Section six: Conclusions

6. Conclusions

This is the first comprehensive study of demand for and supply of educators in the public sector that takes into account the effects of HIV/AIDS, TB, alcohol use and health status and is based on data collected from a representative sample of educators on such a large scale. It comprises three components: (1) epidemiological profile of educators (HIV/AIDS, TB, and health status); (2) workplace policies; and (3) human resources. Nested in each of these three components are a series of sub-studies, all forming part of a much larger study of demand for and supply of educators in the public education system. The final report integrating all the three components, together with nested sub-studies, is expected to be completed in June 2005. This report presents component 1 results, which address two objectives: (1) the magnitude of the problems of HIV/AIDS, TB, alcohol use and health status of educators by various demographic, geographical and educational variables; and (2) the determinants that increase the risk of HIV/AIDS in educators. It also partially addresses a human resource objective; a more comprehensive analysis of human resources will be presented in a separate report. All these form part of the conceptual model for studying demand for and supply of educators in the public education system.

The study set out to determine the prevalence and determinants of HIV and TB amongst South African educators by age, sex of educator, race, qualifications, locality type, learning area and the phase/band of active teaching. In addition, the study aimed to estimate the rate of attrition among educators and reasons thereof.

From the results of the study, the following conclusions are made:

HIV prevalence: The HIV prevalence among educators is high and is similar to that of the general population. The study revealed that the HIV prevalence among public sector educators was 12.7%; the highest prevalence was among Africans, where 16% were found to be HIV positive. The prevalence among other racial groups was less than 1%. Single educators were 2.7 times more likely to be HIV positive than married people.

Educators who have low socio-economic status had a much higher HIV prevalence when compared to those in the high socio-economic group. It was highest among teachers and lowest among senior educators, education specialists and principals or deputy principals.

The HIV prevalence of educators by different learning areas was more than 10%, except for technology educators, whose prevalence was 7.43%, and those teaching additional languages, whose prevalence was 23.3%. Those with less teaching experience had higher HIV prevalence than those with more than 15 years of teaching experience.

Educators residing in rural areas and those working in rural schools were found to have significantly higher HIV prevalence than educators residing in urban areas and teaching in urban schools

The HIV prevalence was highest in KwaZulu-Natal and Mpumalanga and lowest in the Western Cape and Northern Cape. Of the 54 district councils, only 11 districts had high HIV prevalence of (=>20%) – in KwaZulu-Natal (8), Mpumalanga (2) and Eastern Cape (1). The districts with the lowest HIV prevalence were Western Cape and Northern Cape where the prevalence was less than 5%. The metropolitan district councils had HIV prevalence of less than 10%.

Awareness of HIV status: Only 59% of educators had had an HIV test in their lifetime and of these 92.6% were told of their test results. Indians (68%) and coloureds (67%) had higher rates of HIV testing than whites (63.4%) and Africans (56.2%).

Determinants of HIV: With respect to determinants of HIV, the epidemic seem to be driven by multiple sexual partnership (particularly among men), low condom use, having sexual partners who are younger (among men), migration and mobility (spending nights away from home). Gaps in knowledge of HIV transmission exist; specifically, these are in the areas of oral sex, breastfeeding, and incorrect information on sneezing.

Health status: The study revealed that 10.6% of educators reported to have been hospitalised within the last 12 months prior to the study. The most frequently reported diagnoses educators received in the last five years were high blood pressure (15.6%), stomach ulcer (9.1%), arthritis (6.6%) and diabetes (4.5%). A self-reported measure was used to estimate the size of the population of educators who suffered from chronic conditions that may affect their health and may contribute to absenteeism. Less than 1% of educators reported to have been diagnosed to have TB in the last five years prior to the study. The study also found that 3.24% of educators experienced a cough that lasted for two weeks, an indication that they might have had TB. However, this may overestimate the proportion of educators with TB because a small percentage (0.5%) reported to have received treatment for TB within the past year.

Absenteeism: All chronic conditions, including being HIV positive, tobacco use and high-risk drinking, were associated with higher rates of self-rated absenteeism. The proportion of educators missing over ten days of school was highest among educators who had been diagnosed with TB in the past five years (30.2%), high-risk drinking (25.6%), lung or breathing problem (23.6%), heart disease (22.5%), diabetes (20.2%), cancer (19.6%), and anaemia (19.3%). Among HIV-positive educators, 17.1% reported missing over ten days compared to 13.8% of HIV-negative educators. The burden of absenteeism in the educator labour force (measured in total days absent) is highest due to high blood pressure, followed by use of tobacco, being HIV positive, stomach ulcer, arthritis or rheumatism and high-risk drinking.

Low morale at the educational institution, intention to quit teaching, low job satisfaction and high job stress were significantly associated with higher number of self-rated absenteeism and decreased presenteeism (unhealthy days).

Educators who perceived that they had more support – from the DoE, SGB, learners' parents, unions and religious groups in the community – in their role as educator and for AIDS work/education reported significantly less absenteeism and less 'unhealthy days'.

When asked in an open-ended question about what support the DoE should provide in terms of the care of ill teachers and learners, the most frequent responses were treatment and medication (55.6%), financial support (grants, medical aid) (54.3%), and were followed by emotional support (home visits, moral support) (36.4%), other material support (for example, food) (27.1%), assistance/support to schools (substitute teachers/ workshops) (25.1%), combat stigma and discrimination (17.9%) and home schooling/care centres (17.3%).

Alcohol use: Alcohol consumption patterns seem to differ by race. The overwhelming majority of educators (75%) abstained from drinking alcohol in the past 12 months. Male educators (15%) were significantly more high-risk drinkers than female educators (0.7%). Of all racial groupings, male coloured educators (18%) and male African educators (16%) reported the highest levels of high-risk alcohol use.

High-risk drinkers had more days absent from work in 2003 than non-drinkers or low-risk drinkers suggesting that heavy alcohol use contributes to absenteeism from schools.

Having had alcohol or drugs before last sex was significantly associated with being HIV positive, in particular among men.

Violence at schools: One of the hypothesised causes of attrition is violence experienced in and around the school premises. The three major forms of violence experienced by educators in the past 12 months included instances where a learner or educator had been found carrying weapons onto the educational institution (22%), a person was assaulted (18%) and a fight involving weapons (14%). More violence was experienced in urban schools than in rural schools, more in secondary schools than other schools, and the violence index score was highest in Western Cape, KwaZulu-Natal, and Mpumalanga provinces and lowest in Eastern Cape, Limpopo and Northern Cape provinces. Violent events at the educational institution seemed to have had an impact on the morale and intention to leave the education profession. Educators with a higher violence index score rated the morale at their school as lower than those with a low violence score, and educators with a higher violence score more often thought of leaving the education profession.

Potential attrition: A powerful predictor for attrition can be measured with the intention to leave or quit the service as an educator. Less than half of educators (45.4%) indicated that they had 'never' considered leaving the education profession. Of those who had considered leaving, 24.9% considered leaving 'from time to time' and 29.3% considered leaving the education profession 'very often'. Non-Africans, males, those aged 25–49 years, those teaching in secondary schools, those with higher qualifications, those earning medium to high income, and those teaching technology, economics and management and natural sciences, are most likely to leave the teaching profession. In examining intention to leave by HIV status and HIV morbidity, the results show that HIV-negative educators were more likely than HIV-positive educators to want to leave the profession. Reasons for wanting to leave the education profession include low job satisfaction (in particular: lack of career advancement and recognition, the teaching structure in terms of working hours/load/policies, and lack of discipline and respect) and job stress (in particular: problems with teaching methods and administration and problems with the educational system).