



KZN AIDS SLASHES TEACHER NUMBERS



Peter Badcock-Walters - head of HEARD's Mobile Task Team on AIDS.

Picture: Chris Bateman

The impact of AIDS on education in KwaZulu-Natal is becoming so serious that about 6 000 new teachers will be required annually over the current decade to meet the demand, pointing to a decreasing ability to feed the tertiary and job sectors.

These were among the findings by a mobile task team led by Peter Badcock-Walters, of the Health, Economics and AIDS Research Divisions (HEARD) at the University of Natal, Durban.

Dr Nhlanhla Ngcobo, regional director of educational management and support services for the Pietermaritzburg region, said the training of teachers in KZN was in a 'temporary non-productive phase'.

With colleges of education closed down and a training switch over to universities and technikons, 'it has slowed to a trickle if not a sudden switch off of the tap'.

Badcock-Walters' team surveyed salary and other data and interviewed teachers and principals at 100 junior, intermediate and secondary schools

(two per cent of the province's schools) over the past four years.

Presenting their findings on the final day of last month's conference on the Empirical Evidence for the Demographic and Social Economic Impact of AIDS held in Durban, Badcock-Walters said the implications were profound.

In-service mortality rates alone in the study were three times higher than the normal ('without AIDS') mortality rate for South Africans in equivalent age bands (highest mortality was in the 30 - 34 age range).

'Of 38 teachers in an original 'year-2001'school cohort, only four would remain by the year 2010'- HEARD teacher supply and demand model.

More than 55 a month died in-service in 2000 and there was a 70% increase in deaths of female teachers between 1999 and 2000.

He emphasised that his team had 'no sense' of what happened to educators who left the profession through resignation, illness or other voluntary or involuntary causes.

Studies of a number of large private sector organisations in South Africa showed that as many as half of all employee deaths due to illness occurred soon after they left employment - which, if added to their findings, would make them 'deeply alarming'.

KwaZulu-Natal has South Africa's largest provincial education system with 2.6 million students and 76 000 teachers in over 6 000 schools, making it the largest single public sector employer after the SANational Defence Force. The HEARD supply and demand model used suggests that in an average KZN primary school, with enrolment

declining from around 1 310 pupils in 2001 to around 1 075 in 2010, only about 11% of the teaching staff in service in 2001 will still be in that school in 2010.

This equated to about four teachers out of an original cohort of 38 remaining in service in that 'model' school, the result primarily of 'normal' attrition exacerbated by growing AIDS mortality.

'Beyond the loss of trained and expensive human resources, teaching and learning will become an increasingly stressed process, located in a more and more traumatised social environment,' Badcock-Walters told fellow researchers.

This included the declining capacity to teach effectively and the loss of 'contact time', experience and institutional memory.

Temporary teacher absenteeism (due to personal illness, trauma, family care or bereavement) as well as permanent loss (resignation, retirement or death) were a dual assault on the system.

The cost in educational attainment would be profound and pointed to the decreasing ability of the basic education system to feed the tertiary sector and the world of work with the preparatory skills they required.

Simple arithmetic told them that the province could not produce sufficient new educators in time to replace those likely to be lost to the system, if they continued to be trained for a full four years.

Other policy implications included a review of retirement age policy, incentives to lure back the many educators no longer in-service and the strategic use of ARVs to prolong the productive careers of teachers.

Over two years ago, the cost of putting a trained educator in front of a South African class was estimated to be at least R100 000.



'If we only take the cost of training a new educator and apply it to the replacement of just those 1 700 educators of 49 and under who died of illness in the last four years, we get a figure of R170 million in 'year-2000' Rands,' Badcock-Walters said.

'If KZN continues to train teachers for a full four years, it will become incapable of producing sufficient new teachers in time to replace those likely to be lost to the system through AIDS-aggravated attrition'.

This was without adding the costs of writing off the original training and providing temporary replacements.

The research team recommended an urgent upgrading of the schools data keeping system, reporting that only 24% of their sample schools kept anything approaching comprehensive and accessible records.

The sheer length and complexity of their paper suggested that data and management information was not routinely extracted by the education department which had yet to come to terms with the need for an 'early warning' system consistent with the needs of the HIV/AIDS era.

Decisions were therefore not yet routinely evidence-based and data capture and analysis were not yet a key systemic function.

The mortality data confirmed a pattern that could 'no longer be wished away'.

While their study was not a 'doomsday' scenario it signalled that AIDS-linked mortality was incrementally eroding the capacity of the system and would inevitably have dramatic repercussions for educator recruitment and training.

Badcock-Walters added: 'More to the point, it alerts us that AIDS is adding to existing levels of attrition and will inexorably 'target' any latent dysfunction in the system'.

The system was losing educators at the peak of their professional skills.

He remarked that teachers' unions seemed to be ahead of government in re-gearing for the new challenges.

'It really is no longer business as usual,' he concluded.

Dr Ngcobo said one reason for the national teacher-training institutional switch-over had been a glut of teachers (except in science and maths).

He said Badcock-Walters' 'highly reliable' research was informing KZN policy.

While unable to provide statistics of

recent annual teacher production rates, he admitted that a 'very radical system of stabilising teacher numbers to counteract attrition from the high mortality rate' was urgently needed.

He approved of the research team's recommendation of 'on-line' in-service training.

'If we use the conventional method of waiting four years, the pandemic could pick them (teachers) up,' he admitted.

Professor Ralph Kirsch, Dean of Medicine at the University of Cape Town, said, 'We're getting into very scary times... a vaccine will come, but until then we need to do the sensible thing and keep people functioning and educate them on how one contracts the disease'.

Interventions would result in 'enormous' savings to the State through the creation and retention of professionals. He asked how South Africa would retain its position in the global economy without the job retention, creation and crime reduction that would come from an aggressive AIDS prevention and treatment campaign.

It is estimated that at UCT alone, AIDS will claim the lives of 10 - 15% of students before they become economically active.

Chris Bateman

SKILLS SHORTAGE LOGJAM LOOSENS

The longstanding bureaucratic logjam preventing much needed foreign qualified doctors from supplementing local skills shortfalls has been shaken loose while much improved rural and 'scarce skills' allowances are set to flow from July this year.

Lobbying of the National Department of Health (DOH) by the Rural Doctors Association of South Africa (RUDASA), plus a court action in May 2001 by the Foreign Qualified

Doctors Association against the DOH, the Health Professions Council of South Africa (HPCSA) and the Department of Home Affairs have contributed to a fundamental reappraisal of the status of both incoming and existing foreign doctors.

The improved rural and scarce skills allowances (which in some cases double), are the first creative use of an extra R500 million allocated this year to the DOH for vital skills retention and

upgrading of local service conditions.

Reliable sources say that 'about two years' down the line, medical students will have financial incentives such as generous loan repayment terms and a chance to go onto the public sector payroll during their final undergraduate

This is expected to help slow the overseas exodus, which JUDASA surveys claim currently applies to the majority of newly qualified doctors.