

## Human Sciences Research Council

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### The Health of Educators in Public Schools in South Africa

#### FACT SHEET

#### Why the study?

The provision of good quality education in public sector schools in South Africa is intrinsically linked to the health, wellbeing and productivity of educators employed in this sector.

This second such study to assess the health and wellbeing of public school based educators in South Africa, was commissioned by the National Department of Basic Education (DBE) and conducted by the Human Sciences Research Council (HSRC)

The study aimed to investigate the HIV-related epidemiological profile of educators and school leadership (Principals, Vice Principals and Heads of Departments) in the public education sector and to assess the impact of HIV prevention, care and treatment programs on HIV prevalence.

The findings contribute towards strengthening employee related programmes.

Various factors influence the health and wellbeing of educators within the school environment. These include work dissatisfaction and overload, personal health issues – including HIV infection, tuberculosis (TB) and non-communicable diseases – and exposure to violence. These factors were identified in a similar study conducted in 2004.

The current survey updates previous data and provides new information on HIV incidence and exposure to ART, sexually transmitted infections (STIs), and TB, as well as providing insights into the general health and wellbeing of educators in the school environment.

It is widely acknowledged the world over that the health and wellbeing of educators is integral to the provision of quality education. Surveys in the sector guide policies and strategies that help to improve health and wellbeing of educators.

Significantly South Africa is among a few African countries that routinely conduct HIV incidence, prevalence and behaviour surveys in the general population. To this end, surveillance of HIV has been extended from the general population to surveillance of key sectors that have a bearing on the country's economy – for example, health care workers, educators, other civil service sectors, and security personnel.

## South Africa and HIV and AIDS

South Africa has the highest burden of HIV globally, with the Joint United Nations Programme on HIV and AIDS (UNAIDS) estimating that 6.8-million people are living with HIV in the country.

According to the World Health Organisation (WHO), South Africa also has the highest incidence and prevalence of TB among high burden countries globally.

Non-communicable diseases such as hypertension and diabetes mellitus also contribute to burden of disease.

## Objectives of the study

The study aimed to:

- Estimate the prevalence of HIV among public school educators.
- Establish an HIV incidence baseline among public school educators.
- Estimate the number of educators on ART
- Assess the relationship between behavioural factors and HIV infection among public school educators.
- Compare the HIV prevalence and risk behaviours among public school educators between 2004 and 2015/2016.

Additional objectives included assessing the extent of TB infection and non-communicable diseases including mental health, environmental issues such as violence in schools, and systemic issues such as class sizes, job satisfaction and workload.

## Methodology

The study was conducted in all nine provinces and 1380 public schools were randomly sampled from a national database of schools, including all four school categories (primary, secondary, combined, intermediate).

At each sampled school, all educators were invited to participate in the survey. To those that agreed to participate, a detailed questionnaire was administered. No personal identifiers taken. Educators were further requested to consent to blood specimen collected for HIV and other biomedical tests. Each educator's HIV test result was anonymously linked to their questionnaire using a barcode.

All educators who were tested for HIV were offered the option of collecting their HIV test results from a private doctor of their choice. This was paid for by the study using funds provided by the International Labour Organisation (ILO). The aim of returning HIV test results to educators was to increase the number of educators who tested and know their HIV status, and was advocated by educator unions.

Of the 25,130 educators eligible to participate in the survey, 85.5% were interviewed and further 16 391 (65.2%) also provided blood specimens for HIV testing. This response rate

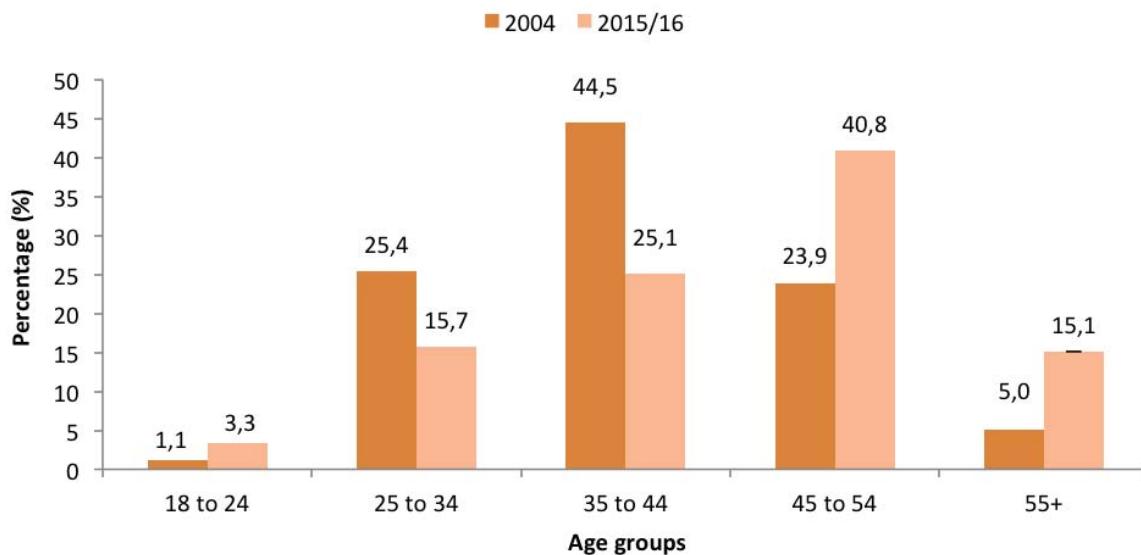
was consistent with the previous educator survey.

A fifth of educators who were interviewed (20.3%) refused to provide a specimen for HIV testing.

### **The sample**

The final sample consisted of educators who were predominantly female (69.7%), African (80.1%), aged  $\geq 45$  years (55.9%), married (55.4%), qualified at first degree or higher level (74.0%), holding the rank of educator (75.6%), being employed by DBE (93.7%) and teaching in primary schools (56.2%). Nearly one fifth of educators had 20-24 years of teaching experience. The majority of educators were in the older age group in 2015/2016 ( $\geq 45$  years), compared to 2004 where the majority were aged 35-44 years. Most educators (58.3%) were living in the same area, after completing their initial training.

### **Age distribution of South African educators 2004 and 2015/2016**



### **HIV Prevalence**

The overall HIV prevalence among educators was 15.3% translating to approximately 58,000 educators living with HIV in 2015. **This was 1.2 times higher than was found in the 2004 survey (15.3% vs 12.7%).**

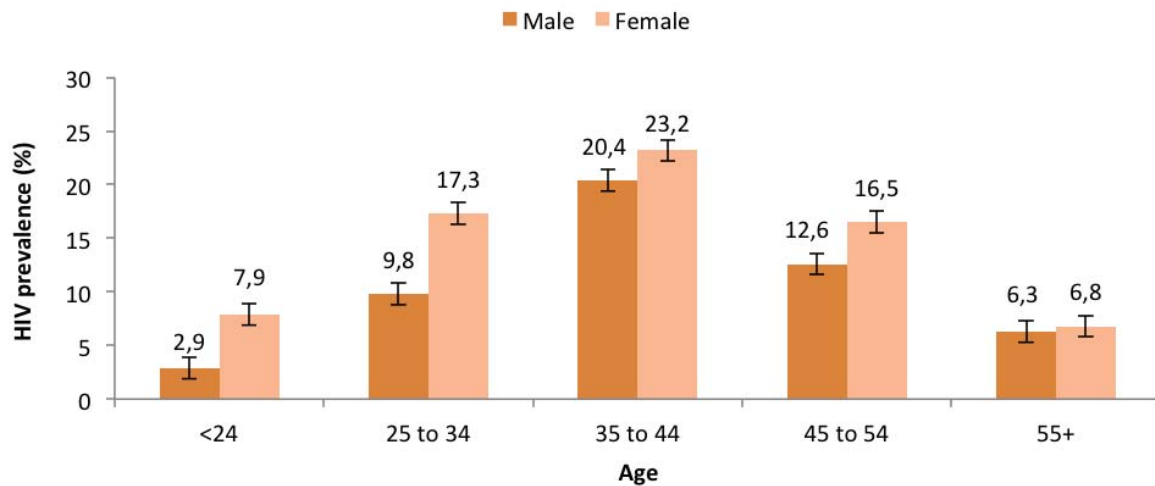
HIV prevalence was significantly higher among females compared to males (16.4% vs 12.7%,  $p=0.0001$ ), whereas in 2004 where there was no observable difference in prevalence between the sexes.

The 2015/16 HIV prevalence peak occurred among educators aged 34-44 years (22.4%), whereas in 2004 the peak occurred in the 25-34-year age group (21.4%).

This age shift probably reflects increased survival resulting from improved access to ART.

Females had consistently higher HIV prevalence than males across all age groups with the peak being among educators aged 35-44 years being at 20.4% for males and 23.2% for females.

### HIV prevalence by age and sex



Overall, higher HIV prevalence was found among educators who were Africans, those with low education levels, those with low disposable income, those who were unmarried and widowed, and those teaching in rural informal areas.

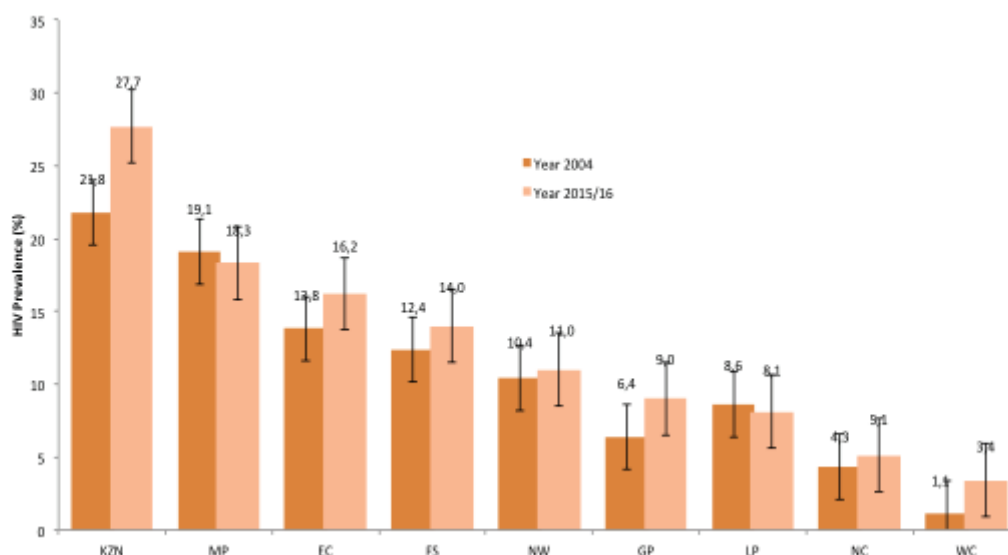
This is consistent with previous national surveys. The observed provincial differences in HIV prevalence are consistent with the 2004 survey findings, with peaks still occurring in Kwazulu-Natal, Mpumalanga and Eastern Cape.

Although the Western Cape ranked lowest in terms of HIV prevalence, there was an increase in HIV prevalence – 1.1% in 2004 vs 3.4% in 2015/16 – which is consistent with findings for HIV prevalence in the general population.

There was minimal, no change or a decline of HIV prevalence in some provinces. For example, in Limpopo the prevalence was 8.6% (2004) vs 8.1% (2015) and in Mpumalanga it was 19.1% (2004) vs 18.3% (2015).

In 2015/2016 the prevalence of HIV in Gauteng Province was found to be higher than Limpopo, while in 2004 the prevalence was higher in Limpopo than in Gauteng Province.

## Overall HIV prevalence of South African educators by province, 2004 and 2015/2016



### HIV incidence

HIV incidence was estimated at 0.84% translating to an estimated 2,900 new infections in 2015. HIV incidence was 1.3 times higher among females compared to males.

Incidence was also higher among younger educators aged 18-34 years (1.92%) compared to those  $\geq 35$  years (0.67%), reflecting the increased risk in this younger age group – especially among females.

In studies of HIV in the general population in South Africa, HIV incidence was found to be higher among young women aged 18-24 years and 25-34 years compared to males.

Incidence among unmarried educators was 2.7 times higher than among married educators (1.44% vs 0.53%).

KwaZulu-Natal (2.05%) and Eastern Cape (1.23%) had higher incidence rates than the national average of 0.84%.

### Antiretroviral treatment exposure

Among the estimated 58,000 educators living with HIV, 55.7% were exposed to antiretroviral drugs (ARVs).

There was no significant difference between the proportions of males (53.8%) versus

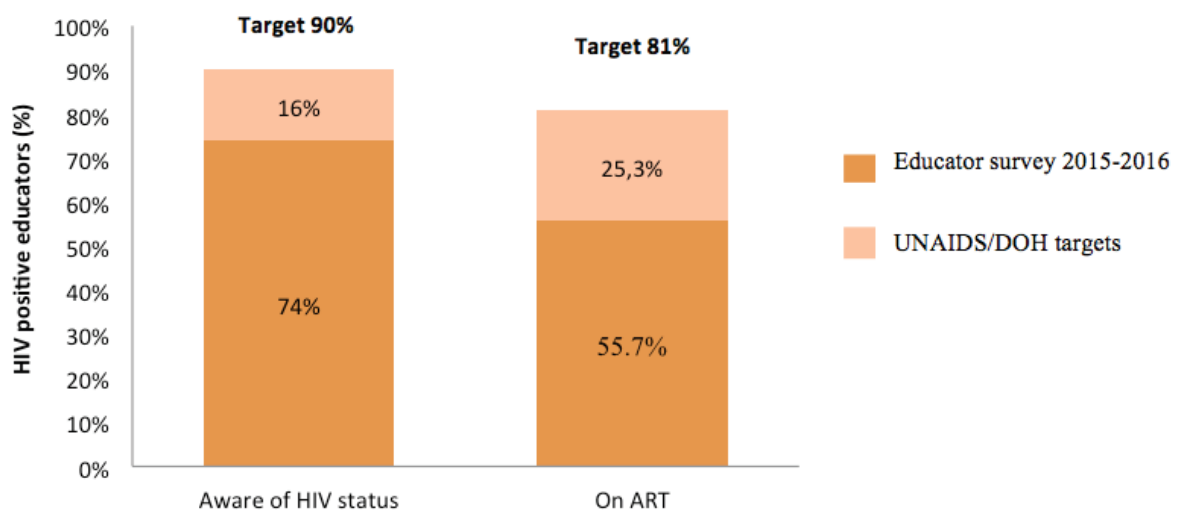
females (56.4%) who had accessed antiretroviral therapy (ART). Exposure to ARVs was significantly higher among educators aged  $\geq 35$  years (59.0%) in comparison to younger educators aged 18-34 years (39.9%,  $p < 0.001$ ).

This is consistent with the shift in HIV prevalence towards older age groups. No significant differences were found in exposure to ARVs in the different locality types.

Educators on medical aid were more likely to be on ARVs compared to those who did not have medical aid. Among HIV positive males, those who were on medical aid were 1.4 times more likely to be exposed to ART compared to those that did not have medical aid. This was similar for females.

UNAIDS and the South African National Department of Health (NDOH) treatment targets are 90% of persons living with HIV knowing their HIV status, and 90% of those living with HIV receiving antiretroviral therapy. Among the HIV positive educators, 74.0% were aware of their status and of whom 55.7% were on ART. There is thus a gap of 16.0% and 25.3% for the first two 90-90 targets, respectively.

**Awareness of HIV and ART exposure: current gaps in meeting UNAIDS/DOH treatment targets**



**Sexual Behaviour**

The majority of educators (71.6%) indicated they had had sex in the 12 months prior to the survey.

Among this group, most educators (84.8%) reported that they had one sexual partner in the past 12 months, and 10.1% reported that they had two or more partners.

Consistent with the findings of the previous educator survey, substantially more male educators reported having had two or more partners in the past 12 months (22.0%), compared to their female educators (3.4%).

A high proportion of educators (86.3%) knew of a place in the community where they could obtain a male condom for free compared to two thirds (66.9%) who said the same for female condoms.

Self-reported condom use at last sex among educators and their regular partners (35.5%) was low in all age groups, but higher with non-regular partners (75.3%).

Similarly, self-reported consistent condom use was lower with regular partners (17.7%) compared with non-regular partners (56.7%). These findings are consistent with the 2004 survey findings.

HIV-related slogans or messages that were recalled the most were those that promoted abstinence (39.2%), use of condoms (27.6%) and need for faithfulness (11.5%). The least remembered communication related to hope (3.4%) and the rights of people living with HIV (2.3%).

### **Male Circumcision**

The majority of male educators (60.0%) indicated that they were circumcised, including higher proportions among Africans (68.4%), men aged 45-54 years (64.9%) and men teaching in rural formal areas (72.0%).

Reporting having been circumcised through traditional means was most common in the Eastern Cape and Limpopo (76.3% and 73.3% respectively). Medical male circumcision was highest among educators teaching in Free State, KwaZulu-Natal and North West provinces.

Overall, few educators experienced problems during circumcision (7.0%), while higher rates of circumcision-related complications were reported from men teaching in rural areas (14.8%). More than a quarter of uncircumcised men (28%), were willing to consider being circumcised. Most fell within the ≤35-years age group.

### **HIV Risk Perception and Awareness**

The HIV risk perception was high among educators, with the vast majority (88.4%) acknowledging that they were susceptible to HIV infection.

Although HIV prevalence was high among African educators, only 17.8% perceived themselves as being 'definitely at risk of HIV infection'. Among educators who reported they would 'definitely not get infected with HIV', 26.7% were HIV positive but not aware of their HIV status, 11.8% indicated they had two or more sexual partners and 37.4% reported using condoms with non-regular partners.

Among those that indicated they would 'definitely get infected with HIV', 6.3% were HIV positive but were not aware of their HIV status, 5.7% reported having two or more sexual partners and 27.6% indicated they used condoms with non-regular partners.

The proportion of educators reporting knowing where to obtain HIV testing services

increased from 78.7% in 2004 to 92.4% in 2015 for males, and from 80.5% in 2004 to 93.8% in 2015 for females.

Almost all educators (>92%) knew where to obtain HIV counselling and testing (HCT) services. However, HCT availability in schools was low (7.7%), and HCT was more likely to be available in urban areas (8.5%).

Among educators who had ever tested for HIV, the highest levels were found among those aged 35-44 years (91.3%), Africans (87.9%) and those teaching in urban informal localities (87.6%).

The majority of the educators (88.3%) indicated they had an intention to test for HIV in the future. Nonetheless, the youngest and oldest educators as well as Whites and Indians/Asians did not test for HIV as much as their counterparts. White educators intending to test for HIV was lowest at 72.0%.

### **HIV knowledge**

Knowledge about risk behaviour and transmission of HIV was high at 89.5% and was consistent across various demographic variables. The highest levels of HIV knowledge were found among educators who were 18-24 years old (94.1%), White (93.0%), Coloured (92.9%), teaching in urban formal areas (90.6%) or rural formal areas (90.1%), and who were based in the Northern Cape (94.8%).

### **Attitudes towards PLHIV**

Most educators across various demographic variables had positive attitudes towards people living with HIV (PLHIV) and were comfortable talking to others about HIV and AIDS. However, concerns about disclosure of a family member's HIV positive status were apparent among both older and younger educators and across provinces, with the majority of these views being held in KwaZulu-Natal and Mpumalanga.

### **DBE Policy and HIV-related stigma**

A higher proportion of educators in 2015 (52.6%) were of the view that the DBE addressed the problem of HIV stigma adequately, compared to 42.4% in 2004. The majority of educators (71.1%) were aware of a school policy on HIV.

Awareness was higher among older educators and educators from Mpumalanga (80.9%).

Awareness was lower among Indians/Asians (66.3%), among educators teaching in urban formal areas (65.1%) and educators in Gauteng (62.4%) and the Free State (63.3%).

Most educators (87.1%) indicated that the DBE supports educators who are ill/sick.

### **TB knowledge**



The level of correct knowledge about behavioural risk, prevention and cure of TB transmission was generally high amongst educators regardless of race and province.

However, there were low levels of knowledge regarding the risk of TB transmission through close contact with a person who has untreated TB (29.8%), particularly in the North West, Mpumalanga, and Limpopo provinces.

### **Self-reported TB symptoms**

One in ten educators (10.3%) indicated that they currently had at least one TB-related symptom. Older educators aged  $\geq 45$  years (10.5%-11.5%) as well as African educators (11.2%) were most likely to indicate TB-related symptoms compared to other groups.

Among the 31.9% of educators who reported a history of TB screening, a higher proportion (13.7%) had been diagnosed with TB since the previous survey (0.92%) and the majority of these educators had received (96%) and completed (98.2%) TB treatment.

### **Attitudes towards persons with TB**

Most educators were willing to share meals with someone with TB (52.4%), work or study with someone with TB (78.0%) or hug a person with TB (74.9%).

### **Sexually transmitted infections**

The prevalence of STI diagnosis among educators was low. Only 1.2% of educators indicated that they had been diagnosed with a STI in the three months prior to the survey.

The proportion of educators who were HIV positive and who indicated an STI diagnosis in the previous three months was higher than in 2004 (36.8% vs 23.1%). Similarly, there was more acknowledgment of genital sores or ulcers (33.0% vs 27.5%), abnormal penile discharge (31.3% vs 28.7%) and genital warts (25% vs 23.5%).

### **Educators' health status and utilisation of health services**

Most educators indicated that they were physically (75%), and mentally/emotionally healthy (71.3%).

Only a low proportion of educators were not able to carry out their duties due to emotional and mental distress.

Since 2004, there has been a decline in the proportion of educators visiting a health practitioner in the previous six months (75.0% vs 61.1%).

Similar portions of educators reported being admitted to hospital in the previous 12 months compared to the 2004 survey (11.8% vs 10.6%).

Utilisation of health services was lowest among African educators (59.5%).

## **Non-Communicable Diseases**

The extent of self-reported chronic illnesses has increased since the 2004 educator survey. There were increased reports of hypertension (22.1% vs 15.6%), diabetes (9.0% vs 4.5%), asthma (5.9% vs 3.5%), cataracts (2.7% vs 0.3%), lung or breathing problems (4.3% vs 2.9%), heart disease (3.1% vs 1.1%), arthritis (7.2% vs 6.6%) and cancer (1.3% vs 0.5%).

## **Alcohol, Tobacco and Drug Use**

The majority of educators (74.7%) reported that they had not consumed alcohol in the past 12 months and this is consistent with what was found in the previous study.

Results show that a very low proportion (3.7%) of educators may have a high-risk drinking problem, and this was more common among males.

A high proportion of non-drinkers were female (82.5%), and older educators were less likely to consume alcohol. Low income earners, those with low socio-economic status and low levels of education had a greater propensity to be high-risk drinkers.

A small proportion of educators (4.5%), reported that they used alcohol or drugs the last time they had sexual intercourse.

Overall 9.1% of educators reported currently using tobacco products and tobacco use is lower in older age groups.

Younger educators aged 18-34 years represented more than one-quarter (25.8%) of smokers.

Tobacco use was four times higher among males in comparison to females, as well as being higher among Coloureds (23.3%) and Whites (23.3%), those teaching in urban formal areas (11.6%) as well as Western Cape (16.8%), Northern Cape (21.9%) and Free State (12.1%).

Current tobacco use (16.4%) was found to be lower among educators compared to the general population.

The use of illicit drugs or other categories of drugs was low. Overall, 1.4 % of educators reported they had ever smoked dagga and 1.7% indicated that they had used sedatives/sleeping pills.

## **Training of educators**

A high proportion of educators attended life-skills education training (71.2%) and in-service training (67.2%).

Attendance at these training activities consistently increased with age and experience of educators but it was lower among African educators compared to other races.

### **Residence, migration and mobility**

Around two fifths of educators (41.7%) indicated that they had moved to a different area from where they studied.

### **Job satisfaction and work stress**

Around half of all educators (51.9%) indicated job satisfaction, while a similar proportion indicated job-related stress (49.7%).

The lowest levels of job satisfaction were reported by Whites (23.4%), educators aged 18-24 years (19.4%), those teaching in rural informal areas (18.7%), those teaching in Mpumalanga (18.2%) and KwaZulu-Natal (19.7), those teaching in combined/intermediate schools (20.3%) and those holding the rank of education specialists (15.7%).

The highest stress levels were reported by educators who were Coloured (25.7%), Indian/Asian (24.0%), aged  $\geq 55$  years (22.3%) and teaching in the Western Cape (26.8 %).

Stress levels were higher among teaching staff in comparison to non-teaching staff. High levels of intention to leave the profession was reported among educators who had low job satisfaction (57.2%) and high job stress (42.2%).

### **General morale at work**

There was generally high morale among educators (41.9%).

Among educators with low morale, a larger proportion were male (14.4%), Indian/Asian (25.3%), aged 45-54 years (14.2%), teaching in urban formal areas (14.7%), teaching in the Free State (20.2%) or North West (20.0%), were qualified with a first degree or higher (13.1%), were teaching at the level of head of department and senior educators (14.9% respectively) and were teaching in special schools (18.7%).

Those with more years of teaching experience had lower morale compared to those with fewer years of teaching experience.

### **Responsibilities and workload**

Increased workload in the past three years was reported by 46.8% of educators, while around a third (31.2%) stated that their workload had remained relatively unchanged.

Reasons cited by 17% of educators for workload increase included: increase in the number of learners in each class; lack of parental involvement; learners having a limited understanding

of the language medium used to teach; ill-discipline among learners; shortage of educators and educator absenteeism.

Class sizes above the recommended maximum of 40 learners were found in Gauteng (42.0%), Eastern Cape (43.4%), North West (43.8%), KwaZulu-Natal (44.0%), Mpumalanga (45.3%) and Limpopo (49.1%).

Higher class sizes were found in formal rural areas (45.4% learners), informal rural areas (45.1% learners) and informal urban areas (44.9%).

The majority of educators taught two or more subjects, with the lowest average number of subjects being taught in secondary schools (1.91 subjects).

Regarding teaching experience, educators in the North West (19.2 years) and Limpopo (19.4 years) had the most teaching experience, while KwaZulu-Natal educators had the least amount of teaching experience (14.8 years). Coloured (18.9%) and Indian/Asian (18.8%) educators had the most years of teaching experience in comparison to other race groups.

When comparing the training of educators in comparison to what they were teaching, there was good parity for natural sciences (5.0% versus 5.5%) and additional languages (0.8% versus 0.9%).

However, the majority of educators who were teaching mathematics, life orientation and social sciences, were not trained in those learning areas.

The largest variance was observed for mathematics and mathematics literacy, where 4.7% of educators taught this learning area but only 1.6% of educators were trained to teach these subjects.

Most educators were also not teaching at the level they were trained to teach. For example, only 7% of educators who were trained to teach at junior secondary school were actually teaching there.

## **Absenteeism**

Less than one third (24.8%) of educators reported being absent from school during the 2014 school year.

Absenteeism of 20 days or more was reported predominately among Whites (21.4%), those aged 18-24 years (39.2%), teaching in urban informal areas (17.1%) and in the Northern Cape (28.4%).

The most common type of reported leave was sick leave (66.6%), leave to attend funerals (13.0%), special leave to care for a sick person (9.8%) as well as other special leave (18.8%).

## **Factors influencing retention and attrition**

Intention to leave employment was measured under attrition in general and under workload and responsibilities.

The majority of educators (64.0%) indicated that teaching was their first choice and also that they had not considered changing their careers (71.8%).

Among those who had considered a career change or expressed an intention to leave, the main reasons were poor salaries, heavy workload, facing too many demands, and increased class sizes.

Around a third of educators (34.5%) indicated intention to leave and this has decreased since 2004 (34.5% vs 55.0%).

This was higher among males (40.2%), educators younger than 35 years, teaching in the North West province (46.4%), those who have a first degree or higher qualification (37.9%), those teaching at secondary school level (42.9%), and those holding senior ranks such as education specialists (48.3%).

Fewer African educators (33.0%) reported an intention to leave, with levels also being lower among educators teaching in Mpumalanga (26.6%) and Limpopo (26.5%).

Among those who indicated a low salary as their main reason for leaving, high proportions were African (43.6%), male (44.9%), aged 35-44 years (43.7%), teaching in Limpopo province (52.7%) and teaching in an urban informal locality (45.9%). Females (28.8%) and educators from the Free State (32.7%), North West (29.4%) and Mpumalanga (28.8%) as well as those teaching in rural informal areas (28.7%) indicated workload as the primary reason for leaving.

## **Violence within the school setting**

Violence in schools was found to be fairly common with the most common forms being assault (19.8%) and fights involving weapons (16.0%).

## **DBE strategy on HIV, STIs and TB**

Regarding the current DBE strategy on HIV, STIs and TB, 51% of educators reported that they were not aware of it.

Among educators who were aware of the strategy, high proportions of male (80.6%) and female (84.5%) educators had read the strategy.

Among this group, around half of educators found the strategy to be very useful, and female and younger educators were more likely to hold this view.

Regarding unionization, most educators (86.2%) belonged to a union irrespective of race, locality type and province.

Unionisation levels were similar in 2004. Levels of knowledge of union HIV and AIDS policy increased with age.

Among the 61% of educators who reported that they knew about their union's HIV and AIDS policy, only 46.5% had seen a copy of it and this awareness was higher among older educators, African educators, those teaching in rural formal areas as well as educators from Mpumalanga (64.6%). The majority of educators who had seen the HIV and AIDS policy had also read it.

## **Recommendations**

The response to HIV in the education sector should be targeted and encompass biomedical, social, economic and behavioural interventions.

The following recommendations are made:

### **HIV and TB prevention**

HIV prevention interventions should be tailored to address educators who are at higher risk of acquiring HIV – younger educators (especially young females), those living in rural areas, high-risk alcohol drinkers and those living in the high HIV burden provinces of KwaZulu-Natal and the Eastern Cape.

HCT and Employee Health and Wellness Programs among educators should increase emphasis on the uptake of ART, including those who are not on medical aid.

Pre-Exposure Prophylaxis (PrEP) should be offered to young female educators at high risk.

Male and female condom use should continue to be promoted as an effective means to prevent HIV transmission.

Reduction of multiple sexual partnerships, especially among educators at higher risk of HIV and those living with HIV, should be promoted.

A contextualised strategy for the promotion of male circumcision should be followed, taking variations in preference between traditional and medical approaches.

TB prevention and treatment should be consciously addressed.

## **HIV and TB related stigma**

Disclosure of HIV status among educators should be supported with appropriate stigma mitigation strategies – including understanding the need to address concerns of self-stigma.

## **Sexually Transmitted Infections**

Recent STI levels are very low among educators. Nonetheless, awareness of STIs and links to HIV infection and transmission should continue to be promoted.

## **Substance use**

Promotion of smoking cessation should be emphasised, with specific additional support being considered for the small minority of educators who are high-risk drinkers.

## **Training and workload**

Educators should be placed to teach at the appropriate school levels that they were trained to teach. More educators should be trained to teach mathematics, and training should include continuous professional development for those that are already teaching mathematics. Workload in relation to larger class sizes should be addressed.

## **Potential Attrition**

The DBE's Employee Health and Wellness Programs should include approaches to support stress management.

Educator career pathing should be emphasised to make educators aware of internal career opportunities, especially for younger educators who were more likely to want to leave the profession.

## **Curbing absenteeism**

It is recommended that DBE reinforce accurate record keeping of absenteeism at provincial, district and school levels.

## **Violence**


Resources should be mobilised to deter learners and educators from carrying weapons to school. It is also important to improve monitoring of school premises to contain and eradicate assaults in the school setting.

## **DBE's HIV/AIDS Policies**


Awareness of the DBE Integrated Strategy on HIV, STIs and TB among educators should be improved through active promotion. This should include empowering educators to manage the educational and socio-psychological consequences of HIV in the sector.

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