

DECLARATION

I, Thomas Albert Mothei Mutloane declare that this research report is my own work. It is being submitted for the Degree of Master of Public Health in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

On the 25th Day of May 2008

DEDICATION

I AM DEDICATING THIS RESEARCH REPORT TO MY THREE BEAUTIFUL AND WONDERFUL DAUGHTERS – MPHATHI, MOTHEO, AND AMOGELEGA - WHO HAD TO PUT UP WITH A DAD WHOSE QUALITY TIME WAS NOT SPENT ON THEM BUT ON POST-GRADUATE STUDIES. BABES, I DID THIS TRULY FOR YOU AND TO SHOW YOU THE VALUE OF EDUCATION. MORE IMPORTANTLY, I WANTED TO SHOW YOU THAT IT'S NEVER TOO LATE TO STUDY! STUDIES ARE MUCH MORE ENJOYABLE WHEN OLDER – REAL FUN!

YOU'VE REALLY BEEN WONDERFUL KIDS. I SHALL ALWAYS CHERISH OUR MOMENTS TOGETHER – THE RAUCUS LAUGHTER; THE CRIES; AND THE WONDERFUL KISSES AND HUGS GIVEN SO FREELY AND GENEROUSLY. PLEASE KNOW THAT WITHOUT YOU, MY LIFE WOULD BE A COMPLETE AND UTTER VOID. GIRLS, I REALLY VALUE YOU AND MAY THE GOOD LORD BLESS YOU!

ABSTRACT

Background: In 1998 the Wits Faculty of Health Science began to offer a master's programme in public health, through the School of Public Health, called the Master of Public Health. (MPH). The aim of the degree is to prepare “professionals to play leadership roles in the management, improvement and evaluation of health and the health care system” and to respond “to the needs of the people of South Africa and the African continent in their various living and working conditions”. Eight objectives have been set for the degree and these will be gone into in detail. Admission requirements to the programme are a bachelor's degree of a minimum of four years duration in dentistry, medicine, nursing, occupational therapy, physiotherapy, etc. The programme can be offered on a full- or part-time basis. The following core modules are offered: Primary Health Care & Social Context of Health; Health Measurement I & II; Environmental & Occupational Health; Public Health Law & Health Systems Integration; Health Policy & Policy Analysis; Health Systems & Decentralization; Health Management Theory & Practice; Epidemiology; Health Care Financing etc. The primary motivation for this study was to determine the level of satisfaction of MPH graduates with the degree that they studied.

Methods: The study was a *cross-sectional study design*. It was a survey that entailed using a pretested interview schedule or questionnaire. The study population was all MPH graduates up until June 2007 (N = 80). The participants were contacted telephonically or by e-mail by the researcher. The initial idea was to interview the participants telephonically, but most preferred to have the prepared interview schedule e-mailed to them. A Pilot Study (using 8 students) was conducted before commencement of the actual study. The pilot study revealed that the study questionnaire, although long and cumbersome, was do-able. A sample of 70 graduates was used and of these, 60 responded i.e. response rate of 86%. The researcher e-mailed the interview schedule and the information sheet which explained what the study was about and also made it clear that even if they had initially agreed to participate, they could still opt out if they later

changed their minds. The information sheet further explained that their participation would be kept strictly anonymous, only codes would be used.

The data gathering sheet (questionnaire) is in two parts: Part One is the “Course Evaluation” and Part Two is the “Value of the Masters in Public Health to Your Career”. Under Part One the candidates gave their views on the following: the content of various courses or modules offered; the teaching methods applied by the School; academic quality; administrative support; and research report support. Questions in each of these subsections were such that a rating on a scale of 1 to 5 (5 being excellent and 1 poor) had to be given and next to the score (rating) the candidate could also give a comment to explain the rating or how they felt about what was asked. At the end of each of the subsections are a number of open-ended questions that gave the candidate more scope for further written or verbal input. Similarly, Part Two has a rating on a scale of 1 to 5 (5 being extremely valuable and 1 less valuable) in terms of the value the particular course or module mentioned in the career of the graduate. There is also a “comment” portion accompanying every question. And at the end of this part are six open-ended questions aimed at eliciting more qualitative information based on the experiences of graduates post graduation and specifically focusing on the working environment. One very important question in this section is: “Would you or have you recommended this masters programme to others?”. There are only two possible answers to this question: “Yes” – which signifies satisfaction with the programme, and “No” – which signifies unhappiness with the programme. It is a very important question in gauging client satisfaction.

Results: On a rating of 1 to 5 (1 being poor whilst 5 is excellent the top rated modules were rated as follows under course evaluation: (i) Primary Health Care & Social Context of Health: All respondents (60 i.e. 100%) rated this module and gave it a rating of 4.13 (83%) (ii) Health Policy and Policy Analysis: Although 40 (67%) out of 60 people responded to this question, they gave it a rating of 4.25 (85%) (iii) Project Management for Public Health Practitioners: It was given a 4.27 (85%) rating by 44 (73%) out of 60 participants. (iv) Management in Health and Health Services: This module was given a rating of 3.83 (77%) by 58 (97%) out of 60 participants and (v) Introduction to

Management in Theory and Practice: It was rated at 3.82 (76%) by 32 (53%) of the 60 participants. The same top-rated above modules were rated as follows under “Value of the Masters in Public Health (MPH) to your career” i.e. Part II of the questionnaire. (i) Primary Health Care & Social Context of Health: 3.26 (65%) as rated by 46 (77%) out of 60 participants. (ii) Health Policy and Policy Analysis: 3.96 (79%) by 46 (77%) respondents out of 60. (iii) Project Management for Public Health Practitioners: 3.26 (65%) as rated by 46 (77%) out of 60 participants. (iv) Management in Health and Health Services: 3.96 (79%) by 54 (90%) out of 60 participants.

Discussion: Various laudable written comments made by participants about each module have been captured and recorded. These will be seen later. (i) Primary Health Care & Social Context of Health: This module received a very high rating from all the participants of the research study. The concepts of Primary Health Care and Social Context of Health have clearly been taught and grasped. (ii) Health Policy and Policy Analysis: This was the track that most graduates followed. It helped graduates understand and be able to analyse various policy issues in their respective organizations. Emphasis has not only been laid on policy formulation but also on policy implementation. (iii) Project Management for Public Health Practitioners: This module scored a very high rating under course evaluation. There is a perception that some public health services could be run as projects in an endeavour to increase efficiency. (iv) Management in Health and Health Services: A number of the students who come from the public health sector to do MPH are in management positions already, although they may not have a formal management qualification. Those who are not in management positions are preparing themselves to go into management positions in future. This module is of great assistance in preparing them for careers in management.

The study has revealed that 98% of participants have stated that they would or have recommended the Wits MPH to others. And 80% of the participants have also stated that there has been a positive change in their careers since acquiring the MPH qualification.

ACKNOWLEDGEMENTS

My deepest and sincere THANK YOU goes to Prof. Shan Naidoo, who not only is a true professional but is also a gentleman par excellence. You have really been a true guide in this work. You have not only acquitted yourself in this way to me, but many of the graduates of the School have unreservedly expressed the same sentiment about you. Prof, please keep up the good work and continue to be a shining star of the School to present and future generations of students.

I cannot for any moment forget to mention Dr Ronel Kellerman who really went out of her way to assist me with the questionnaire and the approach that I should utilize in executing this study. Ronel, I should state upfront that without your assistance all that has been accomplished would not have been. Your patience, your enthusiasm and your methodical approach to academic work are true attributes of a scholar. You too, please keep up the good work for present and future generations of students.

Special THANK YOU to: Nomasonto, Winnie, Tshidi, Semakaleng and Thuli. These five ladies gave me great assistance in getting library books and journal articles. Some of the reading materials that I so desperately needed, they willingly and unstintingly obtained for me from other university/technicon libraries, including overseas ones. They generously assisted me with photocopying as well. Ladies, without your assistance it would have been well-nigh impossible to accomplish this task.

My sincere and hearty THANK YOU goes to all the MPH graduates who participated in this study. I realize that the questions were long and demanding but you took all the pressure in your stride. Your answers to the questionnaire showed me how you cherished your time at the School. But more striking, is the deep-seated respect that many of you have for the School together with all those who are in one way or the other connected with it. All of YOU unequivocally stated that you would recommend the School and what it offers to other people. This shows the high

esteem in which you hold the School. I should not forget those of my classmates who contributed towards this report – you unreservedly supported one of your own. It is a very heartwarming feeling to know that those of your kind are there for you. I too would like to wish you success in your research reports. I shall continue to remember, and more importantly, value our time together!

Natsayi Chimbindi (M.Sc. Population & student), you did a splendid job in going through my data entries with a fine toothcomb to ensure that there were no mistakes that could have had an untoward effect on my results. I am very indebted to you for the many hours you spent, at the expense of your own work, going through my data, painstakingly checking and cross-checking. For all that I say: **THANK YOU!**

Although this is by and large a qualitative study, some measure of statistics is required in analyzing the data and interpreting the results. Without the stats, it would not have been scientifically correct to reach the conclusion reached. Having pursued MPH (Health Policy) as opposed to MPH (Health Measurement) my limited knowledge of Biostatistics required of me to enlist the assistance of someone with a Biostatistics background to help me with EpiInfo statistical software. Eustacia Musenge (M.Sc. Epi & Bio) came to my rescue. In spite of his demanding schedule, he diligently applied his knowledge to my data. For that I wish to say: **THANK YOU!**

My brother, Mpho, who himself is a Masters Graduate of the University of Canterbury, United Kingdom, and my mom, Nombini, who is a retired nursing sister, have firmly stood behind me in this work. To both of them I wish to say: *Bakgatla ke lebogile go menagane!*

Any mistakes that may appear in the report are truly mine.

TABLE OF CONTENTS

Declaration	i
Dedication	ii
Abstract	iii
Acknowledgements	vi
CHAPTER ONE	
Background	1
Introduction	4
Aims and Objectives	5
Literature Review	6
CHAPTER TWO	
Materials and Methods	13
Study design	13
Measurement Validity and Repeatability	13
Bias	13
Pilot study	14
Limitations of the study	14
Ethics	17
CHAPTER THREE	
Results	19
CHAPTER FOUR	
Discussion	35
CHAPTER FIVE: Conclusion and Recommendations	
Conclusion	57
Recommendations	61

REFERENCES	65
APPENDICES	69

List of figures

Fig. 3.1: The production of MPH graduates by Wits SPH 2001-2007	19
Fig 4.1: Policy analysis triangle	40
Fig. 4.2: The Project Life Cycle	42
Fig. 4.3: The Management Process	43
Fig. 4.4: A District Health System	45
Fig.4.5: Knowledge Claims, Strategies of Inquiry, and Methods Leading to Approaches and the Design Process	47

List of tables

Table 1.1 List of other African countries from which MPH students come.....	3
Table 3.1 The number of MPH students graduating from 2001 to 2007 (June).....	19
Table 3.2 Length of time students take to graduate post course work completion.....	20
Table 3.3 Demographic information.....	20
Table 3.4 Funding source by sex.....	21
Table 3.5 Nationality of participants.....	21
Table 3.6 Course evaluation.....	22
Table 3.7 Teaching methods, academic quality and academic support.....	25
Table 3.8 Research report support.....	28
Table 3.9 Quality of administrative support.....	29

Nomenclature

AA:	Affirmative Action
ABSA:	Amalgamated Bank of South Africa
AIDS:	Acquired Immune Deficiency Syndrome
CPI:	Consumer Price Index
CRSA:	Constitution of the Republic of South Africa
DHS:	District Health System
DOH:	Diploma in Occupational Health
DPH:	Diploma in Public Health
DTM &H:	Diploma in Tropical Medicine and Hygiene
ESCOM:	Electricity Supply Commission
GDoH:	Gauteng Department of Health
HCF:	Health Care Financing
HIS:	Health Information System
HIV:	Human Immunodeficiency Virus
HST:	Health Systems Trust
HSRC:	Human Science Research Council
IMF:	International Monetary Fund
MBA:	Master of Business Administration
MCQ:	Multiple Choice Questions
MDR:	Multiple Drug Resistance
MPH:	Master of Public Health

M&E:	Monitoring and Evaluation
MRC:	Medical Research Council
MTN:	Mobile Telephone Network
NGO:	Non Governmental Organization
PFMA:	Public Finance Management Act
PHC:	Primary Health Care
PhD:	Doctor of Philosophy
PHL:	Public Health Law
PHLP:	Public Health Leadership Programme
PM:	Project Management
SAB:	South African Breweries
SAHRC:	South African Human Rights Commission
SCH:	Social Context of Health
SPH:	School of Public Health
USA:	United States of America
WHO:	World Health Organization
WHR:	World Health Report
Wits:	University of the Witwatersrand
XDR:	Extreme Drug Resistance