of questions for each main concept. These approaches were complemented by expert evaluation by study supervisors to determine if the questionnaire covered a sufficient universe of the concepts that needed to be investigated.

### **5.8.2 Construct validity**

Dzansi (2006) describes construct validity as the degree to which a test measures an intended hypothetical construct. This is achieved by drawing inferences about the strength of the measuring criteria from the test scores related to the concept under study (Heale & Twycross, 2015). Cooper and Schindler (2011) added that both the theory and measuring instrument must satisfy construct validity measures to ensure reliable study outcomes. Therefore, to ensure that the research instrument achieved acceptable levels of construct validity, the researcher sought expert opinions, compared other tests of the construct in question, and undertook an exhaustive literature review study, as recommended by Cohen et al. (2018).

### **5.8.3 Reliability of the research instrument**

As enumerated above, Lincoln and Guba (1985) argued that reliability concerns are partly taken care of during establishing content validity. They posited that the presence of one confirms the other, meaning that once the research instrument passes the validity test, reliability can be inferred. However, Sekaran and Bougie (2016) countered that validity is just a necessary, but not sufficient, condition of the test of goodness of a research instrument. Therefore, a researcher must establish reliability independently. In line with this argument, Cronbach's alpha coefficient test was conducted, and a coefficient value of 0.759 was obtained, indicating that the research instrument was reliable. These results are reported in Chapter 6, section 6.4. In essence, Cronbach's alpha coefficient tests measure the extent to which instrument items correlate with one another and measure the same construct (Simon & Goes, 2018; Cohen et al., 2018) across a range of coefficients from 0 to 1. According to the literature (Zikmund et al., 2013; Sarstedt & Mooi, 2019), the generally recommended lower limit for the coefficient is 0.70. In exploratory studies, a value of 0.60 is acceptable, while values higher than 0.80 are preferable. However, two components

with a reliability score of less than 0.4 were retained in this study. In their study, Ekolu and Quainoo (2019) utilised components with alpha values below 0.4 and asserted that using low alpha values should be considered acceptable, provided it is based on an informed understanding of the data characteristics, rather than applying perfunctory benchmarking, such as mere adoption of  $\alpha > 0.7$ . Hoekstra et al. (2019) similarly claimed that setting acceptable alpha scores should be context-dependent. Thus considering these views, retaining the two components with alpha values below 0.4 was justifiable.

## 5.9 EXPLORATORY FACTOR ANALYSIS

The researcher sought to gain further insight into the instrument by conducting an exploratory factor analysis. Generally, factor analysis is treated as a structural equation modelling (SEM) component. However, in this study, the purpose of conducting factor analysis was to establish a basis for improving the proposed theoretical framework presented in Chapter 1, complimentary to the empirical results. Thus by conducting factor analysis, the researcher aimed to identify clusters of key variables and redundant items (Cohen et al., 2018), combine moderately or highly correlated variables with one another (Simon & Goes, 2018) and detect structures and commonalities in the relationships between variables (Cohen et al., 2018). Overall, factor analysis reduces the original data dimensions to fewer components and can be easily and meaningfully interpreted. This view is supported by Taherdoost, Sahibuddin and Jalaliyoon (2022), who stated that if a researcher has initially developed an instrument with several items and is interested in reducing the number of items, then the PCA is useful.

Thus, gaining further insight into the variables enriches the descriptive element of the study. Principal components analysis (PCA), with Varimax with Kaiser Normalization rotation, was consistent with an exploratory study. However, before this was done the

researcher performed a Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of Sphericity to determine whether the data was amenable and adequate for PCA. By achieving a KMO value larger than 0.6 and Bartlett's Test statistical significance of less than 0.05 (Cohen et al., 2018), as illustrated in Table 5.2, the analysed data met the minimum tolerance level for proceeding with factor analysis. Moreover, the Bartlett Sphericity Test results (sig = 0.000; df > 0.709) indicated the existence of significant correlations between all variables, thus demonstrating an element of construct validity.

**Table 5.2 KMO and Bartlett's Test**

| KMO and Bartlett's Test                          |                    |          |
|--------------------------------------------------|--------------------|----------|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. |                    | .709     |
| Bartlett's Test of Sphericity                    | Approx. Chi-Square | 6589.048 |
|                                                  | Df                 | 1225     |
|                                                  | Sig.               | .000     |

After that, the PCA was conducted. The results are illustrated in Annexure B and Table 5.3, which reveal a refined set of the rotated extractions of the six factors. PCA produces factor loadings which are regression slopes for predicting the indicators from the factor (Brown & Moore, 2012). Although various opinions exist regarding the cut-off point when considering factor loading values of items to keep for further examination, a 0.350 cutoff point was set for this study. An alternative view by Hair et al. (2011) suggested that loadings with a value greater than +/- 0.50 are generally considered significant. Nonetheless, others believe it is up to the researcher to determine the applicable cut-off point; hence the researcher settled for a 0.350 cut-off point in this study.

**Table 5. 3: Rotated Component Matrix**

| Rotated Component Matrix <sup>a</sup>                                                               |         |       |       |       |       |   |
|-----------------------------------------------------------------------------------------------------|---------|-------|-------|-------|-------|---|
| Questions                                                                                           | Factors |       |       |       |       |   |
|                                                                                                     | 1       | 2     | 3     | 4     | 5     | 6 |
| Q21. HIV prevention education in the community                                                      | 0.769   |       |       |       |       |   |
| Q35. The business owner delivers the HIV/AIDS programs to all stakeholders                          | 0.754   |       |       |       |       |   |
| Q22. Helps train HIV/AIDS peer educators in the community                                           | 0.752   |       |       |       |       |   |
| Q34. Employees volunteer to conduct community HIV/AIDS program                                      | 0.737   |       |       |       |       |   |
| Q15. HIV prevention education in the workplace                                                      | 0.733   |       |       |       |       |   |
| Q36. The business mobilises community volunteers to implement community-based HIV/AIDS programs     | 0.665   |       |       |       |       |   |
| Q26. HIV prevention education to local customers                                                    | 0.573   |       |       |       |       |   |
| Q27. Self-help services to avoid in person contact with employees                                   | 0.554   |       |       |       |       |   |
| Q37. The business hires external experts to conduct HIV/AIDS programs for all stakeholders          | 0.554   |       |       |       |       |   |
| Q20. Flexible working hours for employees living with HIV/AIDS                                      | 0.513   |       |       |       |       |   |
| Q6. Increase its revenue                                                                            | 0.451   |       |       |       |       |   |
| Q46. Management commitment to BSR                                                                   |         | 0.822 |       |       |       |   |
| Q44. Lack of capability to engage in BSR                                                            |         | 0.786 |       |       |       |   |
| Q43. Lack of time for BSR activities                                                                |         | 0.770 |       |       |       |   |
| Q45. Lack of conviction about HIV/AIDS BSR benefits                                                 |         | 0.766 |       |       |       |   |
| Q31. I do not know how much we spend on HIV/AIDS services                                           |         | 0.561 |       |       |       |   |
| Q30. The business has no budget set for HIV/AIDS-related programs                                   |         | 0.535 |       |       |       |   |
| Q42. No one talk about HIV/AIDS in this business                                                    |         | 0.472 |       |       |       |   |
| Q23. Regularly donates food to families of people living with HIV/AIDS                              |         |       | 0.758 |       |       |   |
| Q24. Regularly donates financially to community HIV/AIDS care and support programs                  |         |       | 0.708 |       |       |   |
| Q29. Display HIV/AIDS policy statement to assure HIV/AIDS standards compliance                      |         |       | 0.650 |       |       |   |
| Q25. Skills training for startup self-help projects for people living with HIV/AIDS                 |         |       | 0.598 |       |       |   |
| Q13. Makes regular donations to the local community                                                 |         |       | 0.567 |       |       |   |
| Q8. To help society address social challenges like HIV/AIDS                                         |         |       | 0.517 |       |       |   |
| Q18. Pay some medical bills for employees living with HIV/AIDS                                      |         |       | 0.440 |       |       |   |
| Q3. Acting over and above what owners, the law, and society expects                                 |         |       |       | 0.713 |       |   |
| Q4. Abiding by society's moral sense of right and wrong in daily business practices                 |         |       |       | 0.685 |       |   |
| Q12. Provides health and safety education to its employees                                          |         |       |       | 0.664 |       |   |
| Voluntarily engaging in social and environmental actions beyond the legal and societal expectations |         |       |       | 0.593 |       |   |
| Q33. The business spends 5% of the monthly profit on HIV/AIDS programs                              |         |       |       | 0.464 |       |   |
| Q1. Abiding by laws and regulations for business                                                    |         |       |       | 0.461 |       |   |
| Q28. Distribute HIV-related materials from local health centres                                     |         |       |       | 0.450 |       |   |
| Q7. Because it is the right thing to do                                                             |         |       |       | 0.421 |       |   |
| Q48. Lack of incentive from government to deal with HIV/AIDS                                        |         |       |       |       | 0.804 |   |

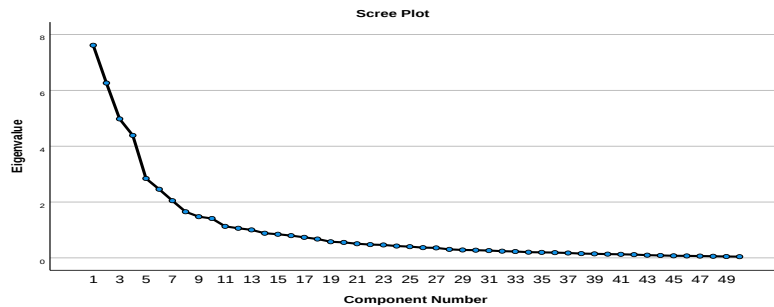
|                                                                                                         |  |  |  |  |       |       |
|---------------------------------------------------------------------------------------------------------|--|--|--|--|-------|-------|
| Q47. Lack of SMME sector support                                                                        |  |  |  |  | 0.785 |       |
| Q49. Having no big business role model                                                                  |  |  |  |  | 0.783 |       |
| Q40. Legal ethics                                                                                       |  |  |  |  |       | 0.545 |
| Q10. To attract and retain skilled employees                                                            |  |  |  |  |       | 0.488 |
| Q9. To comply with the law                                                                              |  |  |  |  |       | 0.479 |
| Q41. Business strategic goals                                                                           |  |  |  |  |       | 0.374 |
| Extraction Method: Principal Component Analysis.<br>Rotation Method: Varimax with Kaiser Normalization. |  |  |  |  |       |       |
| a. Rotation converged in 19 iterations.                                                                 |  |  |  |  |       |       |

Results in Table 5.3 shows that there was a consistent grouping of strong loadings upon the six components. However, as illustrated in Annexure B, some items that appeared to be measuring a variable other than the one that was intended justifying their removal from the data set. Moreover, other were problematic items due to cross loadings, and lower factor loading scores below the cut-off point were also excluded.

The six components shown in Table 5.3 analysed and labelled as follows.

- Factor 1: HIV/AIDS BSR resources strategies and targets
- Factor 2 BSR Internal challenges
- Factor 3. HIV/AIDS BSR practices
- Factor 4 BSR Awareness and understanding.
- Factor 5 BSR External challenges
- Factor 6 BSR Strategic goals/objectives /motivations

Another common method for figuring out how many variables to keep is Cattell's Scree test (Cattell 1966), which includes visually looking for breaks or discontinuities in a graphical representation of the eigenvalues. The amount of datapoints above the break is the number of components to preserve (excluding the point at which the break occurs). The first element frequently has the highest eigenvalue, which gradually decreases over the course of the following few factors before lower values are attained for the last few factors The argument for this strategy is because it makes a distinction between important and minor or insignificant ones.



**Figure 5.1. Scree plot**

In summary, the results from factor analyses revealed clusters of factors in the questionnaire that influence SMMEs' BSR activities in combatting HIV/AIDS. These are resources strategies and targets, organisational internal challenges, types of BSR practices, the level of BSR awareness and understanding, the impact of external challenges and BSR strategic goals/objectives /motivations. Consistent with these findings is literature from various scholars which posit that SMMEs' BSR behaviours are affected by a lack of resources (Amaeshi, Adegbite, Ogbechie, 2016; Vivier, 2013), their strategic strengths (Chazireni, 2017), internal resources (strengths and weaknesses) and external environment (opportunities and threats) (Katz, 2017). These insights, therefore, validate the content validity and reliability of the research instrument regarding the scope of BSR issues being investigated

## 5.10 ETHICAL CONSIDERATIONS

Compliance with ethical expectations is paramount in any research, and this study was not different. The scope of ethics that impacted this study falls into what Guillemin and Gillam (2004) termed procedural ethics and ethics in practice. The procedural aspect involved seeking approval from a relevant ethics committee at the Central University of Technology to undertake research involving humans and to register the topic. The *ethics in practice* refers to the everyday ethical issues in research. This ethics category includes conventional issues regulating the engaging of research participants and aspects that researchers ought to explain to every participant, such as the purpose of the study and that participation is voluntary. They should be advised that they reserve the right to withdraw at any time. The confidentiality and privacy of respondents' data and submissions also must be respected. Simon and Goes (2018) stressed that confidentiality is essential because participants need assurance that data obtained cannot be linked to them, especially concerning businesspeople such as those in this study. The recording and reporting of data gathered were also done without misrepresentations, consistent with the demands for maintaining ethics in research.

## 5.11 DELIMITATIONS OF THE STUDY AND RESEARCH ENVIRONMENT



**Figure 5.2 Research area map**

Source: Municipalities.co.za (2022).

This study focused on SMMEs in Cape Town, Western Cape Province of South Africa, which is home to about 4.7 million people (City of Cape Town, 2021). It is also reported that Cape Town has the lowest HIV/AIDS incidence rate at 18 % (van Schalkwyk, 2021). However, this figure varies from area to area, based mainly on racial and economic bases. For example, in a 2019 National Antenatal Sentinel HIV Survey, Woldesenbet et al. (2019) reported the epidemic prevalence rate was much lower in economically affluent white suburbs. It is vital to note such elements of the research environment as they may influence concerns for BSR interventions relative to the threat levels.

## 5.12 CHAPTER SUMMARY

This chapter has described the methodological steps employed when conducting the study. A positivist quantitative research philosophy guided the research process. The chapter also covered and explained the data collection and analysis methods. After that, issues about ensuring the study's credibility, ethical considerations, and delimitations were discussed. The next chapter presents the results of this research and its interpretation.

## **CHAPTER 6: FINDINGS AND DISCUSSION**

### **6.1 INTRODUCTION**

Chapter 5 discussed the methodology applied in the study and the methods used to collect data from the respondents. Subsequently, the data were analysed, and this chapter presents and discusses the findings from the data analysis. The chapter starts with a discussion of the demographic composition of respondents followed by business characteristics, validity testing results, analysis of response to questions, correlations statistics, t-testing and variance testing results, and ends with a chapter summary.

### **6.2 RESULTS AND DISCUSSION OF THE LITERATURE REVIEW**

Results from the literature reveal that scholars, governments and business practitioners have found it challenging to come up with a standard definition of SMMEs acceptable to all. As a result, varied constructions of what an SMME is, exist, and have become the source of a practical challenge to, for example, satisfy conditions of different entities like banks or (a) government in the same country. In addition, literature presents a generalisable picture of an SMME as one that usually operates in informal ways, is dominated by owner-manager behaviours, is dedicated to serving the local community and is endowed with fewer resources. However, results from the literature revealed that BSR was not an unknown practice among SMMEs, though such practices are causal and less strategic compared to corporate entities. Similarly, SMMEs are key players in addressing many social challenges in communities, including poverty alleviation, job creation and combatting HIV/AIDS. However, the literature is quite unclear about the ultimate role of the business sector in responding to the disease in South Africa.

## 6.3 RESULTS AND DISCUSSION OF THE EMPIRICAL RESEARCH

This section presents and discusses the empirical results of the study.

### 6.3.1 Response rate

The researcher distributed 300 questionnaires to SMME businesses in the Cape Town area. One hundred eighty-five (185) of these were returned, resulting in a 62 percent response rate. However, 15 were rejected during data cleaning due to fundamental errors, such as providing double responses and having more than five (5) unmarked answers on essential sections of the questionnaire, among other anomalies.

### 6.3.2 Demographic characteristics of respondents

The research participants' demographic information was gathered and presented in Table 6.1 below. This data was necessary so that the researcher could gain insight into the characteristics of the respondents.

**Table 6.1 Summary of demographic variables**

| Demographic variable | Category          | Frequency | Percentage |
|----------------------|-------------------|-----------|------------|
| Q. 51. Gender        | Male              | 91        | 53.5 %     |
|                      | Female            | 75        | 44.1%      |
|                      | Prefer not to say | 4         | 2.4%       |
| Q. 52. Race          | Black             | 106       | 62.4%      |
|                      | White             | 28        | 16.5%      |
|                      | Coloured          | 36        | 21.2%      |
| Q. 53. Age           | 18-35             | 60        | 35.3%      |
|                      | 36-45             | 84        | 49.4%      |
|                      | 46-55             | 21        | 12.4%      |
|                      | 55 and above      | 5         | 2.9%       |

|                                 |                                  |     |       |
|---------------------------------|----------------------------------|-----|-------|
| <b>Q. 54 Level of education</b> | No education                     | 2   | 1.2%  |
|                                 | Grade 1 - 9                      | 16  | 9.4%  |
|                                 | Grade 11 - 12                    | 53  | 31.2% |
|                                 | Vocational certificate           | 50  | 29.4% |
|                                 | Degree                           | 49  | 28.8% |
| <b>Q. 55 Nationality</b>        | South African                    | 113 | 66.5% |
|                                 | South African Permanent resident | 29  | 17.1% |
|                                 | Non-South African                | 28  | 16.5% |
| <b>Q. 56 Type of respondent</b> | Owner                            | 71  | 41.8% |
|                                 | Manager                          | 24  | 14.1% |
|                                 | Owner Manager                    | 42  | 24.7% |
|                                 | Employee                         | 33  | 19.4% |

### **6.3.2.1 Gender**

Gender statistics in Table 6.1 reveal that fewer women (44.1%) participated in the study than men (53.5%). This finding supports previous studies (Fatoki, 2014; Bhorat et al., 2018), which found that women are less likely than men to engage in entrepreneurial activity in South Africa. Overall, it can be concluded that South Africa has an apparent gender imbalance in the ownership and management of SMMEs. This is significant because gender significantly impacts how people perceive BSR (Noronha et al., 2013). In that sense, there is likely to be an increase in masculine-biased BSR practices, with less attention paid to HIV/AIDS from a care-based perspective associated with women-led BSR.

### **6.3.2.2 Race**

Regarding race, the results show that black people made up 62.4 % of the population, with Coloured people accounting for 21.2 % and white people accounting for 16.5 %. These findings align with those of Bhorat et al. (2018). Bhorat et al. (2018) found that black Africans owned the majority of SMMEs in the country. However, their findings differ from national SMME ownership patterns (SEDA, 2019), which show that White

SMME owners outnumber Coloured SMME owners. These findings are unsurprising. Generally, it is more likely that less affluent populations experiencing high levels of poverty and unemployment (Black and Coloured) turn to entrepreneurship for economic survival compared to affluent groups (White).

#### ***6.3.2.3 Age of respondents***

Table 6.1 further shows that most small business operators surveyed were between 36-45 years (49.1%), followed by the 18 to 35 age group and a low 2.1% aged 55 and above. In an economic climate marked by high unemployment and fewer opportunities for decent jobs, it is logical to argue that entrepreneurship largely becomes skewed towards attracting the youth. In addition, the high proportion of 36-45-year-olds could result from firm closures since the Covid-19 pandemic began and disillusionment with working lives, thus forcing them to become entrepreneurial. Overall, with very few elderly entrepreneurs, the data suggests the dominance of youth-related BSR attitudes in the SMME sector.

#### ***6.3.2.4 Level of education***

On a positive note, the study found higher literacy levels among the surveyed population, considering that 89.4% possess secondary education (Grade 11 – 12) and higher education qualifications. The Real Economy Bulletin (2017:17) and Cant and Wiid (2013) also reported similar findings in their studies reviewing issues in the South African SMME sector. Yet these findings contradict claims from other studies in South Africa (Moos & Sambo, 2018) that most small business owners possess a grade 12 or lower qualification. However, despite these inconsistencies, the researcher believes that the study participants have a level of education that warrants classifying them as literate. Moreover, a combination of age group factors and the rising unemployment figures establish a logical inference that the major players in the SMME sector aged

18 to 45 years had an opportunity to attain education at least up to grade 12, the basic standard literacy level. Literacy level is an important dimension, as it is linked to sound financial and business management skills, planning, and general awareness of issues such as BSR.

#### **6.3.2.5 Nationality**

In addition, South African nationals (66.4%) dominate the SMME space among the surveyed population, as shown in Table 6.1. Given the steady rise in unemployment levels over the years, it may be that many unemployed individuals have turned to entrepreneurship as a career option. Nonetheless, even at 16.5%, the number of non-South Africans doing business in the SMME sector is relatively high, considering the many challenges they experience in establishing a business in South Africa. Their performance in relation to language barriers, discrimination, limited financial capital, and lack of proper documentation (Tengeh & Nkem, 2017) needs to be assessed. These are some main challenges that make it difficult to enter and survive in the small business economy.

#### **6.3.2.6 Type of respondent**

Lastly, Table 6.1 illustrates that about 80% of the individual participants identified themselves as owners, owner-managers, and managers. This data supports the view that this study gathered the opinions of persons identified as critical role players that dictate the behaviours of SMMEs.

### 6.3.3 Demographics of the business

The following table summarises the organisational characteristics of the surveyed SMMEs. Understanding these characteristics aids in defining the frame of reference for BSR behaviours, enablers and constraints, as proposed by the conceptual framework presented in Chapter 1.

**Table 6.2: Business details summary**

| Business variable                           | Category             | Frequency | Percentage |
|---------------------------------------------|----------------------|-----------|------------|
| Q. 57. Form of business                     | Sole proprietor      | 47        | 27.6%      |
|                                             | Partnership          | 37        | 21.8%      |
|                                             | Pty Limited          | 43        | 25.3%      |
|                                             | Close Corporation    | 43        | 25.3%      |
| Q. 58. No. of employees excluding owner (s) | Less than 5          | 76        | 44.7%      |
|                                             | 6-10                 | 47        | 27.6%      |
|                                             | 11-20                | 20        | 11.8%      |
|                                             | 21-50                | 15        | 8.8%       |
|                                             | 51-200               | 12        | 7.1%       |
| Q. 59. Age of the business                  | Less than 3 years    | 67        | 39.4%      |
|                                             | 3 – 5 years          | 57        | 33.5%      |
|                                             | 6 – 10 years         | 17        | 10.0%      |
|                                             | 11 – 15 years        | 9         | 5.3%       |
|                                             | More than 15 years   | 20        | 11.8%      |
| Q. 60. Business legal status                | Formally registered. | 134       | 78.8%      |
|                                             | Informal             | 36        | 21.2%      |
| Q. 61. Sector                               | Retail/Warehousing   | 48        | 28.2%      |
|                                             | Manufacturing        | 29        | 17.1%      |
|                                             | Clothing             | 21        | 12.4%      |
|                                             | Hospitality          | 25        | 14.7%      |
|                                             | Services             | 47        | 27.6%      |
| Q. 62. Total turnover                       | Up to R500k          | 70        | 41.6%      |
|                                             | R501k -R1mil         | 54        | 31.6%      |
|                                             | R1.1m-R2mil          | 25        | 14.6%      |
|                                             | R2.1m-R4mil          | 11        | 6.4%       |
|                                             | More than R4.1m      | 10        | 5.8%       |

### **6.3.3.1 Form of business**

As illustrated in Table 6.2, there was a fair distribution of business types in the surveyed population- sole proprietors (27.6%), partnership (21.8%), proprietary limited (25.3%) and close corporation entities (25.3%). Cant et al. (2013) also made comparable findings that many SMMEs operate as soles traders, followed by close corporations, partnerships, and private companies. Arguably, having too many sole traders is not good news for the economy, given their low job creation, profitability, and survival chances, which directly affect their BSR capabilities.

### **6.3.3.2 Number of employees**

As observed above, many SMMEs employed less than ten people, which can be correlated to the proliferation of sole proprietary and partnership businesses in the sector. According to Table 6.2, 44.7% of businesses employ less than 5 people, with 27.6% of firms employing 6-10 employees. Such low employee figures signal weak job creation capacity by SMMEs, consistent with literature findings that just 35% of SMME owners employed other employees (SEDA, 2018). Since employees tend to be a priority stakeholder group for social responsibility by SMMEs, few employees can therefore jeopardise chances of engaging in employee-related activities BSR activities to combat HIV/AIDS.

### **6.3.3.3 Age of the business**

In tandem with having fewer employees, most of the surveyed SMMEs survived between less than 3 years (39.4%) and 3 years to 5 years (33.5%), consistent with authors (Abor et., 2010; Cant et al., 2013) who claim that that SMMEs in the country die prematurely. Fewer than 30% survive beyond six years. In the context of this study, these can exhibit strategic business planning and undertake philanthropic BSR

practices, to address the issues of HIV/AIDS, among others. However, such expectations contradict Radipele and Dhliwayo's (2014) findings that there are no significant behavioural differences and performance between firms under one year and 20 years. Thus, the age of business is not a significant indicator or predictor of SMME behaviours.

#### **6.3.3.4 Business legal status**

Nonetheless, the shorter lifespan was contradicted by a higher propensity to comply with the law. While SME South Africa (2018) reported that 89% of the entities in South Africa are legally registered, this study found that 78.8% of the surveyed entities claimed to be formally registered. This evidence suggests legalisation of business is gaining momentum in the SMME sector since Mbonyane and Ladzani (2011) found that 60% of the small firms in Gauteng were unregistered. There are many possible explanations for the general improvement in SMME registration status. They include the motivation to participate in government SMMEs support programs (such as BBBEE supply chain agreements), that many youths starting businesses are knowledgeable to go through the registration processes and understand the benefits of formalisation, the need to do business with other entities that demand proof of registration, and pressure to comply with regulatory and tax authorities. Registration also enables firms to enter into strategic relationships with larger firms, including programs to combat HIV/AIDS among SMME stakeholders.

#### **6.3.3.5 Sector distribution**

Sectorial statistics in Table 6.2 show a balanced distribution across all the designated groups. However, retail/warehousing (28.2%) and services (27.6%) constitute a proportion of the sample. Such dominance supports observations by the Real Economic Bulletin (2017) that around half of the country's formal micro and small

entrepreneurs are in the business services and retail sectors. SEDA (2018) confirms higher figures at over 80%. Thus, the current study results align with the sector's national business demography patterns, which translates to fair representativeness of the sampled businesses.

#### **6.3.3.6 Turnover**

According to SME South Africa (2018), 71% of South African SMMEs earn less than R200,000 in revenue, with 21% earning between R200 000 and one million rands. This suggests that most SMMEs may struggle to generate long-term profits and working capital. Similarly, as shown in Table 6.2, this study discovered that 73.2 % of SMMEs had annual turnovers of less than one million rands, with 41.6% having turnovers of less than R500 000. As a result, many of the SMMEs in the sample face bleak financial prospects, which may jeopardise their ability to meet BSR obligations. On the other hand, a precarious financial and profitability situation may force SMMEs to consider BSR as a market-competitive strategy to improve performance.

This section presents organisational data about the surveyed SMMEs. This data forms the basis of interpretations of responses to questions posed as contained in the questionnaire and as analysed in the following sections.

### **6.4 CONSTRUCT VALIDITY AND RELIABILITY ANALYSIS**

Table 6.3 illustrates the reliability score of each category included in the questionnaire (BSR understanding, BSR motivations, BSR activities, stakeholder-oriented BSR practices in response to HIV/AIDS to employees, community, and customers, BSR budgets, ethical influences and challenges). As reported in Chapter 5, the internal reliability of the questionnaire was measured using the Cronbach Alpha coefficient, guided by indications that the generally accepted coefficient is 0.70, and in exploratory

studies, a value of 0.60 is acceptable (Sarstedt et al., 2019; Zikmund et al., 2013). Iwu (2010) also observed varied preferences on what constitutes appropriate statistical significance or instrument reliability in research, considering that a 0.5 coefficient is even acceptable in other studies. This perspective validated the conclusions that the research instrument used in this exploratory and descriptive study was reliable for all constructs, save for two (BSR Motivations for SMMEs and Stakeholder oriented BSR practices in response to HIV/AIDS – employee), achieving a coefficient of above 0.60. The questionnaire's Cronbach alpha coefficient of 0.759 further supports such a conclusion.

**Table 6.3. Summary of consistency and reliability analysis**

| Constructs                                                                        | Total Respondents | No. of items | Cronbach's Alpha | Comment Internal consistency |
|-----------------------------------------------------------------------------------|-------------------|--------------|------------------|------------------------------|
| BSR Understanding<br>Q. 1-5                                                       | 170               | 5            | 0.630            | Moderate                     |
| BSR Motivations for SMMEs<br>Q. 6-10                                              | 170               | 5            | 0.325            | Low                          |
| BSR activities<br>Q.11-14                                                         | 170               | 4            | 7.30             | High                         |
| Stakeholder oriented BSR practices in response to<br>HIV/AIDS – employees Q.15-20 | 170               | 6            | 0.355            | Low                          |
| Stakeholder oriented BSR practices in response to<br>HIV/AIDS – community Q.21-25 | 170               | 5            | 0.705.           | High                         |
| Stakeholder oriented BSR practices in response to<br>HIV/AIDS – customers Q.26-29 | 170               | 4            | 0.642            | Moderate                     |
| Budget and resources for BSR in response to<br>HIV/AIDS Q.30- 37                  | 170               | 8            | 0.620            | Moderate                     |
| Ethical influences of BSR<br>Q.38-41                                              | 170               | 4            | 0.681            | Moderate                     |
| BSR challenges<br>Q.42-50                                                         | 170               | 9            | 0.746            | High                         |
| <b>All Likert statements</b>                                                      |                   | <b>62</b>    | <b>0.759</b>     | <b>High</b>                  |

## **6.5 RESPONSES TO RESEARCH QUESTIONS: DESCRIPTIVE STATISTICS**

This section presents the research findings. It also links responses to the research questions and objectives of the study. The analysis was done to gain insight into SMMEs' BSR practices and BSR as a business strategy (Chapter 3); the aim was also to revisit the conceptual model guiding the study proposed in Chapter 1. Mean, standard deviation and latent coefficient values are reported for each factor in Tables 6.4 to 6.12.

### **6.5.1 Business social responsibility understanding**

This section explored the level of BSR knowledge of the SMME role players, which forms the basis of BSR action, both generally and in response to HIV/AIDS. It was guided by literature opinions that psychological characteristics, knowledge, and perceptions of these personalities towards social responsibility affected SMME BSR practices (Jenkins, 2009). Specifically, various authorities and their literature answered this section by stating that those owner-manager behaviours emanating from their awareness and understanding of BSR understanding, overshadowed the influence of any other factors (such as resource availability, competitor behaviours, and employee involvement) when it comes to selecting business strategies (Falkner et al., 2015; Lum, 2017). Supplementary to this literature perspective, Table 6.4 summarises empirical findings from the surveyed SMMEs.

**Table 6.4: BSR understanding**

| BSR UNDERSTANDING                                                                                        |           | Frequency Distribution                                     |           |                   |                             |                 |             |                |                                        | Descriptives |         | Latent Factor (Principal component) |
|----------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------|-----------|-------------------|-----------------------------|-----------------|-------------|----------------|----------------------------------------|--------------|---------|-------------------------------------|
|                                                                                                          |           | Strongly Disagree                                          | Disagree  | Somewhat disagree | Neither agree, or disagree. | Somewhat agree. | Agree       | Strongly agree | %Somewhat agree/ Agree/ Strongly agree | Mean         | Std Dev | Coefficient                         |
| Q1. Abiding by laws and regulations for business                                                         | Freq<br>% | 4<br>2.4%                                                  | 6<br>3.5% | 9<br>5.3%         | 3<br>1.8%                   | 43<br>25.3%     | 38<br>22.4% | 67<br>39.4%    | 87.1%                                  | 5.69         | 1.504   | 0.441                               |
| Q2. Pursuing profit objectives by doing good for the community                                           | Freq<br>% | 10<br>5.9%                                                 | 4<br>2.4% | 12<br>7.1%        | 7<br>4.1%                   | 37<br>21.8%     | 64<br>37.6% | 36<br>21.2%    | 80.6%                                  | 5.31         | 1.618   | 0.181                               |
| Q3. Acting over and above what owners, the law, and society expects                                      | Freq<br>% | 0<br>0%                                                    | 6<br>3.5% | 6<br>3.5%         | 18<br>10.6%                 | 40<br>23.5%     | 61<br>35.9% | 39<br>22.9%    | 82.3%                                  | 5.54         | 1.251   | 0.666                               |
| Q4. Abiding by society's moral sense of right and wrong                                                  | Freq<br>% | 2<br>1.2%                                                  | 3<br>1.8% | 8<br>4.7%         | 14<br>8.2%                  | 32<br>18.8%     | 75<br>44.1% | 36<br>21.2%    | 84.1%                                  | 5.59         | 1.253   | 0.759                               |
| Q5. Voluntarily engaging in social and environmental actions beyond the legal and societal expectations. | Freq<br>% | 0<br>0%                                                    | 2<br>1.2% | 4<br>2.4%         | 18<br>10.6%                 | 14<br>8.2%      | 77<br>45.3% | 55<br>2.4%     | 85.9%                                  | 5.91         | 1.109   | 0.592                               |
|                                                                                                          |           | <b>Chronbach's Alpha</b>                                   |           |                   |                             |                 |             |                |                                        | <b>0.630</b> |         |                                     |
|                                                                                                          |           | <b>Chronbach's Alpha with Q2 omitted</b>                   |           |                   |                             |                 |             |                |                                        | <b>0.679</b> |         |                                     |
|                                                                                                          |           | <b>% of total variation accounted for by latent factor</b> |           |                   |                             |                 |             |                |                                        | <b>0.49</b>  |         |                                     |

Table 6.4 illustrates that the surveyed SMMEs had a high level of BSR understanding, underscored by at least an 80% level of agreement to all questions posed, that stressed its role in supporting the business case, philanthropic and moral responsibilities. 87.1 % somewhat agreed, agreed, or strongly agreed to views that BSR was aligned with abiding by the laws; 80.6% said that it was pursuing profit objectives, acting over and above what owners, the law, and society expect.

Furthermore, 82.3% understood BSR as upholding societal morals in daily business practices, while 84.1% defined it as voluntary activities (85.9%). These findings support various opinions in the literature that describe SMME BSR actions as motivated by the owner's selfless outgoing concerns and aspirations to comply with regulations to avoid legal sanctions and negative publicity (Inyang, 2013). Other researchers asserted that SMMEs are driven by strategic business goals and a general sense of doing the right thing (Amran et al., 2009; Dzansi et al., 2011). As a result of the findings, the sampled SMMEs have sufficient BSR awareness and knowledge to recognise its value and contributions to strategic business management.

However, while testing the questionnaire, this scale achieved Cronbach's alpha coefficient of 0.630, demonstrating adequate internal consistency in the five items in Table 6.17. However, when Question 2 is omitted, the level of internal constancy improves considerably to a coefficient of 0.679. Questionnaire item 2 also has a small latent factor coefficient of 0.181, which is redundant, as it possibly contains the same information given by other attributes. As a result, the BSR understanding construct will comprise only questionnaire items 1, 3, 4 and 5.

### **6.5.2 BSR motivations for SMMEs**

It was expected that understanding BSR would lead to an appreciation of the potential benefits of engaging in BSR activities. Thus, these expected benefits can create motivation to engage in BSR activities. Therefore, this section was based on an investigation of these possible motivations, guided by a mixture of scholarly views that could be linked to the need to achieve instrumental, ethical, moral and legal objectives. Thus, this section focuses on answering the study's two major questions:

- What motives drive the surveyed SMMEs to invest in BSR?
- Why do the surveyed SMMEs engage in their preferred BSR activities?

**Table 6.5 BSR motivations for SMMEs**

| BSR MOTIVATIONS FOR SMMEs                                   |        | Frequency Distribution                                     |            |                   |                           |                |             |                |                                        | Descriptives |         | Latent Factor (Principal component) |
|-------------------------------------------------------------|--------|------------------------------------------------------------|------------|-------------------|---------------------------|----------------|-------------|----------------|----------------------------------------|--------------|---------|-------------------------------------|
|                                                             |        | Strongly Disagree                                          | Disagree   | Somewhat disagree | Neither agree or disagree | Somewhat agree | Agree       | Strongly agree | %Somewhat agree/ Agree/ Strongly agree | Mean         | Std Dev | Coefficient                         |
| Q6.To increase its revenue                                  | Freq % | 9<br>5.3%                                                  | 11<br>6.5% | 4<br>2.4%         | 8<br>4.7%                 | 28<br>16.5%    | 78<br>45.9% | 32<br>18.8%    | 81.2%                                  | 5.34         | 1.639   | -0.363                              |
| Q7.Because it is the right thing to do                      | Freq % | 0<br>0%                                                    | 2<br>1.2%  | 1<br>0.8%         | 24<br>14.1%               | 28<br>16.5%    | 72<br>42.4% | 43<br>25.3%    | 84.2%                                  | 5.74         | 1.079   | 0.284                               |
| Q8. To help society address social challenges like HIV/AIDS | Freq % | 0<br>0%                                                    | 12<br>7.1% | 11<br>6.5%        | 36<br>21.2%               | 18<br>10.6%    | 48<br>28.2% | 45<br>26.5%    | 65.3%                                  | 5.26         | 1.547   | 0.568                               |
| Q9. To comply with the law                                  | Freq % | 1<br>6%                                                    | 7<br>4.1%  | 15<br>8.8%        | 28<br>16.5%               | 45<br>26.5%    | 68<br>40.0% | 6<br>3.5%      | 70.0%                                  | 4.98         | 1.238   | 0.085                               |
| Q10.To attract and retain skilled employees                 | Freq % | 9<br>5.3%                                                  | 9<br>5.3%  | 23<br>13.5%       | 56<br>32.9%               | 22<br>12.9%    | 28<br>16.6% | 23<br>13.5%    | 43.0%                                  | 4.46         | 1.621   | 0.066                               |
|                                                             |        | <b>Cronbach's Alpha</b>                                    |            |                   |                           |                |             |                |                                        | <b>0.325</b> |         |                                     |
|                                                             |        | <b>Chronbach's Alpha with Q1 omitted</b>                   |            |                   |                           |                |             |                |                                        | <b>0.441</b> |         |                                     |
|                                                             |        | <b>% of total variation accounted for by latent factor</b> |            |                   |                           |                |             |                |                                        | <b>0.47</b>  |         |                                     |

The results depicted in Table 6.5 illustrate that the main motivations to engage in BSR for the surveyed SMMEs in Cape Town were to do the right thing (84.2%), increase revenue (81.2%), attain legal compliance (70.0%) and assist society in addressing social challenges like HIV/AIDS (65.3%). These findings support literature asserting that SMMEs are motivated by legal, moral, and social concerns, although often without expressing interest in prioritising objectives (negative latent factor). However, there is an overall disagreement that the desire to attract and retain skilled employees motivates BSR among SMMEs (only 43% agreed). This is likely the case because SMMEs are aware of their inability to retain skilled employees due to a lack of financial resources to adequately compensate and provide stable employment (Rungani et al., 2018; Gopaul et al., 2020). Nonetheless, it can be argued that the responses obtained

are consistent with those expressed in the reviewed literature, implying that SMMEs could integrate BSR into their business strategy while also striving to meet their legal and moral obligations.

Regarding scale reliability, this construct has a weak level of internal consistency (Cronbach's alpha coefficient of 0.325). Moreover, questionnaire items 9 and 10 also have very low factor coefficients (0.085 and 0.066), which can be explained by poor interrelatedness between item questions. This construct will therefore comprise only questionnaire items 7 and 8.

### **6.5.3 Business social responsibilities activities**

It is expected that activities to meet stakeholder obligations will naturally follow after awareness of the benefits of BSR and establishing BSR objectives increases. This section addressed a key study goal of understanding the BSR activities that SMMEs undertook generally and in response to the epidemic. The following research question is addressed in this section. What are the main BSR activities that the surveyed SMMEs engage in?

Results pertaining to the general BSR activities are presented in Table 6.6, while stakeholder-specific summaries are in Table 6.7, Table 6.8 and Table 6.9. below.

**Table 6.6: Business social responsibilities activities**

| BSR ACTIVITIES                                             |      | Frequency Distribution                                     |          |                   |                           |                |       |                |                                        | Descriptives |         | Latent Factor<br>(Principal component) |
|------------------------------------------------------------|------|------------------------------------------------------------|----------|-------------------|---------------------------|----------------|-------|----------------|----------------------------------------|--------------|---------|----------------------------------------|
|                                                            |      | Strongly Disagree                                          | Disagree | Somewhat disagree | Neither agree or disagree | Somewhat agree | Agree | Strongly agree | %Somewhat agree/ Agree/ Strongly agree | Mean         | Std Dev | Coefficient                            |
| Q11. Employs local people                                  | Freq | 2                                                          | 18       | 4                 | 21                        | 44             | 59    | 22             |                                        |              |         |                                        |
|                                                            | %    | 1.2%                                                       | 10.6%    | 2.4%              | 12.4%                     | 25.9%          | 34.7% | 12.9%          | 73.5%                                  | 5.07         | 1.494   | 0.518                                  |
| Q12. Provides health and safety education to its employees | Freq | 12                                                         | 20       | 1                 | 10                        | 62             | 48    | 17             |                                        |              |         |                                        |
|                                                            | %    | 7.1%                                                       | 11.8%    | 0.6%              | 5.9%                      | 36.5%          | 28.2% | 10.0%          | 74.7%                                  | 4.78         | 1.709   | 0.806                                  |
| Q13. Makes regular donations to the local community        | Freq | 14                                                         | 28       | 15                | 33                        | 25             | 29    | 26             |                                        |              |         |                                        |
|                                                            | %    | 8.2%                                                       | 16.5%    | 8.8%              | 19.4%                     | 14.7%          | 17.1% | 15.3%          | 47.1%                                  | 4.28         | 1.907   | 0.632                                  |
| Q14. Supporting local cultural activities                  | Freq | 4                                                          | 35       | 32                | 45                        | 7              | 32    | 15             |                                        |              |         |                                        |
|                                                            | %    | 2.4%                                                       | 20.6%    | 18.8%             | 26.5%                     | 4.1%           | 18.8% | 8.8%           | 31.7%                                  | 4.01         | 1.682   | 0.537                                  |
|                                                            |      | <b>Chronbach's Alpha</b>                                   |          |                   |                           |                |       |                |                                        | <b>0.730</b> |         |                                        |
|                                                            |      | <b>% of total variation accounted for by latent factor</b> |          |                   |                           |                |       |                |                                        | <b>0.383</b> |         |                                        |

As shown in Table 6.6, most of the SMMEs (73.5%) employed local people, and (74.7%) provided health and safety education to their employees as part of their BSR activities. Furthermore, less than half of these SMMEs (47.1%) donated to local communities and supported local cultural activities (31.7%). According to these findings, SMMEs prioritised BSR activities closely related to their internal operational needs and business case objectives compared to those that sought to meet societal philanthropic expectations. Employees are part of the SMME BSR decision-making unit (Rambe et al., 2016). They are better placed to self-administer BSR activities such as health and safety education among themselves. Therefore, it is logical to find SMME BSR choices biased toward the well-being of their employees.

In addition, the higher propensity among SMMEs to employ local people is unsurprising, as it conforms to the widely touted role of SMMEs as creators of

employment in local communities (Amra, et al., 2013; Jili, Masuku, & Selepe, 2017). SMMEs employ local people, partly influenced by the family and societal connections of the founders. Table 6.6, on the other hand, shows that only about half of the companies donated to local communities and supported cultural activities. A lack of financial resources can explain this pattern to support such events. These activities may, once again, provide fewer strategic advantages for SMMEs, seeking to use BSR as a competitive tool.

Nonetheless, the collective responses to all questions under this scale support a generalised conclusion that the surveyed SMMEs actively engaged in BSR. Additionally, considering this construct has a Cronbach's alpha value of 0.730 and high individual values, the activities are highly correlated. Thus, the items reliably measured the concerned BSR activities.

#### **6.5.3.1 *Employee targeted BSR practices in response to HIV/AIDS***

This section investigated the following key questions related to the study concerning HIV/AIDS BSR activities targeted at employees' stakeholders. The results are outlined in Table 6.7.

- To what extent does HIV/AIDS feature as BSR activity for the SMMEs?
- Who are these HIV/AIDS-related activities directed at (employees, customers or the local community)?

These questions also apply to sections: **6.6.3.2 and 6.6.3.3**

**Table 6.7. HIV/AIDS BSR practices to employee stakeholders**

| Stakeholder oriented BSR practices in response to HIV/AIDS – employees. |                                                     | Frequency Distribution |          |                   |                           |                |       |          | Descriptives                    |            | Latent Factor (Principal component) |             |
|-------------------------------------------------------------------------|-----------------------------------------------------|------------------------|----------|-------------------|---------------------------|----------------|-------|----------|---------------------------------|------------|-------------------------------------|-------------|
|                                                                         |                                                     | Strongly Disagree      | Disagree | Somewhat Disagree | Neither agree or disagree | Somewhat agree | Agree | Strongly | %Somewhat agree/ Strongly agree | Mean       | Std Dev                             | Coefficient |
| Q15. HIV prevention education in the workplace                          | Freq %                                              | 10 22 17 2             | 34       | 32                | 53                        |                |       |          | 51.2%                           | 4.31 1.614 | 0.571                               |             |
|                                                                         |                                                     | 5.9% 12.9% 10.0%       | 20.0%    | 18.8%             | 31.2%                     | 1.2%           |       |          |                                 |            |                                     |             |
| Q16. Onsite HIV testing and counselling services                        | Freq %                                              | 65 75 30               | 0        | 0                 | 0                         | 0              |       |          |                                 | 0%         | 1.79 0.721                          | -0.114      |
|                                                                         |                                                     | 38.2% 44.1% 17.6%      | 0%       | 0%                | 0%                        | 0%             |       |          |                                 |            |                                     |             |
| Q17. Referrals to public health centres to access HIV/AIDS services     | Freq %                                              | 6 27 12                | 29       | 52                | 37                        | 7              |       |          |                                 | 56.5%      | 4.37 1.564                          | 0.738       |
|                                                                         |                                                     | 3.5% 15.9% 7.1%        | 17.1%    | 30.6%             | 21.8%                     | 4.1%           |       |          |                                 |            |                                     |             |
| Q18. Pay some medical bills for employees living with HIV/AIDS          | Freq %                                              | 24 59 35               | 33       | 12                | 1                         | 62             |       |          |                                 | 11.2%      | 2.86 1.414                          | -0.120      |
|                                                                         |                                                     | 14.1% 34.7% 20.6%      | 19.4%    | 7.1               | 0.6%                      | 3.5%           |       |          |                                 |            |                                     |             |
| Q19. Antiretroviral treatment for employees                             | Freq %                                              | 79 81 10               | 0        | 0                 | 0                         | 0              |       |          |                                 | 0%         | 1.59 0.601                          | -0.226      |
|                                                                         |                                                     | 46.5% 47.6% 5.9%       | 0%       | 0%                | 0%                        | 0%             |       |          |                                 |            |                                     |             |
| Q20. Flexible working hours for employees living with HIV/AIDS          | Freq %                                              | 29 34 6                | 39       | 34                | 16                        | 12             |       |          |                                 | 36.5%      | 3.65 1.866                          | 0.576       |
|                                                                         |                                                     | 17.1% 20.0% 3.5%       | 22.9%    | 20.0%             | 9.4%                      | 7.1%           |       |          |                                 |            |                                     |             |
|                                                                         | Chronbach's Alpha                                   |                        |          |                   |                           |                |       |          |                                 | 0.355      |                                     |             |
|                                                                         | Chronbach's Alpha with Q 18 omitted                 |                        |          |                   |                           |                |       |          |                                 | 0.410      |                                     |             |
|                                                                         | % of total variation accounted for by latent factor |                        |          |                   |                           |                |       |          |                                 | 0.45       |                                     |             |

None of the SMMEs provided onsite HIV testing, counselling, or antiretroviral treatment to their employees, as shown in Table 6.7. Some, on the other hand, provided HIV prevention education (51.2%), referred employees to public health centres (56.5%), and devised flexible work schedules to accommodate employees living with HIV/AIDS (36.5 %). These findings suggest that SMMEs found it easier to engage in HIV/AIDS-related BSR activities that could be done informally and did not require a lot of money and technical knowledge. This finding concurs with Chazireni's

(2017) observations in a study of wholesale and retail SMMEs in KwaZulu Natal. Chazireni found that SMMEs were less inclined to carry out costly activities such as state-supplied condoms and free anti-retroviral drugs as compared to large corporations. Furthermore, it is reasonable to surmise that SMMEs feel less pressured to engage in complex employee-oriented HIV/AIDS-related BSR activities because they think employees are better served through the public health system. Thus, they end up engaging in less complicated and basic BSR activities to sometimes tick the boxes. This view is supported by relatively higher-level actions (56.5%) to refer employees to public health centres. From a strategic point of view, the results indicate that there are few opportunities for SMMEs to leverage organisational success, given that they invest little in it.

As indicated by Pimhidzai et al. (2006), dealing with HIV/AIDS in SMME environments can be problematic because of the family unit structure that many SMMEs assume. The challenges stem from fears of stigma and discrimination (Pimhidzai et al., 2006) and the absence of instruments like workplace HIV/AIDS policies to regulate HIV/AIDS management protocols in these businesses.

However, statistical analysis revealed that this scale has a low internal consistency: a Cronbach's alpha value of 0.355. Items 16, 18, and 19 have low latent effects, thus contributing minimally to the scale. Therefore, considering the responses, Cronbach's alpha and latent values, literature and this construct will be represented by Items 15, 17 and 20 in its computation.

#### ***6.5.3.2 Community focused BSR practices in response to HIV/AIDS***

The section investigated key questions related to the study concerning HIV/AIDS BSR activities targeted at the community. The results are outlined in Table 6.8.

Table 6.8 illustrates that the surveyed SMMEs had a low-level community engagement to address HIV/AIDS issues. Less than half of the firms somewhat agreed, agreed, and strongly agreed with any specific questions regarding their BSR activities. It, therefore, means that despite the importance of local communities in the life of SMMEs, these entities have not yet exhibited serious concern in addressing the epidemic in the Cape Town communities.

**Table 6.8: HIV/AIDS BSR practices to community stakeholders**

| Stakeholder-oriented BSR practices in response to HIV/AIDS – community.             |      | Frequency Distribution                                     |          |                   |                           |                |       |                |                                | Descriptives |         | Latent Factor (Principal component) |
|-------------------------------------------------------------------------------------|------|------------------------------------------------------------|----------|-------------------|---------------------------|----------------|-------|----------------|--------------------------------|--------------|---------|-------------------------------------|
|                                                                                     |      | Strongly Disagree                                          | Disagree | Somewhat disagree | Neither agree or disagree | Somewhat agree | Agree | Strongly agree | %Somewhat agree/Strongly agree | Mean         | Std Dev | Coefficient                         |
| Q21. HIV prevention education in the community                                      | Freq | 29                                                         | 38       | 14                | 36                        | 27             | 16    | 10             |                                |              |         |                                     |
|                                                                                     | %    | 17.1%                                                      | 22.4%    | 8.2%              | 21.2%                     | 15.9%          | 9.5%  | 5.9%           | 31.3%                          | 3.48         | 1.824   | 0.276                               |
| Q22. Helps train HIV/AIDS peer educators in the community                           | Freq | 10                                                         | 80       | 13                | 30                        | 20             | 9     | 8              |                                |              |         |                                     |
|                                                                                     | %    | 5.9%                                                       | 47.1%    | 7.6%              | 17.6%                     | 11.8%          | 5.3%  | 4.7%           | 21.8%                          | 3.17         | 1.603   | 0.288                               |
| Q23. Regularly donates food to families of people living with HIV/AIDS              | Freq | 13                                                         | 74       | 17                | 30                        | 23             | 13    | 0              |                                |              |         |                                     |
|                                                                                     | %    | 7.6%                                                       | 43.5%    | 10.0%             | 17.6%                     | 13.5%          | 7.6   | 0%             | 21.1%                          | 3.09         | 1.467   | 0.894                               |
| Q24. Regularly donates financially to community HIV/AIDS care and support programs. | Freq | 46                                                         | 52       | 22                | 31                        | 3              | 16    | 0              |                                |              |         |                                     |
|                                                                                     | %    | 27.1%                                                      | 30.6%    | 12.9%             | 18.2%                     | 1.8%           | 9.4%  | 0%             | 11.2%                          | 2.65         | 1.543   | 0.717                               |
| Q25. Skills training for startup self-help projects for people living with HIV/AIDS | Freq | 37                                                         | 66       | 13                | 32                        | 20             | 2     | 0              |                                |              |         |                                     |
|                                                                                     | %    | 21.8%                                                      | 38.8%    | 7.6%              | 18.8%                     | 11.8%          | 1.2%  | 0%             | 13.0%                          | 2.64         | 1.379   | 0.649                               |
|                                                                                     |      | <b>Chronbach's Alpha</b>                                   |          |                   |                           |                |       |                |                                | <b>0.705</b> |         |                                     |
|                                                                                     |      | <b>% of total variation accounted for by latent Factor</b> |          |                   |                           |                |       |                |                                | <b>0.337</b> |         |                                     |

Specifically, survey results reveal that only 31.3% of the 170 SMMEs claimed to provide HIV prevention education to the communities, 21,1% regularly donate food to families of people living with HIV/AIDS, and 11.2% regularly make financial donations

to the community' HIV/AIDS care and support programs. In addition, 13% SMMEs stated they provided skills training for start-up self-help projects for people living with HIV/AIDS in the community. Guided by literature perspectives, despite such a low level of HIV/AIDS BSR engagement, these responses largely appear contradictory and not in sync with the ordinary strengths and capabilities of SMMEs (Chazireni, 2017; Simbayi et al., 2007). SMMEs are assumed to have neither the resources nor skills to support undertaking HIV/AIDS-related actions and skills training people living with HIV/AIDS. In that sense, many of these community-oriented interventions might be more aspirational than practical for many of these SMMEs. In any case, it was also reflected in Section 6.6.3 that the surveyed SMMEs characteristically performed less in community-oriented BSR activities. This is consistent with how they combat HIV/AIDS, as demonstrated in Table 6.8. However, with a Cronbach alpha value 0.705, this scale adequately reliably measured the concerned BSR activities.

#### ***6.5.3.3 Customer focused BSR practices in response to HIV/AIDS***

This construct investigated HIV/AIDS intervention by small businesses from what some scholars (Turyakira et al., 2012; Gonzalez, 2012) classified as market-orientated BSR activities. As argued in the literature, the objectives of market-orientated BSR activities aim to impact profitability, competitiveness and reputational goals.

Considering their small size, limited resource outlay, and intuitive decision-making culture, results in Table 6.9 suggest that SMMEs in Cape Town engage in BSR activities to safeguard their local consumers and markets. Specifically, the data show that 53.5% and 48.6% of these SMMEs actively distributed HIV-related materials from local health centres and provided HIV prevention education to local customers. This is followed by 40% SMMEs that indicated they did set up self-help services for customers to avoid in-person contact with staff. Furthermore, only 25.3% displayed

HIV/AIDS policy statements in their businesses. These results collectively corroborate observations in Section 6.6.3.2) that SMMEs primarily implement HIV/AIDS-related BSR activities that can be done informally and do not require much technical knowledge and financial resources.

**Table 6.9: BSR practices in response to HIV/AIDS – customers**

| Stakeholder-oriented BSR practices in response to HIV/AIDS – customers.        |        | Frequency Distribution                              |             |                   |                           |                |             |                |                                 | Descriptives |         | Latent Factor (Principal component) |
|--------------------------------------------------------------------------------|--------|-----------------------------------------------------|-------------|-------------------|---------------------------|----------------|-------------|----------------|---------------------------------|--------------|---------|-------------------------------------|
|                                                                                |        | Strongly Disagree                                   | Disagree    | Somewhat disagree | Neither agree or disagree | Somewhat agree | Agree       | Strongly agree | %Somewhat agree/ Strongly agree | Mean         | Std Dev | Coefficient                         |
| Q26. HIV prevention education to local customers                               | Freq % | 22<br>12.9%                                         | 17<br>10.0% | 15<br>8.8%        | 33<br>19.4%               | 40<br>23.5%    | 40<br>23.5% | 3<br>1.8%      | 48.6%                           | 4.08         | 1.732   | 0.880                               |
| Q27. Self-help services to avoid in-person contact with employees              | Freq % | 15<br>8.8%                                          | 37<br>21.8% | 9<br>5.3%         | 40<br>23.5%               | 50<br>29.4%    | 17<br>10.0% | 2<br>1.2%      | 40.6%                           | 3.78         | 1.576   | 0.662                               |
| Q28. Distribute HIV-related materials from local health centres                | Freq % | 8<br>4.7%                                           | 19<br>11.2% | 16<br>9.4%        | 36<br>21.2%               | 51<br>30.0%    | 34<br>20.0% | 6<br>3.5%      | 53.5%                           | 4.35         | 1.508   | 0.484                               |
| Q29. Display HIV/AIDS policy statement to assure HIV/AIDS standards compliance | Freq % | 21<br>12.4%                                         | 53<br>31.2% | 22<br>12.9%       | 31<br>18.2%               | 26<br>15.3%    | 14<br>8.2%  | 3<br>1.8%      | 25.3%                           | 3.25         | 1.606   | 0.307                               |
|                                                                                |        | Chronbach's Alpha                                   |             |                   |                           |                |             |                |                                 | 0.642        |         |                                     |
|                                                                                |        | Chronbach's Alpha with Q 29 omitted                 |             |                   |                           |                |             |                |                                 | 0.704        |         |                                     |
|                                                                                |        | % of total variation accounted for by latent Factor |             |                   |                           |                |             |                |                                 | 0.42         |         |                                     |

In relation to displaying HIV/AIDS policies, Bowen et al. (2013) and Mapungwana (2014) similarly found that few SMMEs had established HIV/AIDS policies. Such low levels of policy compliance are customary for SMMEs since they ordinarily avoid documenting and formalising their activities.

#### 6.5.3.4 Budget and resources for BSR in response to HIV/AIDS

This section addressed the research question which dealt with resource availability for HIV/AIDS-related BSR activities, namely: What percentage of the BSR budget do the SMMEs surveyed allocate to HIV/AIDS related activities?

Results in Table 6.10 illustrate that 84.7% of the SMMEs broadly indicated they had no budget for HIV/AIDS-related programs. Relatedly 68.2% of these SMMEs do not know how much they spend on HIV/AIDS services, while only 6.5% of the firms spend more than 10% of monthly sales on HIV/AIDS programs.

**Table 6.10: Budget and resources for BSR in response to HIV/AIDS**

| Budget and resources for BSR in response to HIV/AIDS                          |      | Frequency Distribution |          |                   |                           |                |       |                        | Descriptives |            | Latent Factor (Principal component) |
|-------------------------------------------------------------------------------|------|------------------------|----------|-------------------|---------------------------|----------------|-------|------------------------|--------------|------------|-------------------------------------|
|                                                                               |      | Strongly Disagree      | Disagree | Somewhat disagree | Neither agree or disagree | Somewhat agree | Agree | Somewhat agree/ Agree/ | Mean         | Std Dev    | Coefficient                         |
| Q30. The business has no budget set for HIV/AIDS-related programs             | Freq | 12                     | 2        | 3                 | 9                         | 26             | 71    | 47                     |              |            |                                     |
|                                                                               | %    | 7.1%                   | 1.2%     | 1.8%              | 5.3%                      | 15.3%          | 41.8% | 27.6%                  | 84.7%        | 5.56 1.606 | 0.057                               |
| Q31. I do not know how much we spend on HIV/AIDS services                     | Freq | 20                     | 12       | 11                | 11                        | 17             | 65    | 34                     |              |            |                                     |
|                                                                               | %    | 11.8%                  | 7.1%     | 6.5%              | 6.5%                      | 10.0%          | 38.2% | 20.0%                  | 68.2%        | 4.91 2.010 | -0.070                              |
| Q32. The business spends more than 10% of monthly sales on HIV/AIDS programs. | Freq | 67                     | 81       | 2                 | 9                         | 9              | 1     | 1                      |              |            |                                     |
|                                                                               | %    | 39.4%                  | 47.6%    | 1.2%              | 5.3%                      | 5.3%           | 0.6%  | 0.6%                   | 6.5%         | 1.94 1.157 | 0.402                               |
| Q33. The business spends 5% of the monthly profit on HIV/AIDS programs        | Freq | 21                     | 92       | 11                | 20                        | 8              | 3     | 15                     |              |            |                                     |
|                                                                               | %    | 12.4%                  | 54.1%    | 6.5%              | 11.8%                     | 4.7%           | 1.8%  | 8.8%                   | 15.3%        | 2.83 1.703 | 0.019                               |
| Q34. Employees volunteer to conduct community HIV/AIDS program                | Freq | 53                     | 57       | 24                | 8                         | 23             | 5     | 0                      |              |            |                                     |
|                                                                               | %    | 31.2%                  | 33.5%    | 14.1%             | 4.7%                      | 13.5%          | 2.9%  | 0%                     | 16.4%        | 2.45 1.464 | 0.792                               |
| Q35. The business owner delivers HIV/AIDS programs for all stakeholders       | Freq | 38                     | 53       | 29                | 42                        | 2              | 6     | 0                      |              |            |                                     |
|                                                                               | %    | 22.4%                  | 31.2%    | 17.1%             | 24.7%                     | 1.2%           | 3.5%  | 0%                     | 4.7%         | 2.62 1.297 | 0.707                               |

|                                                                                     |      |       |       |       |      |      |      |      |      |       |       |
|-------------------------------------------------------------------------------------|------|-------|-------|-------|------|------|------|------|------|-------|-------|
| Q36. Mobilises community volunteers to implement community-based HIV/AIDS programs. | Freq | 39    | 86    | 24    | 13   | 4    | 4    | 0    |      |       |       |
|                                                                                     | %    | 22.9% | 50.6% | 14.1% | 7.6% | 2.4% | 2.4% | 0%   | 4.8% | 2.23  | 1.104 |
| Q37. Hires external experts to conduct HIV/AIDS programs for all stakeholders.      | Freq | 45    | 67    | 30    | 10   | 8    | 8    | 2    |      |       |       |
|                                                                                     | %    | 26.5% | 39.4% | 17.6% | 5.9% | 4.7% | 4.7% | 1.2% | 5.9% | 2.42  | 1.409 |
| Chronbach's Alpha                                                                   |      |       |       |       |      |      |      |      |      | 0.620 |       |
| Chronbach's Alpha with Q 31 omitted                                                 |      |       |       |       |      |      |      |      |      | 0.649 |       |
| % of total variation accounted for by latent factor                                 |      |       |       |       |      |      |      |      |      | 0.487 |       |

Similarly, 15.3% of businesses spend only 5% of their monthly profit on HIV/AIDS programs. The figures collectively suggest that SMMEs allocate few resources for HIV/AIDS programs, primarily to levels below 5 per cent of their profits. In another study, Dzansi (2004:203) commented that 5% might be their (SMMEs) set threshold of BSR expenditures.

Despite these apparent resource limitations, Soundararajan et al. (2017) cautioned against stereotyping that resource limitations hinder SMMEs from engaging in social responsibility activities. They argued that SMMEs also leverage their relational networking capital to engage in BSR even when lacking substantial financial and human resources. Thus, these results call for an interpretation that recognises the impact of other non-financial factors holding SMMEs back from fulfilling their BSR obligations. However, in this study, resource availability issues appear to impact SMMEs' BSR activities significantly. As a measurement scale, this construct has a significant Cronbach's alpha coefficient of 0.620; hence all its items are retained for computation.

#### 6.5.4 Ethical influences of business social responsibility

Based on literature views in Chapters 2,3 and 4 that BSR has ethical roots and is an ethical practice, this section also sought to explore these ethical influences in the

surveyed SMMEs. As illustrated in Table 6.11, four broad ethical attributes were investigated: Ubuntu, religious values, legal ethics and strategic business goals. These categories collectively encompassed a view of BSR as a strategic tool to obtain a social license to operate and uphold moral accountability.

**Table 6.11: Ethical influences of business social responsibility**

| Ethical influences of BSR     |      | Frequency Distribution                              |          |                   |                           |                |       |                |                  | Descriptives |         | Latent Factor (Principal component) |
|-------------------------------|------|-----------------------------------------------------|----------|-------------------|---------------------------|----------------|-------|----------------|------------------|--------------|---------|-------------------------------------|
|                               |      | Strongly Disagree                                   | Disagree | Somewhat disagree | Neither agree or disagree | Somewhat agree | Agree | Strongly Agree | %Somewhat agree/ | Mean         | Std Dev | Coefficient                         |
| Q38. Ubuntu ethics            | Freq | 1                                                   | 5        | 20                | 1                         | 14             | 71    | 58             |                  |              |         |                                     |
|                               | %    | 0.6%                                                | 2.9%     | 11.8%             | 0.6%                      | 8.2%           | 41.8% | 34.1%          | 84.1%            | 5.75         | 1.439   | 0.984                               |
| Q39. Religious values         | Freq | 0                                                   | 6        | 19                | 10                        | 15             | 85    | 35             |                  |              |         |                                     |
|                               | %    | 0%                                                  | 3.5%     | 11.2%             | 5.9%                      | 8.8%           | 50.0% | 20.6%          | 79.4%            | 5.52         | 1.373   | 0.773                               |
| Q40. Legal ethics             | Freq | 0                                                   | 0        | 3                 | 3                         | 22             | 101   | 41             |                  |              |         |                                     |
|                               | %    | 0%                                                  | 0%       | 1.8%              | 1.8%                      | 12.9%          | 59.3% | 24.1%          | 96.3%            | 6.02         | 0.777   | 0.153                               |
| Q41. Business strategic goals | Freq | 1                                                   | 0        | 7                 | 1                         | 21             | 74    | 66             |                  |              |         |                                     |
|                               | %    | 0.6%                                                | 0%       | 4.1%              | 0.6%                      | 12.4%          | 43.5% | 38.8%          | 94.7%            | 6.10         | 1.024   | 0.352                               |
|                               |      | Chronbach's Alpha                                   |          |                   |                           |                |       |                |                  | 0.681        |         |                                     |
|                               |      | Chronbach's Alpha with Q 40 omitted                 |          |                   |                           |                |       |                |                  | 0.717        |         |                                     |
|                               |      | % of total variation accounted for by latent factor |          |                   |                           |                |       |                |                  | 0.428        |         |                                     |

Table 6.11 presents findings that are mainly confirmatory to the perceptions in the literature (Kayuni et al., 2012; Visser et al., 2017; Okereke et al., 2018) that Ubuntu ethics, religious values, legal ethics, and strategic considerations impacted SMME's BSR behaviours. Specifically, at least 80% of the firms agreed on the effect of each of these ethical factors. Therefore, the results reconcile and validate different

perspectives by scholars presented in literature reviews regarding the key influences of BSR by SMMEs and the role of BSR as a business strategy (Delchet-Cochet & Akeb, 2015; Siltaloppi, Rajala, & Hietala, 2020). Specifically, they add to the discourse by acknowledging the growing recognition of BSR as part of the marketing process, strengthening the corporate system, and enhancing the firm's reputation (Sonja et al., 2018; MacGregor et al., 2011). It was reported in Section 6.4.4. that many SMMEs in South Africa were striving to be formally registered. Elsewhere it is claimed that Ubuntu ethics influence the country's social, political and business practices (Muthuri, 2012; Steenkamp et al., 2018). Thus it also influences SMMEs' BSR practices. In conclusion, the findings presented in Table 6.10 suggest that Ubuntu ethics, religious values, legal ethics, and strategic considerations affect the BSR practices of the surveyed population.

### **6.5.5 BSR challenges**

Table 6.12 reveals that the challenges facing SMMEs when engaging in BSR can be clustered into two groups- internal and external environment challenges. Internal challenges are located within the firms' boundaries (Q42-46). In contrast, external challenges exist outside the parameters of an organisation (Q47-50).

Although HIV/AIDS is commonly discussed in SMME workplaces (Q42), empirical findings suggest that internal limitations such as time constraints (67.0%), a lack of capacity (61.7%), owner-manager lack of conviction about HIV/AIDS BSR benefits (63.7%), and low managerial commitment (72.4%) to BSR derail SMME social responsibility initiatives. In the same vein, other studies (Lo & Sugiarto, 2021; Duma, 2017) also reported these factors as significantly impacting SMMEs' BSR performances, though, considering the casual nature of SMME social responsibility practices, these challenges would arguably matter when focused on strategic BSR.

**Table 6.12: BSR challenges**

| BSR challenges                                                   |           | Frequency Distribution                                     |             |                   |                           |                |             |                |                                       | Descriptives |         | Latent Factor<br>(Principal component) |
|------------------------------------------------------------------|-----------|------------------------------------------------------------|-------------|-------------------|---------------------------|----------------|-------------|----------------|---------------------------------------|--------------|---------|----------------------------------------|
|                                                                  |           | Strongly Disagree                                          | Disagree    | Somewhat disagree | Neither agree or disagree | Somewhat agree | Agree       | Strongly agree | Somewhat agree/ Agree/ Strongly agree | Mean         | Std Dev | Coefficient                            |
| Q42. No one talks about HIV/AIDS in this business                | Freq<br>% | 51<br>30.0%                                                | 32<br>18.8% | 7<br>4.1%         | 14<br>8.2%                | 3<br>1.8%      | 32<br>18.8% | 31<br>18.2%    | 38.8%                                 | 3.62         | 2.408   | 0.683                                  |
| Q43. Lack of time for BSR activities                             | Freq<br>% | 20<br>11.8%                                                | 1<br>0.6%   | 24<br>14.1%       | 11<br>6.5%                | 39<br>22.9%    | 43<br>25.3% | 32<br>8.8%     | 67.0%                                 | 4.79         | 1.884   | 0.855                                  |
| Q44. Lack of capability to engage in BSR                         | Freq<br>% | 15<br>8.8%                                                 | 2<br>1.2%   | 39<br>22.9%       | 9<br>5.3%                 | 42<br>24.7%    | 33<br>19.4% | 30<br>17.6%    | 61.7%                                 | 4.65         | 1.812   | 0.892                                  |
| Q45. Lack of conviction about HIV/AIDS BSR benefits              | Freq<br>% | 15<br>8.8%                                                 | 13<br>7.6%  | 2<br>1.2%         | 30<br>17.6%               | 45<br>25.5%    | 40<br>23.5% | 25<br>14.7%    | 63.7%                                 | 4.75         | 1.761   | 0.673                                  |
| Q46. Management commitment to BSR                                | Freq<br>% | 17<br>10.0%                                                | 1<br>0.6%   | 3<br>1.8%         | 26<br>15.3%               | 60<br>35.3%    | 36<br>21.2% | 27<br>15.9%    | 72.4%                                 | 4.92         | 1.653   | 0.748                                  |
| Q47. Lack of SMME sector support                                 | Freq<br>% | 0<br>0.0%                                                  | 0<br>0%     | 22<br>12.9%       | 20<br>11.8%               | 30<br>17.6%    | 62<br>36.5% | 36<br>1.28%    | 55.38%                                | 5.41         | 1.299   | 0.809                                  |
| Q48. Lack of incentive from the government to deal with HIV/AIDS | Freq<br>% | 0<br>0.0%                                                  | 11<br>6.5%  | 8<br>4.7%         | 40<br>23.5%               | 30<br>17.6%    | 51<br>30.0% | 30<br>17.6%    | 65.2                                  | 5.13         | 1.417   | 0.751                                  |
| Q49. Having no big business role model                           | Freq<br>% | 0<br>0%                                                    | 16<br>9.4%  | 20<br>11.8%       | 6<br>3.5%                 | 52<br>30.6%    | 53<br>31.2% | 23<br>13.5%    | 75.3%                                 | 5.03         | 1.489   | 0.820                                  |
| Q50. Lack of external stakeholder pressure                       | Freq<br>% | 0<br>0.0%                                                  | 15<br>8.8%  | 32<br>18.8%       | 10<br>5.9%                | 50<br>29.4%    | 42<br>24.7% | 21<br>12.4%    | 66.5                                  | 4.79         | 1.523   | 0.282                                  |
|                                                                  |           | <b>Chronbach's Alpha</b>                                   |             |                   |                           |                |             |                |                                       | <b>0.746</b> |         |                                        |
|                                                                  |           | <b>% of total variation accounted for by latent factor</b> |             |                   |                           |                |             |                |                                       | <b>0.553</b> |         |                                        |

However, it has also been argued that such casual BSR activities result in "strategic philanthropy" (Ndhlovu 2011) that can enable SMMEs to realise strategic goals, even as researchers' (Vo et al., 2015; Gopaul et al. 2020; Lo and Sugiarto, 2021) pontificate that SMMEs often overlook the role of BSR as a strategic competitive asset.

The results further illustrate those external challenges that affect SMME BSR behaviours. These are lack of access to role model firms (75.3%) and the absence of significant external stakeholder pressure that deter SMMEs from actively engaging in HIV/AIDS BSR activities. Moreover, 65,2% of SMMEs cited failure to receive adequate government support and incentives as a challenge. Relatedly 55,3% cited lack of support from sectoral bodies (55.3%) as one of their key challenges. Unfortunately, SMMEs cannot control many of the external challenges. Practically, SMMEs can do little to ease the effect of these external challenges as they cannot influence the behaviours of external agencies like the government. Thus, for strategic reasons, they must focus on ameliorating the effects of internal constraints that they can control.

## **6.6 CORELATION BETWEEN LATENT FACTORS**

Correlations analysis was used to examine the relationship between the latent variables under investigation. The sections below detail the relevant associations.

The Pearson correlation coefficient was used to test the relationships amongst independent scale variables as illustrated in Table 6.13. The relationship between variables in an SMME's ecosystem is expected to impact their general BSR behaviours and HIV/AIDS response.

**Table 6.13. Correlations between latent factors**

| Correlations                                                 |         |                   |                 |                |                           |                           |                          |            |                        |                |
|--------------------------------------------------------------|---------|-------------------|-----------------|----------------|---------------------------|---------------------------|--------------------------|------------|------------------------|----------------|
| Pearson Correlation                                          |         | BSR understanding | BSR motivations | BSR activities | STAKEHOLDER BSR Employees | STAKEHOLDER BSR Community | STAKEHOLDER BSR Customer | BSR Budget | BSR ethical influences | BSR challenges |
| BSR understanding                                            | Corr    |                   |                 |                |                           |                           |                          |            |                        |                |
|                                                              | N       | 170               |                 |                |                           |                           |                          |            |                        |                |
| BSR motivations                                              | Corr    | 0.163*            | --              |                |                           |                           |                          |            |                        |                |
|                                                              | P-value | 0.034             |                 |                |                           |                           |                          |            |                        |                |
|                                                              | N       | 170               | 170             |                |                           |                           |                          |            |                        |                |
| BSR activities                                               | Corr    | 0.385**           | 0.269**         | --             |                           |                           |                          |            |                        |                |
|                                                              | P-value | <0.001            | <0.001          |                |                           |                           |                          |            |                        |                |
|                                                              | N       | 170               | 170             | 170            |                           |                           |                          |            |                        |                |
| STAKEHOLDER BSR Employees                                    | Corr    | 0.146             | 0.247**         | 0.384**        | --                        |                           |                          |            |                        |                |
|                                                              | P-value | 0.057             | 0.001           | <0.001         |                           |                           |                          |            |                        |                |
|                                                              | N       | 170               | 170             | 170            | 170                       |                           |                          |            |                        |                |
| STAKEHOLDER BSR Community                                    | Corr    | 0.006             | 0.280**         | 0.209**        | 0.490**                   | --                        |                          |            |                        |                |
|                                                              | P-value | 0.943             | <0.001          | 0.006          | <0.001                    |                           |                          |            |                        |                |
|                                                              | N       | 170               | 170             | 170            | 170                       | 170                       |                          |            |                        |                |
| STAKEHOLDER BSR Customer                                     | Corr    | 0.202**           | 0.380**         | 0.148          | 0.567**                   | 0.567**                   | --                       |            |                        |                |
|                                                              | P-value | 0.008             | <0.001          | 0.054          | <0.001                    | <0.001                    |                          |            |                        |                |
|                                                              | N       | 170               | 170             | 170            | 170                       | 170                       | 170                      |            |                        |                |
| BSR Budget                                                   | Corr    | -0.291**          | 0.283**         | 0.102          | 0.454**                   | 0.494**                   | 0.470**                  | --         |                        |                |
|                                                              | P-value | <0.001            | <0.001          | 0.185          | <0.001                    | <0.001                    | <0.001                   |            |                        |                |
|                                                              | N       | 170               | 170             | 170            | 170                       | 170                       | 170                      | 170        |                        |                |
| BSR ethical influences                                       | Corr    | -0.121            | -0.046          | -0.131         | 0.078                     | -0.113                    | 0.009                    | 0.291**    | --                     |                |
|                                                              | P-value | 0.116             | 0.552           | 0.088          | 0.312                     | 0.143                     | 0.910                    | <0.001     |                        |                |
|                                                              | N       | 170               | 170             | 170            | 170                       | 170                       | 170                      | 170        | 170                    |                |
| BSR challenges                                               | Corr    | -0.089            | 0.005           | -0.215**       | -0.415**                  | -0.048                    | -0.143                   | -0.353**   | -0.320**               | --             |
|                                                              | P-value | 0.251             | 0.946           | 0.005          | <0.001                    | 0.538                     | 0.063                    | <0.001     | <0.001                 |                |
|                                                              | N       | 170               | 170             | 170            | 170                       | 170                       | 170                      | 170        | 170                    | 170            |
| *. Correlation is significant at the 0.05 level (2-tailed).  |         |                   |                 |                |                           |                           |                          |            |                        |                |
| **. Correlation is significant at the 0.01 level (2-tailed). |         |                   |                 |                |                           |                           |                          |            |                        |                |

### **6.6.1 Relationship among BSR understanding, motivations and activities**

In Table 6.13, the results illustrate a positive and statistically significant relationship between BSR understanding and BSR motivations (correlation = 0.163,  $p = 0.034$ ). Furthermore, a strong correlation exists between BSR understanding and BSR activity (correlation = 0.385,  $p\text{-value} = <0.001$ ). These correlation statistics reveal that BSR understanding has a major effect on goal setting (such as pursuing profit goals) and strategy selection (for example, providing health and safety education to employees). It follows that the owner manager's level of BSR understanding determines the perception of strategic relevance and role orientations assigned to BSR in strategic management. This includes whether SMMEs organise social responsibility formally or informally and the purposes it serves (pursuing profit goals, retaining employees) in different ways (making donations, employing local people, educating about HIV/AIDS). These interpretations hang on authorities (Majama et al., 2017; Gopaul et al., 2020) that assert that the direction of BSR among SMMEs is largely dependent on interferences by owner-manager personality attributes.

### **6.6.2 BSR understanding and customer-oriented HIV/AIDS BSR**

The results showed a positive and statistically significant relationship between BSR understanding and customer-oriented HIV/AIDS BSR (correlation = 0.202,  $p\text{-value} = 0.008$ ). In other words, increased BSR understanding by SMME role players will likely result in improved customer-oriented HIV/AIDS BSR activities. Kechiche and Soparnot (2012) argued that managerial BSR knowledge often led to the strategic use of BSR to pursue business-related goals such as customer retention and marketing. This trend is linked to pursuing profit as a primary business objective and BSR imperative. The results, therefore, indicate that the better educated about BSR they become, SMMEs in Cape Town will likely engage in consumer-oriented BSR activities – through HIV/AIDS education programs and self-help support systems – to counter

threats to business caused, for example, by consumer apathy emanating from fear of HIV/AIDS.

### **6.6.3 BSR motivations and stakeholder-oriented HIV/AIDS BSR activities**

As is illustrated in Table 6.12, BSR motivations significantly correlated with general BSR activities (correlation = 0.269, p-value = 0.001) and HIV/AIDS BSR practices to stakeholder groups, namely employees (correlation = 0.247, p-value = 0.001), community (correlation = 0.280, p-value = 0.001), and customers (correlation = 0.380, p-value 0.001). This indicates that, for the surveyed SMMEs, BSR is driven by specific motivations. Thus, these firms engage in BSR activities to increase revenue, do the right thing (Sousa Filho et al., 2010; Stangis & Smith, 2017), help society address social challenges like HIV/AIDS, comply with the law, and attract and retain skilled employees.

Nonetheless, compared to other stakeholder groups, the results suggest a slightly higher correlation between BSR motivation and consumer-oriented HIV/AIDS BSR actions (correlations = 0.380, p-value 0.001). Since consumers are a source of business that ensures a company's survival, the association implies that the greater the perceived financial prospects, the higher the HIV/AIDS BSR actions directed at customers. This conclusion supports the view of other studies (Chanakira & Masunda, 2019; Stock et al., 2022) that many SMMEs avoid BSR as if unaware of its economic benefits.

### **6.6.4 BSR challenges and BSR activities**

Table 6.12 shows a significant negative correlation between BSR activities and BSR challenges (correlation = -0.215, p-value = 0.005). This means that the more obstacles an SMME experiences, the less likely it is to participate in BSR activities. In line with

the current findings, studies by Adisa et al. (2014) and Rambe and Ndofirepi (2016) similarly reported that the numerous financial and operational difficulties SMMEs face threaten the viability and undermine their ability to consider social issues outside the battle for survival.

#### **6.6.5 BSR budget/resources and HIV/AIDS BSR activities**

According to Table 6.12, there is a significant and moderate correlation between BSR budget resources and stakeholder-oriented HIV/AIDS BSR activities: employees (correlation = 0.454, p-value = <0.001), community (correlation = 0.494, p-value = <0.001) and customers (correlations = <0.470, p-value 0.001). In other words, the correlations assert that the scale of BSR activities by SMMEs depends on the scale of resources available. In that sense, these correlations collectively validate one of the theoretical propositions of the BSR conceptual model (in Chapter 1) that SMMEs' potential to undertake BSR activities rested on a trade-off between the enabling strengths (its resources) and the constraints (negative relation between BSR activities and challenges in section 6.7.4). Studies by Duma (2017) and Enslin (2008), among others, also established that lack of financial time and human resources negatively impacted SMMEs' ability to fulfil their HIV/AIDS social responsibility obligations to different stakeholders.

The study's main exploratory research question is: *What is the nature of SMME BSR practices in South Africa in response to HIV/AIDS?* Considering that knowledge about BSR activities in SMEs in South Africa are still sketchy (Maome & Zondo, 2022), the researcher sought to explore other factors related to SMMEs' BSR behaviours that can further extend discussion on the research question. Gender and form of organisation attributed were deliberately chosen and justified for the following reasons. Literature (Ahmad & Seet, 2010; Noronha et al., 2013; Chen et al., 2016) acknowledges that gender is one of the most recognised personal characteristics

influencing an individual's ethical decisions, intentions, and BSR in SMMEs. Moreover, the degree of formalisation, size, owner objectives and culture, growth prospects, and operational environment define diversities among SMMEs. These gender and legal status dimensions were investigated as independent demographic variables, and results were reported in Table 6.1 and Table 6.2, respectively. Thus the study sought to determine if there were significant differences between the surveyed BSR practices to combat HIV/AIDS-based demographic and organisational characteristics. Hence the researcher performed T-test statistics and analysis of variance (ANOVA) on gender and legal status variables.

## **6.7 T-TESTS**

T-tests are regarded as one of the most important analytical techniques in research when comparing the values of a continuous variable for two or more groups (Sekaran & Bougie, 2016). Thus, it helps to arrive at statistical inferences for the groups. In this study, the T-tests were used on two variables (gender and form of business) of a dichotomous nature. When using T-tests, there is a significant difference between the mean scores of the dependent variable for each of the two groups if the value in the Sig (2-tailed) column is equal to or less than 0.05 ( $p \leq 0.05$ ). There is no statistically significant relationship between the groups if the value is higher than 0.05 ( $p > 0.05$ ) (Cohen, Manion, Morison, 2018).

### **6.7.1 Independent samples T-test for BSR practices and gender**

An independent T-test was conducted to compare the BSR activities of males and females operating in the SMME sector in Cape Town. The results of the T-test are illustrated in Tables 6.14 below and 6.15.

**Table 6.14: Group Statistics: BSR practices and gender**

| BSR ACTIVITIES | Gender | N  | Mean   | Std. Deviation | Std. Error Mean |
|----------------|--------|----|--------|----------------|-----------------|
|                | Male   | 91 | 4.4615 | 1.19659        | .12544          |
|                | Female | 75 | 4.7367 | 1.27535        | .14726          |

**Table 6.15: Independent Samples Test: BSR practices and gender**

|                             | Levene`s Test for Equality of Variances |       |        |         |                |
|-----------------------------|-----------------------------------------|-------|--------|---------|----------------|
|                             | F                                       | Sig.  | t      | df      | Sig (2 tailed) |
| Equal variances assumed     | 1.941                                   | 0.165 | -1.431 | 164     | 0.154          |
| Equal variances not assumed |                                         |       | -1.422 | 153.776 | 0.157          |

The results revealed no significant difference in male scores [M=4.4615, SD=1.19659] and females [M=4.7367, SD=1.27535;  $t=-2.128$ ,  $p=0.154$ ]. Thus male and female entrepreneurs shared similar BSR, inclinations, perceptions and expectations. Peake and Eddleston (2021) similarly found no significant gender-related differences towards BSR. In fact the study observed that male and female entrepreneurs are equally motivated by enlightened self-interest as a BSR moderator. These findings contrast a common view that female business operators are more ethically predisposed than their male counterparts (Kahrehet al., 2014). As such, this study's reported findings add to the conflicting opinions about perceived relationships between gender variables and BSR practices.

### 6.7.2 Independent samples T-test for BSR practices and business legal status

An independent T-test was conducted to compare the BSR activities and business legal status of SMMEs operating in Cape Town. The results of the T-test are shown in Tables 6.16 below and 6.17 overleaf.

**Table 6.16: Group statistics**

| BSR ACTIVITIES | Form of Business    | N   | Mean   | Std. Deviation | Std. Error Mean |
|----------------|---------------------|-----|--------|----------------|-----------------|
|                | Formally registered | 134 | 4.6026 | 1.15817        | .10005          |
|                | Informal            | 36  | 4.2847 | 1.60262        | .26710          |

**Table 6.17: Independent samples test**

|                             | Levene`s Test for Equality of Variances |       |       |        |                |
|-----------------------------|-----------------------------------------|-------|-------|--------|----------------|
|                             | F                                       | Sig.  | t     | df     | Sig (2-tailed) |
| Equal variances assumed     | 11.878                                  | <.001 | 1.340 | 168    | 0.182          |
| Equal variances not assumed |                                         |       | 1.115 | 45.276 | 0.271          |

The results revealed a significant difference in scores for formally registered businesses [M=4.6026, SD=1.15817] and informal businesses [M=4.2847, SD=1.60262;  $t=-1.340$ ,  $p<0.001$ ]. The mean score for formally registered businesses was higher than for informal businesses, suggesting that formal businesses are more likely to prioritise and engage in BSR activities than informal businesses. The p-value of less than 0.001 suggests that the difference in behaviours is highly significant. Consistent with these findings, literature attributes these differences to organisational structures and resources available to formal and informal businesses. Jamali and Mirshak (2007) found that formal businesses have more resources, such as capital and personnel, to invest in CSR activities than informal businesses.

## 6.8 ANALYSIS OF VARIANCE

Analysis of variance (ANOVA) compares the values of some continuous variable for more than two groups or conditions. Generally, ANOVA testing is performed to see whether any difference exists between the groups on some specific variable. Thus

ANOVA shows the variability of scores between different groups. In this study, one-way ANOVA tests were used to determine whether there is a significant difference between firm size, age, level of education and experience as they relate to general BSR and stakeholder-oriented HIV/AIDS BSR activities. The results are reported below.

### 6.8.1 HIV/AIDS BSR activities by business form

The SMME sector is a diverse community of firms with different ownership structures. Thus, it is composed of entities that are all uniquely different. Such entities are vested with varying degrees of moral and legal responsibilities (SME South Africa, 2023). Literature further claimed that some factors contributing to the development of SMME BSR behaviours include age, sector, location, size and form of ownership (Bruhn et al., 2010). It was similarly in the interest of this study to understand the underlying factors behind differences in SMMEs' BSR behaviours. Therefore, ANOVA tests were performed to investigate the relationship between types of firms and BSR practices and HIV/AIDS business social responsibility activities.

**Table 6.18: ANOVA tests: HIV/AIDS BSR by business form**

|                                            |                   | N  | Mean   | Std. Deviation | Significance Testing    |
|--------------------------------------------|-------------------|----|--------|----------------|-------------------------|
| BSR ACTIVITIES                             | Sole proprietor   | 47 | 4.6809 | 1.63330        |                         |
|                                            | Partnership       | 37 | 3.8514 | 1.02310        |                         |
|                                            | Pty Limited       | 43 | 5.1279 | .81899         |                         |
|                                            | Close corporation | 43 | 4.3721 | 1.06956        |                         |
| EMPLOYEES-ORIENTED HIV/AIDS BSR ACTIVITIES | Sole proprietor   | 47 | 3.6170 | 1.37959        | F=6.732, df=3, p=<0.001 |
|                                            | Partnership       | 37 | 3.8559 | 1.23113        |                         |
|                                            | Pty Limited       | 43 | 4.6667 | .88790         |                         |
|                                            | Close corporation | 43 | 4.3178 | 1.22572        |                         |
| COMMUNITY-ORIENTED HIV/AIDS BSR ACTIVITIES | Sole proprietor   | 47 | 2.7191 | 1.16145        | F=3.074 df=3, p=0.029   |
|                                            | Partnership       | 37 | 2.8324 | .85312         |                         |
|                                            | Pty Limited       | 43 | 3.3116 | .98203         |                         |
|                                            | Close corporation | 43 | 3.1628 | 1.11548        |                         |
|                                            | Sole proprietor   | 47 | 3.2287 | 1.09076        |                         |

|                                              |                   |    |        |         |                            |
|----------------------------------------------|-------------------|----|--------|---------|----------------------------|
| CUSTOMER-ORIENTED<br>HIV/AIDS BSR ACTIVITIES | Partnership       | 37 | 4.0608 | .96538  | F=8.121, df=3,<br>p=<0.001 |
|                                              | Pty Limited       | 43 | 4.0349 | 1.02873 |                            |
|                                              | Close corporation | 43 | 4.2151 | 1.10138 |                            |

\*Significance level at 0.05

Table 6.18 below illustrates that across all BSR activities, the p-values are less than the significance level of 0.05. Thus, the results reveal that how a business is constituted significantly affects both general BSR ( $p<0.001$ ) and HIV/AIDS-specific BSR activities (employee-oriented HIV/AIDS activities,  $p<0.001$ ; community-oriented HIV/AIDS activities,  $p=0.029$ ; customer-oriented HIV/AIDS activities  $p<0.001$ ) in all forms of business.

### 6.8.2 HIV/AIDS BSR activities by number of employees

A review of related literature underscored the importance of employees as instigators, resources and beneficiaries of BSR activities among SMMEs (Chattu, 2015; Ndofirepi & Rambe, 2016; Thoir, 2016, Amponsah-Tawiah et al., 2016). It is, therefore, logically expected that SMMEs may exhibit different BSR characteristics and cultures because of the number of employees. In line with this expectation, ANOVA tests were performed to investigate the relationship between the number of employees and BSR practices and HIV/AIDS business social responsibility activities.

**Table 6.19: ANOVA tests: HIV/AIDS BSR activities by number of employees**

|                |             | N  | Mean   | Std. Deviation | Significance Testing       |
|----------------|-------------|----|--------|----------------|----------------------------|
| BSR ACTIVITIES | Less than 5 | 76 | 4.4737 | 1.56821        | F=3.203<br>df=4<br>p=0.015 |
|                | 6-10        | 47 | 4.2979 | .95217         |                            |
|                | 11-20       | 20 | 4.5875 | .92222         |                            |
|                | 21-50       | 15 | 4.5833 | .57217         |                            |
|                | 51-200      | 12 | 5.7083 | .65569         |                            |
|                | Less than 5 | 76 | 3.8947 | 1.35451        | F=2.992                    |
|                | 6-10        | 47 | 4.0355 | 1.30631        |                            |

|                                               |             |    |        |         |                            |
|-----------------------------------------------|-------------|----|--------|---------|----------------------------|
| EMPLOYEES-ORIENTED<br>HIV/AIDS BSR ACTIVITIES | 11-20       | 20 | 4.2833 | .90660  | df=4<br>p=0.020            |
|                                               | 21-50       | 15 | 5.0444 | .95008  |                            |
|                                               | 51-200      | 12 | 4.3333 | .66667  |                            |
| COMMUNITY-ORIENTED<br>HIV/AIDS BSR ACTIVITIES | Less than 5 | 76 | 2.9737 | 1.24423 | F=0.915<br>df=4<br>p=0.457 |
|                                               | 6-10        | 47 | 2.8681 | .83747  |                            |
|                                               | 11-20       | 20 | 2.9900 | 1.03104 |                            |
|                                               | 21-50       | 15 | 3.3333 | 1.09718 |                            |
|                                               | 51-200      | 12 | 3.3667 | .37009  |                            |
| CUSTOMER-ORIENTED<br>HIV/AIDS BSR ACTIVITIES  | Less than 5 | 76 | 3.5691 | 1.16304 | F=2.887<br>df=4<br>p=0.024 |
|                                               | 6-10        | 47 | 4.0479 | .97054  |                            |
|                                               | 11-20       | 20 | 4.0750 | 1.14737 |                            |
|                                               | 21-50       | 15 | 4.4167 | 1.36822 |                            |
|                                               | 51-200      | 12 | 3.9583 | .27866  |                            |

\*Significance level at 0.05

Table 6.19 above illustrates the results that, except for community-oriented HIV/AIDS BSR activities ( $p=0.457$ ), across all the types of BSR activities, the p-values are less than the significance level of 0.05, indicating that the number of employees affects general BSR ( $p=0.015$ ) and HIV/AIDS-specific BSR activities (employee-oriented HIV/AIDS activities,  $p=0.020$  and customer-oriented HIV/AIDS activities,  $p=0.024$ ). However, the results also reveal no statistically significant relationship between the number of employees and whether a firm is engaged in community-oriented BSR ( $p=0.457$ ). These results supported studies where findings show that the community is a priority BSR target for all SMMEs (Steenkamp et al., 2018; Uduji et al., 2019), even without commercial justifications. Badulescu, Badulescu Saveanu and Hato (2018) asserted that BSR activities in SMMEs are related to the local community, which is regarded as the most important stakeholder. Thus, community-oriented BSR is perceived similarly among small firms regardless of the number of employees.

### 6.8.3 HIV/AIDS BSR activities by the age of business

Table 6.20 below illustrates the results of ANOVA tests to determine the relationship between age of business and BSR practices and HIV/AIDS business social responsibility activities. The results show that except for community-oriented

HIV/AIDS BSR activities ( $p=0.117$ ), across all the types of BSR activities, the p-values are less than the significance level of 0.05, indicating that the age of a business can explain differences in general BSR ( $p=0.020$ ) and HIV/AIDS-specific BSR activities (employee-oriented HIV/AIDS activities,  $p=0.008$ ) and customer-oriented HIV/AIDS activities,  $p<0.001$ ) practices. In other words, the results confirm that the age of business significantly and positively affects the BSR practices and HIV/AIDS BSR activities towards employees and customers. However, age does not significantly affect BSR activities towards the community. These results are supported by Çera, Belas, Maroušek and Çera's (2020) study, which also found an association between the age of business and BSR activities in the Czech Republic. The results, however, contradict a study by Badulescu et al. (2018) which examined the relationship between firm size and age and its social responsibility actions and concluded that there is no direct effect of the age of firms on the number of social responsibility actions.

**Table 6.20 ANOVA tests: HIV/AIDS BSR activities by age of business**

|                                               |                    | N  | Mean   | Std. Deviation | Significance               |
|-----------------------------------------------|--------------------|----|--------|----------------|----------------------------|
| BSR ACTIVITIES                                | Less than 3 years  | 67 | 4.3657 | 1.47088        | F=4.152<br>df=4<br>p=0.020 |
|                                               | 3 - 5 years        | 57 | 4.4123 | 1.17592        |                            |
|                                               | 6 - 10 years       | 17 | 4.5735 | .75397         |                            |
|                                               | 11 - 15 years      | 9  | 4.2222 | 1.04914        |                            |
|                                               | More than 15 years | 20 | 5.5625 | .65832         |                            |
| EMPLOYEES-ORIENTED<br>HIV/AIDS BSR ACTIVITIES | Less than 3 years  | 67 | 3.9403 | 1.49288        | F=3.560<br>df=4<br>p=0.008 |
|                                               | 3 - 5 years        | 57 | 4.0643 | 1.17081        |                            |
|                                               | 6 - 10 years       | 17 | 5.1569 | .62492         |                            |
|                                               | 11 - 15 years      | 9  | 3.8889 | .89753         |                            |
|                                               | More than 15 years | 20 | 4.0333 | .70835         |                            |
| COMMUNITY-ORIENTED<br>HIV/AIDS BSR ACTIVITIES | Less than 3 years  | 67 | 3.0448 | 1.25521        | F=1.877<br>df=4<br>p=0.117 |
|                                               | 3 - 5 years        | 57 | 2.7860 | .89192         |                            |
|                                               | 6 - 10 years       | 17 | 3.5176 | 1.09330        |                            |
|                                               | 11 - 15 years      | 9  | 2.7778 | .77100         |                            |
|                                               | More than 15 years | 20 | 3.1700 | .73778         |                            |
| CUSTOMER-ORIENTED<br>HIV/AIDS BSR ACTIVITIES  | Less than 3 years  | 67 | 3.4851 | 1.22465        | F=4.923<br>df=4<br>p<0.001 |
|                                               | 3 - 5 years        | 57 | 4.1140 | .95906         |                            |
|                                               | 6 - 10 years       | 17 | 4.5735 | .88284         |                            |
|                                               | 11 - 15 years      | 9  | 4.0556 | 1.02147        |                            |
|                                               | More than 15 years | 20 | 3.7250 | .94207         |                            |

Significance level at 0.05

#### 6.8.4 HIV/AIDS BSR activities by total turnover

Table 6.21 below illustrates the results of ANOVA tests to investigate whether any difference exists between the kinds of BSR based on turnover. The reported p-values are BSR activities ( $p < 0.001$ ), employee-oriented HIV/AIDS BSR activities ( $p = 0.001$ ), community-oriented HIV/AIDS BSR activities ( $p = 0.097$ ) and customer-oriented HIV/AIDS activities ( $p < 0.001$ ). These values mean no statistically significant relationship exists between turnover level and community-oriented HIV/AIDS BSR activities ( $p = 0.097$ ) but with all other BSR categories.

**Table 6.21. ANOVA tests: HIV/AIDS BSR activities by total turnover**

|                                            |                    | N  | Mean   | Std. Deviation | Significance Testing           |
|--------------------------------------------|--------------------|----|--------|----------------|--------------------------------|
| BSR ACTIVITIES                             | Up to R500k        | 70 | 4.6000 | 1.57735        | F=6.696<br>df=4<br>$p < 0.001$ |
|                                            | R501k-R1 mil       | 54 | 4.0602 | .95899         |                                |
|                                            | R1.1 mil-R2 mil    | 25 | 4.4600 | .53852         |                                |
|                                            | R2.1 mil-R4 mil    | 10 | 5.6750 | .58984         |                                |
|                                            | More than R4.1 mil | 11 | 5.5909 | .52764         |                                |
| EMPLOYEES-ORIENTED HIV/AIDS BSR ACTIVITIES | Up to R500k        | 70 | 3.7857 | 1.34899        | F=4.616<br>df=4<br>$p = 0.001$ |
|                                            | R501k-R1 mil       | 54 | 4.1481 | 1.31858        |                                |
|                                            | R1.1 mil-R2 mil    | 25 | 4.9867 | .61222         |                                |
|                                            | R2.1 mil-R4 mil    | 10 | 4.1667 | .78959         |                                |
|                                            | More than R4.1 mil | 11 | 3.9697 | .90006         |                                |
| COMMUNITY-ORIENTED HIV/AIDS BSR ACTIVITIES | Up to R500k        | 70 | 2.9943 | 1.30816        | F=2.000<br>df=4<br>$p = 0.097$ |
|                                            | R501k-R1 mil       | 54 | 2.7963 | .78427         |                                |
|                                            | R1.1 mil-R2 mil    | 25 | 3.3520 | .93858         |                                |
|                                            | R2.1 mil-R4 mil    | 10 | 3.5600 | .74714         |                                |
|                                            | More than R4.1 mil | 11 | 2.8182 | .73460         |                                |
| CUSTOMER-ORIENTED HIV/AIDS BSR ACTIVITIES  | Up to R500k        | 70 | 3.4500 | 1.26018        | F=8.176<br>df=4<br>$p < 0.001$ |
|                                            | R501k-R1 mil       | 54 | 4.1898 | .87272         |                                |
|                                            | R1.1 mil-R2 mil    | 25 | 4.5300 | .77835         |                                |
|                                            | R2.1 mil-R4 mil    | 10 | 4.1000 | .39441         |                                |
|                                            | More than R4.1 mil | 11 | 3.1591 | .99544         |                                |

Significance level at 0.05

The above result can be interpreted to mean that community-oriented HIV/AIDS BSR is least likely to offer strategic advantages considering that the level of commitment

BSR tends to be the same for all firms irrespective of differences in the number of employees, age of business and turnover.

## **6.9 CHAPTER SUMMARY**

This chapter presented and analysed the results. Descriptive and correlations statistics and inferential statistics are provided. Factor analysis was also performed to reduce the original dimensions into few factors that can be meaningfully integrated into describing the nature of SMME BSR activities to combat HIV/AIDS. In summary, the result shows that the surveyed SMMEs in Cape Town have high BSR knowledge. Their motivations to engage in BSR are to do the right thing, increase revenue, comply with the laws, and address community challenges. However, it is found that although SMMEs are reported to engage in HIV/AIDS BSR practices, they perform poorly across all three stakeholder categories. Results further illustrate that SMMEs mainly engage in educational-biased HIV/AIDS BSR activities. They also show that SMMEs do not provide HIV/AIDS testing, counselling, and treatment. These SMMEs do not extensively perform their HIV/AIDS BSR functions because of the numerous internal challenges. Inferential tests revealed a non-significant relationship between the number of employees, age of business and turnover and community HIV/AIDS-oriented BSR activities. The next chapter presents the conclusion and recommendations arising from these findings. The next chapter also revisits the part of the theoretical contribution of the study and offers directions for practice and future research.

## CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

### 7.1 INTRODUCTION

The previous chapter presented a discussion and interpreted the findings of the study. This chapter presents the conclusions of the research, which has explored the BSR activities of SMMEs in Cape Town in response to HIV/AIDS using the stakeholder theory as a theoretical tool. The chapter also revisits the conceptual model and presents practical recommendations based on the findings.

In context, the study explored SMMEs BSR activities to combat HIV/AIDS. It sought to answer the main research question. *What is the nature of SMME BSR practices in South Africa in response to HIV/AIDS?*

The main research question was supported by the following subsidiary questions

1. To what extent are the SMMEs surveyed socially responsible?
2. What are the main BSR activities that the surveyed SMMEs engage in?
3. What motives drive the surveyed SMMEs to invest in BSR?
4. Why do the SMMEs engage in their preferred BSR activities?
5. To what extent does HIV/AIDS feature as BSR activity for the SMMEs?
6. What percentage of the BSR budget do the SMMEs surveyed allocate to HIV/AIDS-related activities?
7. To whom are these HIV/AIDS-related activities directed (employees or the local community)?
8. How have SMMEs integrated BSR practices in their operations in response to HIV/AIDS?
9. Who are the key actors in the SMME's HIV/AIDS-related BSR activities?
10. What are the major challenges in the SMME's HIV/AIDS-related BSR activities?

11. Based on this study's findings, can one conclude that South African SMMEs actively undertake HIV/AIDS-related BSR activities?

## 7.2 CONCLUSIONS BASED ON LITERATURE REVIEW

In the context of the reviewed literature, different opinions about strategy seem to agree with the view of Omalaja and Eruola (2011:59), who defined strategy as the broad determination of the goals and the specification of alternative courses of action to achieve the predetermined goals of the business. The literature further revealed that business social responsibility was not an unknown practice among SMMEs, though such practices are causal and less strategic. However, the literature is also ambiguous about the meaning of strategy and whether SMMEs engage in strategic BSR. Nonetheless, the literature suggests that their strategic BSR practices evolved uncoordinatedly. SMMEs favour less formal, explicit, intuitive, undocumented and contingent techniques when executing their social responsibility strategies.

### **Conclusion:**

- There are divergent views regarding BSR as a strategy in SMMEs.
- SMMEs engage in BSR activities without clear strategic intentions
- Casual BSR SMMEs by SMMEs enable them to fulfil economic and social goals.

After exploring the literature and zooming in on SMME perspectives, the following observations were made. Small business social responsibility approaches differed from larger firms, despite pursuing common objectives related to meeting stakeholder concerns. The literature revealed that owner-managers served as the nucleus of BSR decision-making, and firms adopted a strategic management culture that continually adjusted to meet stakeholders' interests. It was also found that considerations were

becoming a key driver to SMME activities in subtle and overt ways, despite the inherent influences of cultures, values and ethical practices like Ubuntu in the research context. It is also apparent from the broad literature that, from a stakeholder theoretical perspective, SMMEs consider employees, customers, and the community as priority stakeholders. Overall, the BSR perspective applied by SMMEs also sought to promote socio-economic development by dealing with specific issues such as poverty alleviation, employment creation, HIV/AIDS, and fostering social cohesions. These observations lead to the following conclusions:

**Conclusions:**

- SMMEs' social responsibility differs from that of large firms, though they aim for similar business and socially related goals.
- SMMEs approach BSR differently, influenced by owner-manager personality traits, cultures and business management grooming.
- SMMEs are motivated toward attaining long-term sustainable development objectives through BSR activities.

Even though the literature is unclear about the ultimate role of the business sector in responding to the disease, it was expected that SMMEs would be active in combating HIV/AIDS. This view is based on the conclusion in Chapter 3 that they contributed to providing socioeconomic development solutions to businesses and society. A follow-up literature review in Chapter 4, in which small business attitudes were examined, revealed that no particular concern to combat HIV/AIDS by SMMEs was found. The literature further revealed that many SMME owners believed HIV/AIDS had little impact on their operations. As a result, they were the least likely to participate in meaningful HIV/AIDS BSR for economic reasons. In addition, literature revealed that SMMEs lacked the resources, skills, and knowledge to manage such programs effectively. These challenges underscored why so few SMMEs had HIV/AIDS

policies, resisted implementing HIV/AIDS intervention programs and did not offer HIV/AIDS care and treatment services (Daniel et al., 2011). Overall, the literature indicated that SMMEs did not treat HIV/AIDS as a serious business and social issue,

### **Conclusions**

- HIV/AIDS is not a primary concern for SMMEs.
- The fact that SMMEs believe HIV/AIDS does not affect their business diminishes its importance among social concerns that form part of their BSR activities.
- SMMEs analyse social issues, particularly their expected returns, before engaging in BSR activities.

## **7.3 CONCLUSION BASED ON EMPIRICAL RESULTS**

This section recaps the research objectives and extracts insights from the data gathered to draw conclusions on specific research questions. As outlined in Chapter 1, six research objectives and associated questions were developed. Below are the reported findings and conclusions addressing each objective.

Research objective 1: To interrogate the BSR practices within SMMEs in Cape Town in response to the challenges of HIV/AIDS.

As the reviewed literature showed, operating in a socially responsible manner appeared to be at the centre of SMMEs' operational culture. Generally, they are associated with providing solutions to socioeconomic questions. Various sections of the empirical study support this assertion. For example, in Table 6.1, race, gender, and nationality statistics are presented. These elements reveal how SMMEs contribute to issues of diversity in the economy. Table 6.2 show that 27.7% of the

surveyed SMMEs employed more than ten (10) employees. This is a significant contribution, considering the size and resources owned by SMMEs. Complementary findings in Table 6.6 reveal that SMMEs employed local people (73.5%), provided health and safety education to employees (74.7%), donated to communities (47.1%) and supported local cultural activities (31.7%).

### **Conclusion**

- The surveyed SMME operated in a highly socially responsible manner

Research objective 2: To explore the motivations/reasons for the SMMEs in Cape Town to either engaging or not engaging in HIV/AIDS-related BSR practices.

Like all types of firms, desires to fulfil stakeholder obligations, address social issues threatening human welfare, compete, and create goodwill in communities (Mukwarami et al., 2020) motivate SMMEs to act in socially responsible ways. According to the results reported, the underlying motivations reveal SMMEs engage in BSR activities to increase their revenue (81.2%, -the right thing to do (84.4), help society address social challenges like HIV/AIDS (65.3) and comply with the law (70%). In context, these results reflect a practical awareness of the benefits of social responsibility among the surveyed SMMEs.

### **Conclusion**

- Considering the above findings, it is concluded that SMME engage in their preferred BSR activities to fulfil economic, moral, legal, and philanthropic objectives

Research objective 3: To identify the challenges SMMEs of Cape Town face in executing HIV/AIDS-related BSR activities.

Drawing on the reviewed literature and empirical findings (analysing mean and percentage values in Table 6.12), SMMEs contend with numerous internal and external challenges. The significant internal challenges faced by SMMEs are a lack of time for BSR activities, a lack of capability to engage in BSR, a lack of conviction about HIV/AIDS BSR benefits and lower management commitment to BSR. On the other hand, SMMEs suffer from a lack of SMME sector support, a lack of incentive from the government to deal with HIV/AIDS, having no big business role model to guide in developing and implementing HIV/AIDS programs and in some instances, there is a lack of external stakeholder pressure to engage in BSR activities.

#### **Conclusion**

- SMMEs face major organisational (internal and resources-based limitations) and external (macro-environmental) challenges that negatively impact the execution of HIV/AIDS-related BSR activities.

Research objective 4: To determine the targets of HIV/AIDS-related BSR activities by SMMEs in Cape Town.

This question was answered based on literature review findings and confirmed by empirical results. It was noted in the literature that SMMEs' HIV/AIDS BSR activities are primarily directed at targeted employees and customers (Duarte et al., 2010; Mapungwana, 2014; Bowen et al., 2013) and, to a lesser extent, the community. Consistent with this literature, analysing means and percentage values in Tables 6.7, Tables 6.8 and Tables 6.9, reveal that SMMEs hardly consider the community as a target for HIV/AIDS BSR services. Specifically, the mean for each single BSR item for

BSR activities in the community is below the cut-off point of 0.4. In contrast, the mean values for distributing HIV-related materials from local health centres to customers [M=4.35] and HIV prevention education in the workplace for employees [M=4.31] show that SMMEs target customers and employers. Thus, it is concluded that SMMEs' HIV/AIDS-related activities are directed at employees and customers.

This conclusion, however, contradicts a perception that SMMEs believe HIV/AIDS does not impact their business (Chapter 4 conclusions:7.4). The reason why SMMEs target employees and customers is a realisation that, if the diseases affect these stakeholder groups, the business is likely to suffer economically. However, Ndhlovu (2011) pointed out that casual BSR approaches favoured by SMMEs often translate into “strategic philanthropy”, suggesting that targeting employees and customers might also be coincidental, despite their obvious economic importance to the business. As such, this finding is consistent with the broader reasoning of the stakeholder theory that BSR can bring economic benefits to the firm.

### **Conclusion**

- SMMEs' HIV/AIDS-related activities are mainly directed towards employees and customers.

Research objective 5: To establish the share of the BSR budget allocated to HIV-related BSR activities in the surveyed SMMEs.

The current study's findings indicate that SMMEs hardly set a budget allocation for HIV/AIDS social responsibility activities. Table 6.10 illustrates that most SMMEs spend less than 10% of their sales on HIV/AIDS-related activities. A significant proportion has no budget (84.7%) and does not know how much they spend (68.2%). The calculated mean aggregate value was [M=3.23] below the cut point of 4.01,

indicating an overall disagreement on whether SMMEs allocated specific budgets for HIV/AIDS activities. These results show that SMMEs hardly have enough cash to set aside for BSR activities, partly explaining why they mainly rely on adhoc, informal, and causal BSR strategies. **In this respect, it is concluded that SMMEs rarely set a budget for HIV/AIDS BSR activities, resulting from a lack of financial resources.**

### Conclusion

- SMMEs rarely set a budget for HIV/AIDS BSR activities, resulting from a lack of financial resources.

Research objective 6: To conclude whether South African SMMEs actively undertake HIV/AIDS-related BSR activities.

The mean and percentage values in Table 6.6 were analysed to answer this question. Although all the mean values are above the cut-off point of 0.4, percentage analysis shows that less than half of the SMMEs donated to the community (47.1%) and supported local cultural activities (31.7%). Based on these observations, it is concluded that the two main BSR activities SMMEs in the study area conducted are to employ local people and provide health and safety education to their employees. These findings confirm the role of SMMEs as agents of job creation in local communities and their bias towards employees as their primary BSR target.

Literature in Chapter 4 indicated that dealing with HIV/AIDS is a secondary concern for SMMEs, as many operators believe the disease does not meaningfully impact their operations. SMMEs also encounter numerous resource availability and skills challenges that restrict their propensity for complex BSR activities. However, from the statistical analysis and results, employee-targeted HIV/AIDS BSR (correlation = 0.384, p-value = <0.001) emerged as the significant type of BSR activity SMMEs likely

engage in. Statistics show that SMMEs provide HIV/AIDS education (Mean 4.08; SD 1.732) and distribute HIV/AIDS literature (Mean 4.35; SD 1.508) to employees. Domain means for the community-oriented BSR factor is below the cut-off point of 0.4, indicating no activities were undertaken. A critical assessment of these findings leads to a conclusion that there is no major focus on HIV/AIDS as a BSR activity, although SMMEs incorporate some employee and customer-focused activities.

As indicated in Table 6.16 (Q.34-Q.37), the results illustrate that there are hardly notable key actors in implementing HIV/AIDS-related BSR activities among the surveyed SMMEs. Across the surveyed sample population, participation rates among the expected key actors were employees (16.4%), owner-manager (4.7%), community volunteers (4.8%) and external experts (5.9%). While lack of resources may explain why SMMEs may fail to utilise the skills of key actors such as community volunteers and external experts, owner-manager apathy can be attributed to personal fears of dealing with complex issues like stigma and discrimination, associated with the disease (Pimhidzayi & Kondo, 2006; Davids et al., 2017) in addition to time constraints (Duma, 2017). Considering the empirical statistics and literature, it is concluded that there are no distinct key actors when implementing HIV/AIDS-related activities. However, employees appear more participative in comparative terms.

### **Conclusion**

- There seems to be a lack of supporting evidence that the surveyed SMMEs actively engage in BSR activities to combat HIV/AIDS.
- There is no HIV/AIDS budget in 84.7% of the SMMEs, and 4.7% of the owner-managers actively delivered HIV/AIDS programs.
- Therefore, South African SMMEs do not actively undertake HIV/AIDS-related BSR activities.

## 7.4 PRACTICAL IMPLICATIONS AND CONTRIBUTIONS OF THE STUDY

The research results have several practical implications for the strategy and manifestation of BSR in SMMEs. Firstly, the divergent views expressed in the review of related literature on BSR as a strategy in SMMEs indicate that some SMMEs may not be fully aware of the benefits of implementing sustainable business practices. SMMEs that fail to incorporate sustainability practices in their business models risk missing out on potential benefits, such as cost savings, increased customer loyalty, and improved brand reputation. Additionally, the finding that SMMEs engage in BSR activities without clear strategic intentions implies that some SMMEs view BSR as a mere tick-box exercise rather than a strategic tool for achieving business goals. This approach could lead to the inefficient allocation of resources and a lack of measurable impact on the targeted communities or stakeholders. Moreover, it undermines the capabilities of SMMEs to align their BSR activities with their business strategy to ensure maximum impact and return on investment.

A review of related literature findings indicated that achieving maximum impact and return on investment from BSR is potentially undermined by resources scarcity and SMMEs' behavioural attributes that distinguish them from larger firms. Empirical results also suggested the surveyed SMMEs face significant organisational (internal and resources-based limitations) and external (macro-environmental) challenges that negatively impact the execution of HIV/AIDs-related BSR activities. These results imply that SMMEs may need to be more creative and innovative in balancing their business and social goals. For example, SMMEs need to focus on the immediate stakeholder environment, such as employees, the local community and customers, through activities such as building stronger personal relationships with customers, sourcing and distributing HIV/AIDs education materials to employees and customers and participating in community programs which require little investment.

Moreover, resource outlay in SMMEs is one of the other critical determinants of BSR practice and strategic behaviours (as predicted in the conceptual framework) in SMMEs. In fact, there is a direct relationship between a company's resource capabilities and its degree of BSR participation and strategy execution (Elford & Daub, 2019), suggesting that, in SMMEs, BSR becomes meaningful, formal and strategic as the firm grows and can access more resources. Past studies by Murillo and Lozano (2006) similarly claimed that 'the bigger the SMME, the more BSR is put into practice', further underlying the importance of size and resource availability in modelling SMMEs' BSR activities. However, because many SMMEs in South Africa remain small (the industry is dominated by survivalist entities) and die early (less than five years, as found in this study), the chances of embracing formal strategic BSR practices and looking beyond survival issues appear limited. This negatively impacts the country's hopes of achieving sustainable development goals, including minimising the impact of the HIV/AIDS pandemic on communities.

Consistent with previous research, this study also found that HIV/AIDS is not a primary concern for SMMEs. Many entrepreneurs believe the pandemic does not affect their business. Moreover, SMMEs face difficulties that force them to prioritise social issues that directly impact their business operations, such as access to markets or the availability of resources, over those that may be more indirectly related, such as HIV/AIDS. These realities suggest that, in South Africa, SMMEs may continue to overlook the need to implement policies and practices to address the issue, potentially putting their employees and customers at risk. Hence, despite their avowed capabilities to solve social problems, there is still a wide gap between SMMEs' level of commitment to HIV/AIDS BSR and the needs of society. There is, therefore, room for greater advocacy and strategic support, such as HIV/AIDS policy development training to solicit the interest of SMMEs towards combatting HIV/AIDS. These initiatives are worth pursuing, considering that SMMEs are rarely included in the national strategy to combat the epidemic in South Africa.

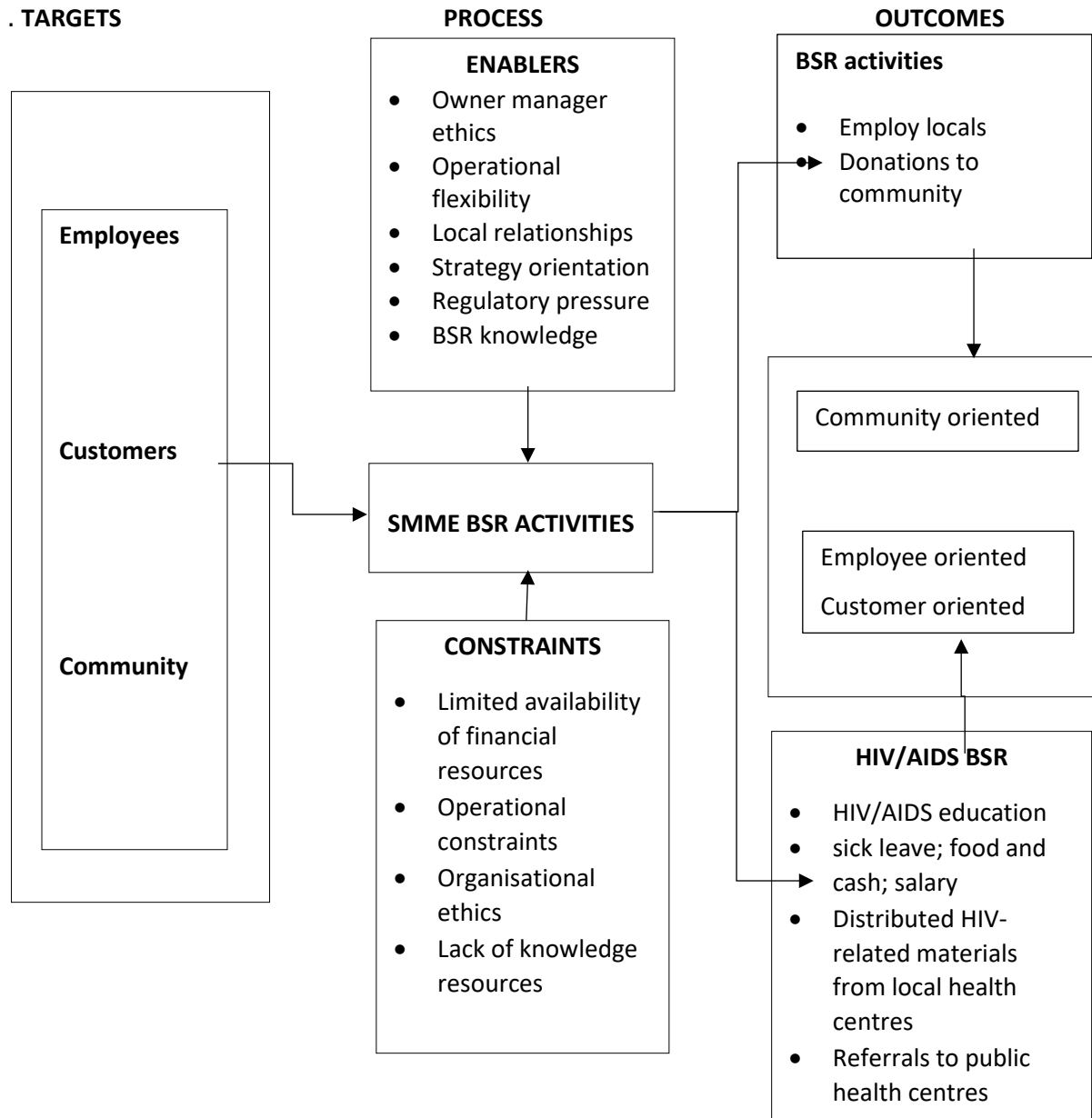
Results of this study revealed that in South Africa SMMEs also employ few people and need help attracting and retaining skilled staff with business management aptitudes (Mutoko & Kapunda, 2017; Gopaul et al., 2020). Regarding the age of business- Table 6.2 illustrates that 79.2% of the surveyed SMMEs have shorter lifespans (less than 5 years), which undermines the growth of the sector and development such as operational attributes such as enacting a strategic management culture in the organisation. These findings point towards the vulnerability of the SMMEs' trading environment in the country. As such, at a practical level, there is a need for improved institutional and government support to capacitate SMMEs to engage in meaningful HIV/AIDS activities effectively. This means small business support network agencies, including government bodies such as SEDA and the corporate sector, need to reassess how they can assist SMMEs to be sustainable and empowered to meaningfully contribute to addressing social problems through BSR activities.

## **7.5 THEORETICAL CONTRIBUTION OF THE STUDY**

Provided below is the revised conceptual framework for SMMEs' business social responsibility in response to HIV/AIDS.

The framework shows that SMMEs have a three-legged stakeholder orientation towards employees, community, and customers. The framework illustrates that SMMEs BSR capabilities are moderated by the intersection of enabling strengths and competing challenges. Thus, whether SMMEs commit to strategically operate in a socially responsible manner depends on their capabilities to overcome the challenges. As illustrated in literature findings (Carroll, 2015, Rambe et al., 2016; Mukwarami et al., 2020), desirable capabilities that predispose SMMEs to engage in BSR are stronger manager ethics, business operational flexibility, stronger local relationships, strategy orientation, presence of regulatory pressure and BSR knowledge. On the

other hand, limited availability of financial resources. Operational constraints, organisational ethics and lack of knowledge resources are some hurdles that make it challenging for SMMEs to engage in BSR.



**Figure 7.1 Conceptual framework for SMMEs business social responsibility**

Moreover, literature reviews and empirical findings further reveal that, while SMMEs provide employment opportunities to locals and make donations, they rarely engage in HIV/AIDS BSR activities for the benefit of communities. Community-oriented HIV/AIDS initiatives may be hampered by stigma in society, as reported in the literature (Ramlagan & Peltz, 2017,) complexity of managing the exercise and cost issues (Kondo et al., 2006; Davids et al., 2017). On the other hand, based on empirical results, employees and customers are the main targets of HIV/AIDS-related BSR activities as outlined in Fig 3.4. Various theoretical perspectives may surmise why SMMEs concentrate on employees and customers, one of which is their immediate importance to the economic interests of the business. Secondly, on their part, employees may initiate and motivate enterprises to engage in BSR activities for their benefit, even with little input from the owner-managers.

In context, the proposed conceptual framework contributes to the knowledge creation process in business social responsibility in several ways. Firstly it suggests that SMMEs BSR is constrained by resource issues and entrepreneur attitudes. Moreover, it highlight that SMMEs do not have the impetus to address all social problems in society, contrary to popular views about their roles in meeting developmental goals. In the case of HIV/AIDS, the review of related literature and empirical findings affirmed that SMMEs do not treat the epidemic as a priority concern in society. These conceptual propositions add insight into the theoretical and practical understandings of SMMEs BSR dynamics.

## **7.6 RECOMMENDATIONS**

### **7.6.1 Policy recommendations**

The study's overall findings revealed that SMMEs are less concerned about HIV/AIDS issues in communities. These results are a cause for concern considering that

HIV/AIDS is a major social and health issue affecting communities in the country (AVERT, 2019; National Health Department, 2013). It is expected that South Africa requires the contributions of all kinds of business and social entrepreneurs, including SMMEs, to minimize the devastating impact of HIV/AIDS in business and social spheres. Thus, government and large business institutions need policy initiatives to leverage their resources and expertise to capacitate SMMEs to be in positions to do more. Such policy developments are further warranted by that, in South Africa, as in many other countries, SMMEs are generally excluded from the national epidemic response system by formal health care or HIV service providers, including the government (ILO, 2016). Bowen et al. (2013) similarly commented that SMMEs are rarely co-opted into big business and government programs to combat HIV/AIDS, indicating their exclusion from the HIV/AIDS support network.

It follows that South Africa should develop policy-driven mechanisms to incorporate SMMEs into the national epidemic response system. Such initiatives should avail technical, knowledge and training support to overcome financial, skill and technical challenges that constrain SMMEs' abilities to engage in effective HIV/AIDS BSR. Moreover, educational programs targeting entrepreneurs are necessary to alert SMMEs of the potential benefits of BSR to their businesses and society, which might go a long way in eradicating this myth that combatting HIV/AIDS can be a secondary concern.

The large business community must assume mentorship responsibilities to guide small business entrepreneurship in developing and adopting best practices. Facilitating strategic working relationships with SMMEs to develop HIV/AIDS programs and supervise their implementation by large businesses can raise the levels of HIV/AIDS-related BSR among SMMEs. In this way, large firms can also use SMMEs' strategic embeddedness with communities to spread their BSR reach to grassroots communities. Moreover, establishing working relationships with large

business and government entities enables SMMEs to overcome many of the BSR constraints they face, namely expertise, resources, skilled management, strategizing capabilities and publicity mechanism. Like Daniel et al.'s (2011) study in Uganda, this study found employees more participative in implementing HIV/AIDS programs. This points to the need for policy and practice resolutions to embark on employee skills development programs, to champion BSR targeted at combatting HIV/AIDS. In practice, scholars need to apply a different mindset when defining SMMEs' strategic management capabilities and behaviours. In many instances, SMMEs conceive strategising as being consistent with their day-to-day tactical concerns and find long-term planning not of great concern. Thus, perceptions that SMMEs behave in non-strategic ways may simply be a blanket perspective borne out of failure to consider that SMMEs are not 'little big firms' (Soundararajan et al., 2017). Insisting on recommending SMMEs to adopt strategic planning methods and behaviours that fit big business circumstances is arguably detrimental to the success and sustainability of SMMEs.

### **7.6.2 Recommendations for practice**

The results of this study inform several practice recommendations.

The study found that SMMEs engage in BSR activities without clear strategic intentions. To overcome this anomaly, it is recommended that SMMEs should establish clear strategic intentions for engaging in Business-Social Responsibility (BSR) activities. This involves aligning BSR efforts with their overall business objectives, identifying specific goals and outcomes, and integrating BSR into their organisational strategies.

The study also concluded that HIV/AIDS is not a primary concern for SMMEs. Given the endemic nature of the HIV/AIDS problem in South Africa, SMMEs cannot continue

to lag in contributing to resolving this social issue. Thus, it is essential to enhance awareness and understanding of the problem in the SMME sector and encourage SMME collaborations with local healthcare organisations and government agencies to conduct awareness campaigns, provide educational resources, and promote preventive measures in communities.

At a practical level, it was also noted that SMMEs lag behind their larger business counterparts in addressing HIV/AIDS issues through BSR activities. While bridging this gap might be challenging due to different resource capabilities, SMMEs must initiate practical steps commensurate with their size to contribute more. This could involve partnering with larger companies, forming industry alliances, or participating in sector-specific initiatives to leverage their resources, knowledge, and networks. SMMEs can benefit from sharing experiences, best practices, and lessons learned with other businesses facing similar challenges. They can also explore participating in industry forums and attending conferences or workshops to seek valuable collaboration and knowledge-sharing opportunities.

The issue of resources limitation and organisational challenges that hamper SMMEs' organisational activities is noteworthy. It is further recommended that SMMEs find innovative ways to counter the major organisational (internal and resources-based limitations) and external (macro-environmental) that negatively impact the execution of HIV/AIDS-related BSR activities. These innovations involve securing additional resources, seeking support from government programs or development agencies, and finding innovative solutions to overcome barriers. Moreover, SMMEs should explore the use of technology and innovation to overcome resource limitations and improve the effectiveness of their HIV/AIDS-related BSR activities. This may include utilising digital platforms for awareness campaigns, adopting cost-effective preventive measures, or leveraging data analytics for targeted interventions.

The study also found that SMMEs' HIV/AIDS-related activities are mainly directed towards employees and customers. In practice, they should seek to expand their target stakeholders. It is recommended that these entities extend support to communities, collaborate with local healthcare providers, or engage in advocacy efforts to promote HIV/AIDS awareness and prevention beyond their immediate stakeholders

Lastly, since SMMEs approach BSR differently based on owner-manager personality traits, cultures, and management grooming, it is crucial to promote the active involvement of owners and managers in shaping BSR initiatives. This could be done through training programs, networking events, and knowledge-sharing platforms to enhance their understanding of BSR and its potential benefits.

Overall, these recommendations aim to support SMMEs in developing a strategic and impactful approach to HIV/AIDS-related BSR activities, overcoming challenges, and maximising their potential for positive social impact

### **7.6.3 For further research**

Similar studies examining relevant and related questions about the role of SMMEs in combatting HIV/AIDS or any other epidemic like the coronavirus in other provinces, are recommended. Such studies will further contribute to a more comprehensive understanding of SMME BSR activities in response to health epidemics and determine their practices' level of strategic orientation. Theoretically, claims made in Chapter 3 that there is not yet sufficient empirical evidence demonstrating the extent of Ubuntu, and whether Ubuntu is a practical theory for BSR practices, require further interrogation, along with the role of other African philosophies.

There are also various outstanding issues identifiable through this study that can interest researchers in relation to SMMEs behaviours, towards addressing HIV/AIDS challenges as part of their BSR agenda. For example, what business sustainability issues can arise if SMMEs continue to focus mainly on immediate stakeholder groups (employees, community and customers) given the growing importance of developing relationships with influential entities such as the government and global players? In addition, other studies can explore the SMMEs behaviours towards combatting HIV/AIDS with a larger sample, utilizing qualitative and mixed research methodologies to develop a holistic perspective of the topic. Enriching research in such a way will generate knowledge that can result in recommending more informed policy and practice initiatives.

It would also be worthwhile for researchers to zoom in on questions about the heterogeneous BSR behaviours that may be observed across different, small business dimensions that comprise the broader SMMEs sector. This is critical to avoid generalized characterization of BSR manifestations in small business entities with distinct attributes, namely number of employees, degree of formalization, resource capacity and management skills among others. Perhaps, given that HIV/AIDS affects individual health, are individually owned and operated SMMEs likely to engage in BSR to combat HIV/AIDS because of a perceived self-benefit from such initiatives? Investigations to answer such questions are necessary to gather BSR perceptions at both individual and institutional levels.

## **7.7 CONCLUDING REMARKS**

The main aim of this exploratory study was to determine the nature of SMME BSR practices in Cape Town, South Africa, in response to HIV/AIDS. It concluded that SMMEs still have to seriously commit to combatting the epidemic despite some notable contributions through educational activities. It was also noted that as a

strategic function, BSR remains largely informal, and non-structured BSR activities among SMMEs, suggest that still more needs to be done to support SMMEs, to appreciate the importance of strategic management in business. However, there is overwhelming evidence that SMMEs in South Africa confront too many challenges that threaten survival, growth, and willingness to risk and learn. As a result, SMMEs tread with caution and priorities internal stakeholder needs that support survival.

It is, however, also necessary to conclude by pointing out the various limitations associated with this study. Firstly, typical of the survey research, this study did not register a 100% response rate, since some respondents chose not to cooperate during the survey. Secondly, the study was concentrated in Cape Town, which, in terms of generalising its findings to other excluded areas, must be cautiously approached. Thirdly, resource limitations limited the researcher to using only two assistants, which delayed the data collection process. Lastly, the research overlapped with the coronavirus period, disrupting the research environment. Nonetheless, this makes a valuable contribution to developing an understanding of BSR practices of SMMEs in a South African context.

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## APPENDICES

### Annexure A. Questionnaire

#### COVER LETTER AND QUESTIONNAIRE

##### **QUESTIONNAIRE: Business Social Responsibility (BSR) in Combating HIV/AIDS: Case of SMME practices in Cape Town**

Good day

I am Tendai Makwara, a Doctor of Business Administration student at the Central University of Technology (CUT) in Bloemfontein. You are invited to participate in a research project entitled Business Social Responsibility (BSR) in Combating HIV/AIDS: Case of SMME practices in Cape Town. The purpose of this study is to explore the social responsibility initiatives of small and medium enterprises towards responding to HIV/AIDS epidemic challenges in Cape Town.

At this stage, I am conducting my fieldwork on this topic, and I kindly request a few minutes of your take time to complete this questionnaire. The questionnaire should take you about fifteen – twenty-five minutes to complete. Your participation in this study is voluntary, and your responses are confidential. The results of this study will be reported in aggregate form, hence ensure your anonymity and confidentiality of your responses.

This study is supervised by Professor Dennis Yao Dzansi and Professor Crispen Chipunza.

If you have any questions or concerns about participating in this study, please contact me or my supervisors listed above.

I will be very grateful if you would answer all sections of this questionnaire.

Sincerely

Tendai Makwara

| <b>[ A ] YOUR UNDERSTANDING OF BUSINESS SOCIAL RESPONSIBILITY</b>    |                                                                                                     |                                    |                       |                                    |                                            |                                 |                    |                             |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|------------------------------------|--------------------------------------------|---------------------------------|--------------------|-----------------------------|
| <b>Business social responsibility as I best understand it means:</b> |                                                                                                     |                                    |                       |                                    |                                            |                                 |                    |                             |
|                                                                      |                                                                                                     | <b>Strongly<br/>Disagree<br/>1</b> | <b>Disagree<br/>2</b> | <b>Somewhat<br/>disagree<br/>3</b> | <b>Neither agree or<br/>disagree<br/>4</b> | <b>Somewhat<br/>agree<br/>5</b> | <b>Agree<br/>6</b> | <b>Strongly agree<br/>7</b> |
| 1                                                                    | Abiding by laws and regulations for business                                                        | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 2                                                                    | Pursuing profit objectives by doing good to community                                               | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 3                                                                    | Acting over and above what owners, the law, and society expects                                     | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 4                                                                    | Abiding by society's moral sense of right and wrong in daily business practices                     | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 5                                                                    | Voluntarily engaging in social and environmental actions beyond the legal and societal expectations | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| <b>[B] BUSINESS SOCIAL RESPONSIBILITY MOTIVATIONS FOR SMMEs</b>      |                                                                                                     |                                    |                       |                                    |                                            |                                 |                    |                             |
| <b>To what extent do you agree to this statement:</b>                |                                                                                                     |                                    |                       |                                    |                                            |                                 |                    |                             |
|                                                                      | The business is motivated to engage in social responsibility:                                       | <b>Strongly<br/>Disagree<br/>1</b> | <b>Disagree<br/>2</b> | <b>Somewhat<br/>disagree<br/>3</b> | <b>Neither agree or<br/>disagree<br/>4</b> | <b>Somewhat<br/>agree<br/>5</b> | <b>Agree<br/>6</b> | <b>Strongly agree<br/>7</b> |
| 6                                                                    | To increase its revenue                                                                             | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 7                                                                    | Because it is the right thing to do                                                                 | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 8                                                                    | To help society address social challenges like HIV/AIDS                                             | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 9                                                                    | To comply with the law                                                                              | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 10                                                                   | To attract retain skilled employees                                                                 | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| <b>[C] BUSINESS SOCIAL RESPONSIBILITY ACTIVITIES</b>                 |                                                                                                     |                                    |                       |                                    |                                            |                                 |                    |                             |
| <b>To what extent do you agree to this statement</b>                 |                                                                                                     |                                    |                       |                                    |                                            |                                 |                    |                             |
|                                                                      | As part of its BSR activities my business:                                                          | <b>Strongly<br/>Disagree<br/>1</b> | <b>Disagree<br/>2</b> | <b>Somewhat<br/>disagree<br/>3</b> | <b>Neither agree or<br/>disagree<br/>4</b> | <b>Somewhat<br/>agree<br/>5</b> | <b>Agree<br/>6</b> | <b>Strongly agree<br/>7</b> |
| 11                                                                   | Employs local people                                                                                | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 12                                                                   | Provides health and safety education to its employees                                               | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 13                                                                   | Makes regular donations to the local community                                                      | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |
| 14                                                                   | Supporting local cultural activities                                                                | 1                                  | 2                     | 3                                  | 4                                          | 5                               | 6                  | 7                           |

| <b>[C].1 STAKEHOLDER-ORIENTED BUSINESS SOCIAL RESPONSIBILITY PRACTICES IN RESPONSE TO HIV/AIDS-ACTIVITIES</b> |                                      |                             |                                      |                                              |                                   |                          |                                   |  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------|--------------------------------------|----------------------------------------------|-----------------------------------|--------------------------|-----------------------------------|--|
| <b>Employees</b>                                                                                              |                                      |                             |                                      |                                              |                                   |                          |                                   |  |
| <b>To what extent do you agree to this statement :</b>                                                        |                                      |                             |                                      |                                              |                                   |                          |                                   |  |
| In response to HIV/AIDS, my business provides to:                                                             | <b>Strongly Disagree</b><br><b>1</b> | <b>Disagree</b><br><b>2</b> | <b>Somewhat disagree</b><br><b>3</b> | <b>Neither agree or disagree</b><br><b>4</b> | <b>Somewhat agree</b><br><b>5</b> | <b>Agree</b><br><b>6</b> | <b>Strongly agree</b><br><b>7</b> |  |
| 15 HIV prevention education in the workplace                                                                  | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 16 Onsite HIV testing and counselling services                                                                | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 17 Referral to public health centres to access HIV/AIDS services                                              | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 18 Pay some medical bills for employees living with HIV/AIDS                                                  | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 19 Antiretroviral treatment to employees                                                                      | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 20 Flexible working hours for employees living with HIV/AIDS                                                  | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| <b>Community</b>                                                                                              |                                      |                             |                                      |                                              |                                   |                          |                                   |  |
| <b>To what extent do you agree to this statement:</b>                                                         |                                      |                             |                                      |                                              |                                   |                          |                                   |  |
| In response to HIV/AIDS, my business provides to:                                                             | <b>Strongly Disagree</b><br><b>1</b> | <b>Disagree</b><br><b>2</b> | <b>Somewhat disagree</b><br><b>3</b> | <b>Neither agree or disagree</b><br><b>4</b> | <b>Somewhat agree</b><br><b>5</b> | <b>Agree</b><br><b>6</b> | <b>Strongly agree</b><br><b>7</b> |  |
| 21 HIV prevention education in the community                                                                  | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 22 Helps train HIV/AIDS peer educators in community                                                           | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 23 Regularly donates food to families of people living with HIV/AIDS                                          | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 24 Regularly donates financially to community HIV/AIDS care and support programs                              | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 25 Skills training for startup self-help projects for people living with HIV/AIDS                             | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| <b>Customers</b>                                                                                              |                                      |                             |                                      |                                              |                                   |                          |                                   |  |
| <b>To what extent do you agree to this statement:</b>                                                         |                                      |                             |                                      |                                              |                                   |                          |                                   |  |
| In response to HIV/AIDS, my business provides to:                                                             | <b>Strongly Disagree</b><br><b>1</b> | <b>Disagree</b><br><b>2</b> | <b>Somewhat disagree</b><br><b>3</b> | <b>Neither agree or disagree</b><br><b>4</b> | <b>Somewhat agree</b><br><b>5</b> | <b>Agree</b><br><b>6</b> | <b>Strongly agree</b><br><b>7</b> |  |
| 26 HIV prevention education to local customers                                                                | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 27 Self-help services to avoid in person contact with employees                                               | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |
| 28 Distribute HIV-related materials from local health centres                                                 | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |  |

|                                                                                                                                                                  |                                                                                                 |                                      |                             |                                      |                                              |                                   |                          |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------|--------------------------------------|----------------------------------------------|-----------------------------------|--------------------------|-----------------------------------|
| 29                                                                                                                                                               | Display HIV/AIDS policy statement to assure raise awareness about HIV/AIDS standards compliance | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| <b>[C].2 BUDGET and RESOURCES FOR BUSINESS SOCIAL RESPONSIBILITY ACTIVITIES IN RESPONSE TO HIV/AIDS</b><br><b>To what extent do you agree to this statement:</b> |                                                                                                 |                                      |                             |                                      |                                              |                                   |                          |                                   |
| Regarding the budget and resources for HIV/AIDS activities:                                                                                                      |                                                                                                 | <b>Strongly Disagree</b><br><b>1</b> | <b>Disagree</b><br><b>2</b> | <b>Somewhat disagree</b><br><b>3</b> | <b>Neither agree or disagree</b><br><b>4</b> | <b>Somewhat agree</b><br><b>5</b> | <b>Agree</b><br><b>6</b> | <b>Strongly agree</b><br><b>7</b> |
| 30                                                                                                                                                               | The business has no budget set for HIV/AIDS-related programs                                    | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 31                                                                                                                                                               | I do not know how much we spend on HIV/AIDS services                                            | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 32                                                                                                                                                               | The business spends more than 10% of monthly sales on HIV/AIDS programs                         | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 33                                                                                                                                                               | The business spends 5% of the monthly profit on HIV/AIDS programs                               | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 34                                                                                                                                                               | Employees volunteer to conduct community HIV/AIDS program                                       | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 35                                                                                                                                                               | The business owner conducts and delivers the HIV/AIDS programs for all stakeholders             | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 36                                                                                                                                                               | The business mobilises community volunteers to implement community based HIV/AIDS programs      | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 37                                                                                                                                                               | The business hires external experts to conduct HIV/AIDS programs for all stakeholders           | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| <b>D: ETHICAL INFLUENCES OF BUSINESS SOCIAL RESPONSIBILITY</b><br><b>To what extent do you agree to this statement:</b>                                          |                                                                                                 |                                      |                             |                                      |                                              |                                   |                          |                                   |
| In this business BSR actions is influenced by::                                                                                                                  |                                                                                                 | <b>Strongly Disagree</b><br><b>1</b> | <b>Disagree</b><br><b>2</b> | <b>Somewhat disagree</b><br><b>3</b> | <b>Neither agree or disagree</b><br><b>4</b> | <b>Somewhat agree</b><br><b>5</b> | <b>Agree</b><br><b>6</b> | <b>Strongly agree</b><br><b>7</b> |
| 38                                                                                                                                                               | Ubuntu ethics                                                                                   | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 39                                                                                                                                                               | Religious values                                                                                | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 40                                                                                                                                                               | Legal ethics                                                                                    | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| 41                                                                                                                                                               | Business strategic goals                                                                        | 1                                    | 2                           | 3                                    | 4                                            | 5                                 | 6                        | 7                                 |
| <b>[E] BUSINESS SOCIAL RESPONSIBILITY CHALLENGES</b><br><b>To what extent do you agree to this statement:</b>                                                    |                                                                                                 |                                      |                             |                                      |                                              |                                   |                          |                                   |
| <b>INTERNAL CHALLENGES</b><br>I believe the major internal challenge to engage with HIV/AIDS BSR activities in this business is:                                 |                                                                                                 | <b>Strongly Disagree</b><br><b>1</b> | <b>Disagree</b><br><b>2</b> | <b>Somewhat disagree</b><br><b>3</b> | <b>Neither agree or disagree</b><br><b>4</b> | <b>Somewhat agree</b><br><b>5</b> | <b>Agree</b><br><b>6</b> | <b>Strongly agree</b><br><b>7</b> |

|                                                                                                                                  |                                                         |                          |                                       |                        |                             |                         |               |   |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|---------------------------------------|------------------------|-----------------------------|-------------------------|---------------|---|
| 42                                                                                                                               | No one talk about HIV/AIDS in this business             | 1                        | 2                                     | 3                      | 4                           | 5                       | 6             | 7 |
| 43                                                                                                                               | Lack of time for BSR activities                         |                          |                                       |                        |                             |                         |               |   |
| 44                                                                                                                               | Lack of capability to engage in BSR                     | 1                        | 2                                     | 3                      | 4                           | 5                       | 6             | 7 |
| 45                                                                                                                               | Lack of conviction about HIV/AIDS BSR benefits          | 1                        | 2                                     | 3                      | 4                           | 5                       | 6             | 7 |
| 46                                                                                                                               | Management commitment to BSR                            | 1                        | 2                                     | 3                      | 4                           | 5                       | 6             | 7 |
| <b>EXTERNAL CHALLENGES</b><br>I believe the major external challenge to engage with HIV/AIDS BSR activities in this business is: |                                                         |                          |                                       |                        |                             |                         |               |   |
| 47                                                                                                                               | Lack of SMME sector support                             | 1                        | 2                                     | 3                      | 4                           | 5                       | 6             | 7 |
| 48                                                                                                                               | Lack of incentive from government to deal with HIV/AIDS | 1                        | 2                                     | 3                      | 4                           | 5                       | 6             | 7 |
| 49                                                                                                                               | Having no big business role model                       | 1                        | 2                                     | 3                      | 4                           | 5                       | 6             | 7 |
| 50                                                                                                                               | Lack of external stakeholder pressure                   | 1                        | 2                                     | 3                      | 4                           | 5                       | 6             | 7 |
| <b>[F] ORGANISATIONAL DETAILS</b>                                                                                                |                                                         |                          |                                       |                        |                             |                         |               |   |
| 51                                                                                                                               | Your gender                                             | 1<br>Male                | 2<br>Female                           | 3<br>Prefer not to say |                             |                         |               |   |
| 52                                                                                                                               | Your race                                               | 1<br>Black               | 2<br>White                            | 3<br>Coloured          | 4<br>Indian                 | 5<br>Other              |               |   |
| 53                                                                                                                               | Your age                                                | 1<br>Under 18            | 2<br>18-35                            | 3<br>36-45             | 4<br>46-55                  | 5<br>55 and above       |               |   |
| 54                                                                                                                               | Your highest level of education                         | 1<br>No education        | 2<br>Grade 1-9                        | 3<br>Grade 11-12       | 4<br>Vocational certificate | 5<br>Degree             |               |   |
| 55                                                                                                                               | Your nationality                                        | 1<br>South African       | 2<br>South African Permanent resident |                        |                             | 3<br>Non-South Africa   |               |   |
| 56                                                                                                                               | Type of respondent                                      | 1<br>Owner               | 2<br>Manager                          | 3<br>Owner manager     |                             |                         | 4<br>Employee |   |
| <b>[F] BUSINESS DETAILS</b>                                                                                                      |                                                         |                          |                                       |                        |                             |                         |               |   |
| 57                                                                                                                               | Form of business                                        | 1<br>Sole proprietor     | 2<br>Partnership                      | 3<br>Pty Limited       | 4<br>Close corporation      | 5<br>Other .....        |               |   |
| 58                                                                                                                               | No. of employees excluding owner (s)                    | 1<br>Less than 5         | 2<br>6-10                             | 3<br>11-20             | 4<br>21-50                  | 5<br>51-200             |               |   |
| 59                                                                                                                               | Age of the business                                     | 1<br>Less than 3 years   | 2<br>3 – 5 years                      | 3<br>6 – 10 years      | 4<br>11 – 15 years          | 5<br>More than 15 years |               |   |
| 60                                                                                                                               | Business legal status                                   | 1<br>Formally registered |                                       |                        | 2<br>Informal               |                         |               |   |
| 61                                                                                                                               | Sector                                                  | 1<br>Retail/Warehousing  | 2<br>Manufacturing                    | 3<br>Clothing          | 4<br>Hospitality            | 5<br>Services           |               |   |
| 62                                                                                                                               | Total turnover                                          | 1                        | 2                                     | 3                      | 4                           | 5                       |               |   |

|  |  |             |              |             |             |                 |
|--|--|-------------|--------------|-------------|-------------|-----------------|
|  |  | Up to R500k | R501k -R1mil | R1.1m-R2mil | R2.1m-R4mil | More than R4.1m |
|--|--|-------------|--------------|-------------|-------------|-----------------|

THANK YOU

## Annexure B. Rotated Component Matrix

Rotated Component Matrix<sup>a</sup>

|                                                                                                              | Component |       |       |      |       |   |
|--------------------------------------------------------------------------------------------------------------|-----------|-------|-------|------|-------|---|
|                                                                                                              | 1         | 2     | 3     | 4    | 5     | 6 |
| Q21. BSR_STK_COM: HIV prevention education in the community                                                  | .769      |       |       |      |       |   |
| Q35. BSR_ACT_B_R: The business owner delivers the HIV/AIDS programs for all stakeholders                     | .754      |       |       |      |       |   |
| Q22. BSR_STK_COM: Helps train HIV/AIDS peer educators in the community                                       | .752      |       |       |      |       |   |
| Q34. BSR_ACT_B_R: Employees volunteer to conduct community HIV/AIDS program                                  | .737      | -.262 |       |      |       |   |
| Q15. BSR_STK_EMP: HIV prevention education in the workplace                                                  | .733      |       |       |      |       |   |
| Q36. BSR_ACT_B_R: The business mobilises community volunteers to implement community-based HIV/AIDS programs | .665      |       |       |      |       |   |
| Q26. BSR_STK_CUS: HIV prevention education to local customers                                                | .573      | .312  |       | .274 | -.344 |   |
| Q27. BSR_STK_CUS: Self-help services to avoid in person contact with employees                               | .554      | .395  | -.293 | .424 |       |   |

|                                                                                                         |       |       |       |       |       |       |
|---------------------------------------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|
| Q37. BSR_ACT_B_R: The business hires external experts to conduct HIV/AIDS programs for all stakeholders | .554  |       | .313  |       | -.391 |       |
| Q20. BSR_STK_EMP: Flexible working hours for employees living with HIV/AIDS                             | .513  |       |       |       |       | -.458 |
| Q6. BSR_MOT: To increase its revenue                                                                    | .451  |       | -.328 |       | -.283 |       |
| Q46. BSR_CH_INT: Management commitment to BSR                                                           |       | .822  |       |       |       |       |
| Q44. BSR_CH_INT: Lack of capability to engage in BSR                                                    |       | .786  | .288  |       |       |       |
| Q43. BSR_CH_INT: Lack of time for BSR activities                                                        |       | .770  |       |       |       |       |
| Q45. BSR_CH_INT: Lack of conviction about HIV/AIDS BSR benefits                                         |       | .766  |       |       |       |       |
| Q31. BSR_ACT_B_R: I do not know how much we spend on HIV/AIDS services                                  |       | .561  |       | .463  |       |       |
| Q17. BSR_STK_EMP: Referrals to public health centres to access HIV/AIDS services                        | .415  | -.539 |       | .405  |       |       |
| Q30. BSR_ACT_B_R: The business has no budget set for HIV/AIDS-related programs                          |       | .535  |       |       |       |       |
| Q42. BSR_CH_INT: No one talk about HIV/AIDS in this business                                            | -.368 | .472  | .451  | -.335 |       |       |
| Q2. BSR_UND: Pursuing profit objectives by doing good to community                                      |       | -.442 | -.372 |       | -.281 | .327  |
| Q11. BSR_ACT: Employs local people                                                                      |       | -.391 | .321  | .335  |       |       |
| Q23. BSR_STK_COM: Regularly donates food to families of people living with HIV/AIDS                     | .273  |       | .758  |       |       |       |
| Q24. BSR_STK_COM: Regularly donates financially to community HIV/AIDS care and support programs         |       |       | .708  |       |       |       |
| Q29. BSR_STK_CUS: Display HIV/AIDS policy statement to assure HIV/AIDS standards compliance             | .346  |       | .650  |       |       | .298  |
| Q38. BSR_ETH: Ubuntu ethics                                                                             | .367  | -.366 | -.623 |       |       |       |
| Q39. BSR_ETH: Religious values                                                                          | .253  | -.270 | -.604 | -.362 |       | .275  |

|                                                                                                                  |       |       |      |       |       |
|------------------------------------------------------------------------------------------------------------------|-------|-------|------|-------|-------|
| Q25. BSR_STK_COM: Skills training for startup self-help projects for people living with HIV/AIDS                 |       | .328  | .598 |       | .326  |
| Q13. BSR_ACT: Makes regular donations to the local community                                                     |       | -.430 | .567 | .387  |       |
| Q8. BSR_MOT: To help society address social challenges like HIV/AIDS                                             |       |       | .517 | .427  | .257  |
| Q18. BSR_STK_EMP: Pay some medical bills for employees living with HIV/AIDS                                      |       |       | .440 |       | -.305 |
| Q3. BSR_UND: Acting over and above what owners, the law, and society expects                                     |       |       |      | .713  |       |
| Q4. BSR_UND: Abiding by society's moral sense of right and wrong in daily business practices                     |       |       |      | .685  | .276  |
| Q12. BSR_ACT: Provides health and safety education to its employees                                              | .274  | -.293 |      | .664  | .299  |
| Q5. BSR_UND: Voluntarily engaging in social and environmental actions beyond the legal and societal expectations |       |       |      | .593  |       |
| Q33. BSR_ACT_B_R: The business spends 5% of the monthly profit on HIV/AIDS programs                              |       |       | .451 | .464  | -.292 |
| Q1. BSR_UND: Abiding by laws and regulations for business                                                        | -.292 |       |      | .461  | .288  |
| Q28. BSR_STK_CUS: Distribute HIV-related materials from local health centres                                     | .438  | -.383 |      | .450  |       |
| Q7. BSR_MOT: Because it is the right thing to do                                                                 |       |       |      | .421  |       |
| Q32. BSR_ACT_B_R: The business spends more than 10% of monthly sales on HIV/AIDS programs                        | .272  |       |      | -.408 | -.253 |
| Q48. BSR_CH_EXT: Lack of incentive from government to deal with HIV/AIDS                                         |       |       |      |       | .804  |
| Q47. BSR_CH_EXT: Lack of SMME sector support                                                                     |       |       |      |       | .785  |
| Q49. BSR_CH_EXT: Having no big business role model                                                               |       |       |      |       | .783  |
| Q14. BSR_ACT: Supporting local cultural activities                                                               |       | -.322 | .283 |       | .544  |
| Q40. BSR_ETH: Legal ethics                                                                                       |       |       |      |       | .545  |

|                                                               |       |       |      |       |      |      |
|---------------------------------------------------------------|-------|-------|------|-------|------|------|
| Q10. BSR_MOT: To attract and retain skilled employees         | -.260 |       |      |       |      | .488 |
| Q9. BSR_MOT: To comply with the law                           |       | .262  |      | .274  |      | .479 |
| Q50. BSR_CH_EXT: Lack of external stakeholder pressure        | -.317 |       | .342 | -.277 | .384 | .443 |
| Q41. BSR_ETH: Business strategic goals                        |       | -.315 |      |       |      | .374 |
| Q16. BSR_STK_EMP: Onsite HIV testing and counselling services |       |       |      |       |      | .369 |
| Q19. BSR_STK_EMP: Antiretroviral treatment to employees       |       |       | .251 |       |      | .367 |

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 19 iterations.