

The Health of our Educators: Focus on HIV/AIDS in South African Public Schools

Edited by O Shisana, K Peltzer, N Zungu-Dirwayi & JS Louw. Cape Town: HSRC, 2005

This substantial report is the product of a research consortium comprising the Human Science Research Council (HSRC) and the Medical Research Council (MRC) of South Africa. It was prepared for the Education Labour Relations Council (ELRC) in South Africa to explore the impact of HIV/AIDS on the supply and demand of educators to the education sector. The study had three primary objectives: to determine the prevalence of HIV and tuberculosis (TB), to investigate the determinants of HIV, and to establish the attrition rate among teachers at public (as opposed to private) schools.

This was a study on a massive scale: 1 766 randomly selected schools, incorporating the length and breadth of South Africa, were sampled, through a staggering 24 200 potential respondents. The research team comprised 436 field workers. Despite such large numbers the methodology employed triangulation methods. This included focus groups and key informant interviews that fed into the questionnaire design. The survey combined behavioural risks questionnaire-based survey methods with biological HIV testing (either saliva or blood samples), and with archival research on existing school records. Of those who gave an HIV specimen, 12.7 % were found to be HIV-positive, and this did not differ by gender. The prevalence was highest in the 25 - 34-year age group (21.4%, where women had higher rates than men), with those over 55 years having the lowest prevalence (3.1%). Within the highest prevalence age group, major 'racial' differences were apparent, whereby black Africans were greatly over-represented in comparison to the other three groups. They were also much more likely than the other groups to belong to the lowest socio-economic category, this being attributed to their poorer education under the apartheid systems. HIV prevalence was highest in rural areas, followed by informal settlements and lowest in urban areas. KwaZulu-Natal and Mpumalanga had the highest prevalence (both over 19%).

The report goes on to detail determinants and awareness of HIV/AIDS status, condom use and health status, relevant knowledge, and extent of alcohol use.

Most troublesome, the study revealed that 55% of educators intended to leave the education profession, and this was for a variety of reasons including low job satisfaction, stress and violence in schools.

The report concludes with a number of strong recommendations including interventions targeted at behaviour change, HIV knowledge (specific aspects only, as general HIV/AIDS knowledge was good), particular high prevalence districts, improving self-efficacy skills, transmission prevention for those already HIV-positive, discouraging migratory practices that undermine family structures, establishing health workplace programmes, eliminating gender disparities (where they exist – particularly among young ‘Africans’) and establishing a web-based data-base for future policy and planning decisions. On the human resources side, more directly targeted at combating attrition, the report also recommends improved conditions of service, reducing alcohol intake and reducing workplace violence (to heighten teacher morale).

These recommendations are all worthy, the challenge of course being in the ‘how to’ detail. While many of these recommendations are relevant to individual behaviour, the social context of the problem – the poverty/HIV gradient – also needs to be addressed at

its social and economic roots. Also, a stronger emphasis on using cultural identity (UNESCO, 2005) as a vehicle for combatting HIV may be of particular relevance in South Africa, where both across and within ‘racial groups’ there may be significantly different resources and challenges to be found.

Overall, *The Health of our Educators* is a hugely impressive piece of research undertaken on an awesome scale which does deliver socially relevant data for policy makers and planners, not just in education but also in health and related services. If the children of South Africa are to be in (enough) good hands in the next decade, action must be taken now to address and reverse the worrying situation described in this report. Whether the resources are prioritised for this or not, is ultimately a political decision. The researchers who produced this report have however provided a strong evidence base for well-motivated politicians to act. Let’s hope they act now!

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Reference

UNESCO (2005) Downloaded from UNESCO ‘Aids & Culture’ web page: <http://portal.unesco.org/> on 22/6/2005 (see also UNESCO (2001) *A Cultural Approach to HIV/AIDS Prevention and Care*: UNESCO/UNAIDS Research Project: Culturally Appropriate Information/Education/Communication: Elaboration & Delivery. Paris: Division of Cultural Policies, UNESCO).

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