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The authors then turn to focus specifically on South Africa's Independent Electoral Commission (IEC), examining internal institutional vulnerabilities to HIV/AIDS as well as external implications of the epidemic. What, for example, does HIV/AIDS mean for South Africa in terms of the voters' role, voter registration, and voter turnout and/or apathy? Important issues of stigma and discrimination of voters living with HIV/AIDS when they physically go to the polls to vote are probed at greater depth through focus groups and a more qualitative approach in the book's final section. The authors point out that while the special vote is available for voters at national elections in South Africa, it is not an option for municipal elections, which can mean *de facto* disenfranchisement for increasing numbers of voters too ill to make it to the polls, or to stand in the queues on election day. The impacts of HIV/AIDS on respective South African political parties and policy proposals is also briefly explored, although this subject could be an entire research project in and of itself.

Part 3 of the book seeks to establish empirical data on the potential impacts of HIV/AIDS on voter participation, registration, and turnout, looking at, for example, whether voters might stay away from the polls due to caregiving duties, being ill themselves, or to avoid stigma and discrimination, or whether potential voters are disillusioned by a real or perceived lack of political response and leadership on HIV/AIDS issues. Chapter 9 is perhaps the most inspired chapter of the book, in which the results of the authors' access to unique IEC data sets around voter mortality, and specific national trends arising out of these data are presented and analysed with a convincing urgency. In particular, the gender dimensions of HIV/AIDS are captured and portrayed through statistics around the differential and devastating impacts of HIV/AIDS on young, black, female voters in South Africa.

This book could have benefitted from a tight proof read, and leaves the reader with a myriad of unanswered questions, but this latter point is, of course, the case with most innovative research. As an exploratory project, this study points out many avenues for further research and investigation, and certainly holds important lessons and implications for democratic governance that stretch far beyond the borders of South Africa.

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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.

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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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