

# SECTION THREE: STRENGTHS AND LIMITATIONS OF THE STUDY



- Strengths
- Limitations



## 3. STRENGTHS AND LIMITATIONS OF THE STUDY

### 3.1 Strengths

- This study is based on a large sample of schools selected randomly throughout each district. This reduced selection bias.
- The response rate on this study based on the number of educators present on the day of the visit was very high for questionnaires and plausible for HIV testing. Bias of non-response was addressed through revisits, which is seldom done in workplace studies.
- This study involved the participation of researchers, policy-makers and representatives of educators and regulatory authorities in its conceptualisation and execution. This is a major change in approaches to conduct research because it allows for co-generation of knowledge and validation of findings by participation of representatives. This approach increases the chances of results being implemented.
- The study provides information using a combination of survey of respondents and record review used in collecting data from educational institutions, allowing for triangulation of the findings in order to increase reliability.

### 3.2 Limitations

- The first limitation of this study is the cross-sectional nature of the design. The impact of HIV/AIDS on the educators would have been best studied using a longitudinal design, with a series of measurements taken over time. This would have addressed potential problems related to recall bias. Cross-sectional study designs also suffer from lack of clarity on temporal sequences. For example, it is not clear whether condom use preceded HIV infections or is a result of HIV infection. However, the cost of undertaking such a study would be enormous.
- There were difficulties in securing a sampling frame based on an accurate and updated database. In a later report, detailed recommendations regarding an information system for the education sector will be made.
- It is likely that some educators missed school the day the survey was done because they were ill due to HIV/AIDS-related illnesses. Although an attempt was made to revisit the schools where the absenteeism rate was high, it was not always possible to interview and test all educators who were absent. Those who were absent on the visit of the survey and present during the second visit were tested for HIV and found to have a lower HIV prevalence than those who were present during the first visit.
- It was not possible to collect sputum specimens from participants to test for TB, hence the estimates of people with TB disease or TB infection was based on self-reports, which probably led to underestimates.
- It was also not possible to conduct clinical examinations to determine the percent of educators with opportunistic infections as well as other clinical manifestations of HIV/AIDS related disease.
- Finally, quantitative data seldom provides depth; for this reason qualitative data collected through focus groups and review of policies will form part of a comprehensive, integrated report, due in mid 2005.